

First Peoples Child & Family Review

An Interdisciplinary Journal

*Honoring the Voices, Perspectives and Knowledges
of First Peoples through Research, Critical
Analyses, Stories, Standpoints and Media Reviews*

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Foreword

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The first issue of the *First Peoples Child & Family Review* was published 15 years ago, in 2004. From then on, this journal has provided a respected platform to share knowledge generated by Indigenous researchers, graduate students, community members, youth, and non-Indigenous allies and supporters. It has been a great privilege to promote the outstanding research, critical analysis, stories, standpoints, and educational contributions that have appeared in our journal over the years. In celebration, we have chosen to publish this special issue which features a reprint of 15 of our most popular contributions. All of our published contributions – which, at the time of this writing, amounted to just over 300 – have inspired the discussion about and, in many cases, directly influenced innovation within child, family, and community-based matters for Indigenous peoples in Canada and abroad. Therefore, it was not easy to decide upon which articles to feature in this issue. Ultimately, we selected 15 contributions based on the total full-article downloads, which happens to pleasantly reflect the life-span of the journal. Readers will find that the wisdom shared in this issue is just as relevant today as it was when the contents were first published – although often in new and surprising ways.

Four general themes emerged during the editing process. This includes the sharing of Indigenous ways of knowing and Indigenous ways of being in the world; advice for conducting respectful research with and for Indigenous peoples and communities; challenging the status-quo in child welfare, social work, and family services; and documenting the effects of colonization and the power and strength of Indigenous peoples and communities. I present these themes more as a matter of utility than as a true reflection of reality. The truth is that all things are interconnected and, therefore, the articles featured in this issue can be interpreted as a representation of each of these themes and, I am sure, quite a bit beyond them as well. Each time we travel around the circle, we bring new experiences and knowledge – in a sense, we are in a constant state of renewal – and new patterns emerge. As you read this celebratory issue of the *First Peoples Child & Family Review* and re-visit some of our most popular articles, I hope you will enjoy the process of discovering new wisdom.

In good spirit,

Marc St. Dennis

Coordinating Editor

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(Editorial) Indigenous Child Welfare Legislation: A Historical Change or Another Paper Tiger?

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For millennia before colonization, First Nations laws regarding children flourished across what is now known as Canada. These laws were ignored by colonial forces who imposed their own version of child welfare on First Nations families. This resulted in what the 2015 final report of the Truth and Reconciliation Commission of Canada (2015) called “cultural genocide.” The reassertion of First Nations laws that are derived through community consultation processes presents a promising alternative to the reliance on provincial or territorial laws that apply today.

On November 30, 2018, Minister Philpott of Indigenous Services Canada, accompanied by leaders from the Assembly of First Nations, Métis National Council, and Inuit Tapiriit Kanatami announced that the federal government would table historic “Indigenous” child welfare legislation in the House of Commons, early in 2019 (Indigenous Services Canada, 2018). It seems like good news but will it really build healthy families and, over time, reduce the over-representation of First Nations children in care or is it another colonial paper tiger? The answer is – it depends. But red flags are already flying, such as the pan-Indigenous approach, the lack of a clear funding base, and a lack of attention to the child welfare needs among and between First Nations, Métis, and Inuit.

On its face, the proposed legislation seems to respond to calls by First Nations to recognize their child welfare laws (Royal Commission on Aboriginal Peoples, 1996; McDonald & Ladd, 2000) but the federal proposal is for “Indigenous” legislation not “First Nations” legislation. The problems with this approach are not just nomenclature, there are vast differences in the way First Nations, Métis, and Inuit child welfare are structured, legislated, and funded. Creating one piece of legislation to cover this broad landscape presents the real risk that the legislation will be so watered-down that it does not meet anyone’s needs.

There are over 100 First Nations child and family service agencies in Canada delivering services on- and, in some cases, off-reserve (First Nations Child and Family Caring Society of Canada, n.d.). As a funding condition to deliver services on-reserve, the federal government requires First Nations agencies to operate under provincial or territorial child welfare laws. Where First Nations agencies serve off-

reserve populations, funding comes from the respective province or territory. First Nations not served by a First Nations child and family service agency receive child welfare services from the respective province or territory (Blackstock, 2017).

Meanwhile, Inuit and Métis child welfare is delivered differently. For Inuit living in Nunavut, child welfare services are delivered by the territorial government, whereas provincial child welfare authorities deliver services to Inuit living in other areas of Canada. Other than the Nunavut government, there are no Inuit agencies that provide the full range of child welfare services. Métis agencies exist in some parts of the country. These agencies provide a range of child welfare services and operate pursuant to provincial or territorial laws and funding regimes. There are no direct federal child welfare programs for Inuit and Métis.

The pan-Indigenous nature of the proposed legislation raises concerns that it will not adequately reflect Canada's funding obligations to First Nations or the significant expertise and experience that First Nations child and family service agencies have developed over the past 40 years. Take, for example, the need for federal legislation to preserve the hard-won equitable funding arrangements the Canadian Human Rights Tribunal (*First Nations Child and Family Caring Society of Canada et al. v Attorney General of Canada*, 2016 CHRT 2, 2016 CHRT 10, 2016 CHRT 16, 2017 CHRT 14, 2018 CHRT 4) ordered Canada to provide to First Nations child and family service agencies. The legal proceedings leading up to the Tribunal's landmark 2016 decision were preceded by over a decade of research documenting the inequities and proposing the solutions and a further nine years of litigation (Royal Commission on Aboriginal Peoples, 1996; MacDonald & Ladd, 2000; Tromc e et al., 2005; Blackstock, Prakash, Loxley, & Wien, 2005; Loxley et al., 2005; Office of the Auditor General of Canada, 2008/2011; Truth and Reconciliation Commission of Canada, 2015). New legislation that shifts the child and family services model to First Nations jurisdiction absent the substantive equity funding guarantees of the Tribunal decisions could result in a reversion back to the failed approach of "case-by-case" negotiations that gave rise to significant inequalities.

Proponents of First Nations child welfare laws cite the failure of provincial and territorial laws to address the chronic over-representation of First Nations children in child welfare. Research by Chandler and Lalonde (1998) showed that higher degrees of self-determination among First Nations in British Columbia are correlated with lower youth suicide rates. Pro-First Nations jurisdiction arguments are often buttressed within broader claims of treaty rights, sovereignty, and self-determination (Metallic, 2018). These are legitimate claims which invoke sensitivity to the range of child welfare models First Nations may choose to implement. Some First Nations have already invested significant energy in creating effective child welfare laws (Anishnabek, 2016), others are just beginning the process, and others are choosing alternate service delivery models. All of these options will need to be enabled by federal legislation, including resources to develop, implement, and evaluate child welfare and ancillary laws and mechanisms, such as First Nations courts.

The second series of arguments set out in Minister Philpott's speech announcing the proposed Indigenous child welfare legislation is less convincing. She argued that all measures should be exhausted before considering child removal and that poverty and medical need should not be the basis for removals (Indigenous Services Canada, 2018). I agree with this but it is redundant. Provincial and territorial child welfare laws already require social workers to exhaust all least disruptive measures and poverty is not

listed as a reason to remove a child. The problem with the Minister's proposition is not the legislation per se but rather the lack of culturally-based responses to address persistent poverty, addictions, and housing issues. The federal government's ongoing under-funding of critical public services on-reserve and refusal to adopt the *Spirit Bear Plan* (First Nations Child and Family Caring Society of Canada, 2017) to address the inequities compounds this problem. Put simply, the solution Minister Philpott called for is already on the books and layering it with federal legislation will not help. What is needed is the money to make the previously offered solutions a reality.

While the content of the proposed legislation is still unknown, so too, disturbingly, is the expertise that went into writing it. Despite urging by the First Nations Child & Family Caring Society and others, Canada has chosen to write this legislation without the aid of Elders, First Nations child and family service experts, youth in care, and others. Instead, Canada is relying on officials at Indigenous Services Canada and the Department of Justice, who have no expertise in First Nations child welfare, to jointly hold the drafting pen and control the release of information. The process smacks of government hubris that got First Nations children into this mess in the first place and contradicts the very purpose the proposed legislation is intended to achieve: self-determination rather than Canada-determination.

Given the problems outlined above and Canada's promise of finally affirming First Nations jurisdiction, the question becomes: to what extent should First Nations children and families compromise in order to "get something passed?" This is a tough question, with arguments on both sides, but the only answer that makes sense to me is that First Nations children, youth, and families deserve the best. If this proposed legislation affirms First Nations jurisdiction, respects diversity among First Nations, protects the safety and wellbeing of First Nations children and families, and embeds a statutory funding base, then it has a foundation for success. If it is deficient on one or more of these fronts or tries to kick these foundational items into a forum for future discussion, then we must press for a better deal. After the residential schools, 60's scoop, and Canada's discrimination as per the Canadian Human Rights Tribunal decisions, it is well past the hour for Canada to stop asking First Nations children to be patient and to applaud government "first steps" that fall far short of meeting their needs and respecting their rights.

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Aboriginal Social Work Education in Canada: Decolonizing Pedagogy for the Seventh Generation

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Abstract

Aboriginal social work is a relatively new field in the human services, emerging out of the Aboriginal social movement of the 1970s and evolving in response to the need for social work that is sociologically relevant to Aboriginal people. Aboriginal social work education incorporates Aboriginal history and is premised upon traditional sacred epistemology in order to train both Aboriginal and non-Aboriginal social workers who can understand and meet the needs of Aboriginal people. The deficiencies of contemporary cross-cultural approaches and anti-oppressive social work education are highlighted as a means to emphasize the importance of social work education premised upon relevant history and worldview. The values and responsibilities that derive from Aboriginal worldview as the foundation for Aboriginal social work education are discussed in terms of the tasks that are implied for the educator and student of Aboriginal social work. Such tasks include self-healing, decolonization, role modelling, developing critical consciousness, and social and political advocacy. Aboriginal social work education, a decolonizing pedagogy directed to mitigating and redressing the harm of colonization at the practice level, is a contemporary cultural imperative.

Keywords: Aboriginal social work, decolonization, pedagogy, worldview

¹ The original version of this article was published in: Sinclair, R. (2004). Aboriginal social work education in Canada: Decolonizing pedagogy for the seventh generation. *First People Child & Family Review*, 1(1), 49-61.

Introduction

Aboriginal social work education is an emerging pedagogy framed within colonial history and Indigenous worldview. Colonial history establishes the proper contexts for contemporary social and physical pathologies that are highly visible in many Aboriginal communities while Indigenous worldview provides a vital source of knowledge and cultural reflection for Aboriginal students. This paper describes the risks that result from an assumption that current cross-cultural and anti-oppressive approaches are an effective lens through which to regard hundreds of years of oppression and cultural destruction. A discussion of Aboriginal social work education is held to support the assertion that a decolonizing pedagogy is a contemporary cultural imperative; that culturally appropriate and sociologically relevant teaching and healing models must evolve and translate into practice and service delivery that will meet the needs of future generations.

Historical Context of Aboriginal Social Work

Between the years of 1950 and 1977, the Spellumcheen Band in British Columbia lost 150 of 300 children through child welfare apprehensions (McKenzie & Hudson, 1985). In the same period, a Manitoba Band lost just over 100 children. Child welfare authorities removed many of these children without any notice to the families or bands, and many of these children have never returned. While child welfare agencies received thousands of dollars per Aboriginal child placed for adoption, Aboriginal families who searched for their children were lied to and deliberately misled by social workers (Fournier & Crey, 1997; Kimmelman, 1982).

The scooping of the children comprises mainstream social work in the eyes of Aboriginal people. Social work has negative connotations to many Aboriginal people and is often synonymous with the theft of children, the destruction of families, and the deliberate oppression of Aboriginal communities. The *60s Scoop* is one story in the backdrop of colonialism and how colonization has manifested in the realm of child and social welfare and social work with respect to native people in Canada (Bruyere, 1999; Duran & Duran, 1996; Hart, 1999; Lee, 1992; McKenzie & Hudson, 1985; Poonwassie & Charter, 2001). Aboriginal involvement in the foster care and welfare systems are other stories, the origins of which can be traced to colonialism. Social workers that work with Aboriginal people must be aware of these historical elements of the interaction between western social work and Aboriginal people because the majority of Aboriginal clients will have encountered these experiences directly or intergenerationally.

Colonialism and the Growth of the Child Welfare System

The historical context that all social workers should know is the story of two nations of people who began a symbiotic and allied relationship that, over time, deteriorated as the driving forces for land and resource acquisition strengthened. The colonialistic actions and attitudes towards Aboriginal people have been deliberate and calculated; designed to displace and distance the people from their land and resources. The attempted obliteration of Aboriginal culture was one strategy towards achieving that end. Almost every contemporary social pathology or health issue in Aboriginal communities can be attributed directly to the fallout of colonialism (Midgely, 1998) whether the source is the industrial/residential school era which saw children forcibly confined to institutions, the child welfare era that witnessed the forced removal of children from their families and communities, or the contemporary era of racism, social exclusion and marginalization, and oppression.

The social work profession and social work education have not been free from colonial influence. In the words of Freire (1990), “The social worker, as much as the educator, is not a neutral agent, either in practice or in action” (p. 5). Indeed, early social work practices were complicit with government colonial actions. When Aboriginal people began to protest against the residential school system and the schools began to close down, the *child welfare era* ensued and is evidenced by the mass child welfare “scooping” of Aboriginal children culminating in transracial adoption and/or long-term foster care. Aboriginal people have decried these actions as genocidal. In this manner, the social work profession became a pawn to further enact state policy towards native people (Bruyere, 1999; Hart, 1999; Maurice 2000). During the residential school period, complicity occurred through the social workers who accompanied the police on their forays onto reserves to remove the children. After the residential school period, the profession unquestioningly aligned itself with the assimilation policies manifested in the transracial fostering and adoption of Aboriginal children (Fournier & Crey, 1997). It is often stated that the intentions of social workers who went to reserves and apprehended children were good, albeit misguided. One British Columbia social worker has a more enlightening perspective:

When we removed children from their own homes and put them in foster homes about which we knew next to nothing, no matter how we cloaked our actions in welfare jargon, we were putting those children at risk. . . . The welfare department which employed me was the biggest contributor to child abuse in the province (Fournier & Crey, 1997, p. 86).

To quote Justice Kimmelman (1982), “The road to hell was paved with good intention and the child welfare system was the paving contractor.”

Canadian government policies with respect to Aboriginal people have been directed towards a goal of assimilation. The titles of the various pieces of legislation of the last century speak for themselves: the *Gradual Civilization Act* of 1857; the *Gradual Enfranchisement Act* of 1869. Enfranchisement with respect to the *Indian Act* occurs when an Aboriginal person willingly or unwillingly relinquishes their Aboriginal status and any rights that accrue from that status. Duncan Campbell Scott, Deputy Superintendent of Indian Affairs, speaking about the issue of enfranchisement, stated in 1920,

Our objective is to continue until there is not a single Indian in Canada that has not been absorbed into the body politic, and there is no Indian question, and no Indian department. This is the whole object of this bill (as cited in Jamieson, 1978, p. 120).

The enfranchisement amendment to the *Indian Act* encouraged Indian men to relinquish their Indian status and become “Canadian citizens” (Frideres, 1998). Enfranchisement was automatic for individuals who received a university degree, entered the military, or became a doctor or lawyer. The educational agenda for Aboriginal people in Canada was also designed from within an assimilationist perspective and had the goal of acculturating Aboriginal people to a western way of living and thinking. By forcing residential school education on Aboriginal people,² the government wielded absolute power in altering language, culture, and socialization. Aboriginal people argue that this form of education amounted to cultural genocide as languages were lost, cultural practices were denigrated, and traditional socialization practices were replaced by institutionalization.

² Forced attendance of residential schools was legislated in the 1920 amendment to the *Indian Act*.

Social Work Education

Western theoretical hegemony manifests primarily in educational institutions. The most harmful assumptions are that western thought ought to be the standard educational platform, is automatically relevant and valid, and is universally applicable. The Aboriginal person becomes a virtual non-entity in institutions that marginalize Aboriginal thought and reality through the neglect and erroneous authoring of Aboriginal cultural knowledge, languages, and colonial history. For Aboriginal children who are required to learn in mainstream institutions, western education has not mirrored the social, political, economic, or worldview reality of their daily lives because Aboriginal history is generally absent in curricula. The exception is specific native studies degree programs. The early Aboriginal social activists and pioneers who penned “Indian control of Indian education” recognized the potentially harmful effects of such an educational system on Aboriginal people (National Indian Brotherhood, 1972). They understood that the western educational paradigm was serving to colonize Aboriginal people at the intellectual level (Cardinal, 1969; Smith, 1999) and some directed their critiques to social work (Hart, 2001; Morrisette, McKenzie, & Morrisette, 1993; Weaver, 1999).

The paradigm from which social work has been taught and practiced is western in theory, pedagogy, and practice.

We need to address the problem of how we train an Indian social worker. I have some very serious doubts about the ability of existing social work schools to do that – to really meet the needs of native people. I don’t think they’re capable of that. Not because they’re not teaching and doing good things, but I don’t think they understand native people (Stalwick, 1986, p. 16).

Recognizing that western trained social workers, Aboriginal social workers included, might not be able to meet the needs of the Aboriginal population, Aboriginal educators began to question the relevance of mainstream social work education for Aboriginal students and the First Nations University of Canada School of Indian Social Work was founded in 1974.³ The following year, the social work diploma program was initiated at Maskwacis Cultural College in Hobbema, Alberta. The development of Aboriginal social work education programs has been a vital step for several reasons: the lack of substance within cross-cultural and anti-oppressive social work education for Aboriginal students, the neglect of the impact of colonial history on contemporary social and wellness issues, and the absence of Indigenous knowledge in social work pedagogy.

Cross-Cultural and Anti-Oppressive Education

In the contemporary context among mainstream generalist social work schools, the generalist social work student learns about Aboriginal people through cross-cultural and/or culturally sensitive social work education and practice. Unfortunately, cross-cultural discourse often dismisses and/or incorrectly authors Aboriginal thought, history, and colonization in terms that are ambiguous and misleading. Examples of this include having the history of colonization phrased as “cultural disruption” (Williams & Ellison, 1996), or having Aboriginal epistemology relegated to the level of religion or

³ The First Nations University of Canada was formerly known as the Saskatchewan Indian Federated College.

mysticism (Deloria, 1999; Warrior, 1995). It is inconceivable that any social worker mandated professionally and ethically to address social problems and strive for social justice would not have a full understanding of the historical context of current Aboriginal issues given the high percentage of Aboriginal clients in most social work settings. The fact that the Aboriginal context is poorly addressed or omitted in social work (Turner, 1999) is unacceptable and contributes to what Freire (1970) referred to as a *culture of silence*. A culture of silence exists where the oppressed are not heard in society, and where a lack of knowledge about their contexts creates a high risk for the perpetuation of racism, discrimination, and an ethic of blaming the victim for their own situation.

Similarly, anti-oppressive practice has an inherent danger. The danger lies in proclaiming an anti-oppressive stance while doing little or nothing to address the reality of oppression. As a profession, social work can do many things with awareness of critical issues such as racism, including nothing. “Awareness itself ‘lacks political substance and is sociologically naïve’” (Dominelli, 1998, p.13). Awareness without legitimate action is a cognitive ploy that risks passing for anti-oppressive and anti-racist pedagogy and practice in social work. It contributes to silence and inactivity about tangible issues of racism and oppression in the field of social work and in society. Contemporary anti-oppressive pedagogy does not address the culture of silence because it does not require anything beyond a theoretical grasping of issues. Neither the personal involvement nor the commitment of the social work student or practitioner is requested or required. Social workers risk falling into the trap of believing that just because they are social workers they are, therefore, non-racist and non-oppressive because the profession has a Code of Ethics to guide practice and because social work institutions proclaim they are committed to this ideology.

For Aboriginal social work students, engaging in studies on how to become an effective cross-cultural worker in Canada verges on ludicrous because the cross-cultural or minority client is automatically labelled as the other. This forces the Aboriginal student to take a dominant subjective stance with respect to issues of diversity because they are never requested to examine their work with white individuals as cross-cultural. They are required to perceive themselves and their people as the other who is in need of assistance (Blaut, 1993; Gross, 1995; Said, 1978;). Such an approach only perpetuates marginalization and constructions of difference and fosters the internalizing of racism. An explanation for this is found in Duran and Duran (1995), who articulated that the term “‘cross-cultural’ implies that there is a relative platform from which all observations are to be made, and the platform that remains in place in our neocolonial discipline is that of Western subjectivity” (p. 5). In simpler terms, even in the new millennium, the standard for social work education and practice is literature and education based on the worldview, lifeways, and reality of the dominant, predominantly white, and mainstream society.

Aboriginal social work education, mandated by Aboriginal Elders to train social workers to work with Aboriginal people, is not cross-cultural because Aboriginal social work programs are founded on the assumption that the workers and the clients are from the same cultural group. Rather, Aboriginal social work education attempts to achieve cultural relevance. Mainstream social work can take a lesson from this concept. Culturally relevant pedagogy incorporates perspectives and practices respectful to the group in question and attends to those issues that impact most on Aboriginal people (Weaver, 1999). Those issues are history and epistemology.

History

Many authors recognize the importance of understanding Aboriginal history in education and practice with Aboriginal clients (Battiste, 2000; Cross, 1986; Deloria, 1999; Graveline, 1998; Hart, 1999; Laenui, 2000; Morrissette, McKenzie, & Morrissette, 1993; Nabigon & Mawhiney, 1996; Puxley, 1977), as an approach that must occur within the context of colonialism and from an Aboriginal worldview perspective (Battiste, 2000; Bruyere, 1999; Charter, 2001; Duran & Duran, 1995; McKenzie & Hudson, 1985; Poonwassie & Lederman, 1999; Puxley, 1977). Incorporating the historical context into social work education and especially service delivery is an approach that constitutes Freire's (1970, 1998) notion of the development of critical consciousness through *conscientization*. Conscientization is a critical approach to liberatory education that incorporates helping the learner to move towards a new awareness of relations of power, myths, and oppression. By developing a critical consciousness in this way, learners work towards changing the world. For Aboriginal students, an accurate reflection of Aboriginal history and epistemology provides accurate frameworks to reflect their personal experiences in the classroom setting. This approach enables the Aboriginal social work student to truly understand their personal and familial contexts, as well as their sociopolitical contexts, and the contexts of the majority of the people with whom they are hoping to work and to whom they are hoping to be of assistance. Students gain the appropriate knowledge set to understand both the problem definition and the problem solutions. At the level of service delivery in Aboriginal communities and Aboriginal social service agencies, critical consciousness provides the structural framework for understanding contemporary social conditions and it also paves the way to reacquiring the necessary value and ethical foundations for practice by drawing upon traditional knowledge.

The key to traditional Aboriginal wisdom rests in the reconstruction of Aboriginal ways of knowing - epistemology (Bruyere, 1999; Duran & Duran, 1995; Duran, Duran, & Yellow Horse Braveheart, 1998; Ermine, 1995; Grande, 2000; Henderson, 2000; Pillai, 1996) – and its incorporation into social work pedagogy. In the Aboriginal social work milieu, traditional knowledge is being nurtured and supported through inclusion in the curricula and synthesis into the daily workings of institutions. Reviving ancient knowledge from the ashes of colonialism is critical to Aboriginal social work education and the healing agenda. In discussing research, Maori scholar Karen Martin (2001) argued that theory has historically drawn “upon frameworks, processes and practices of colonial, western worldviews and the inherent knowledges, methods, morals and beliefs” (p. 2) but that Indigenous worldview provides the “core structures” of a theoretical orientation. In Aboriginal social work education and practice, Aboriginal epistemology provides the core structures - the values and ethics - for social work delivery and practice.

Aboriginal epistemology

How do Aboriginal educators begin to reconstruct knowledge based on Aboriginal epistemology keeping in mind western theoretical and pedagogical hegemony, not to mention raised eyebrows at the mere mention of Aboriginal intellectualism (Grande, 2000)? The lack of intellectual space reserved for Indigenous thinkers in any field makes this reconstruction a challenge (Alfred, 1999; Battiste, 1998). However, the challenge must be taken because colonialism, in which oppression is a tool, “constructs the ‘other’ as savage, barbaric, inert, and subhuman” (Pillai, 1996). Non-western theories and knowledge are marginalized in the colonial context. Cognitive imperialism extends to the post-secondary classroom (Battiste, 1998). Indigenous theories not only challenge the language of colonialism but challenge western

theoretical hegemony and provide the space for important critiques of colonial relations of power, domination, and exploitation (Dei, 1999). In Aboriginal social work, these critiques provide the foundational context of education that will, ultimately, translate into direct practice.

Pillai (1998) added that the critically important aspect of Indigenous knowledge reconstruction centers on the relationship between Indigenous epistemology and ecological survival. Indigenous ways of knowing are linked intrinsically to the land and nature, and hence, ecological survival - “reconstructing ‘Indigenous theories’ must be seen not as an end in itself but as an integral part of movements for ecological and economic survival” (Pillai, 1998, p. 209; Deloria, 1999).

Indigenous epistemology provides the pathway to knowledge from which flows natural laws and human values, ideologies, and responsibilities. There are several key concepts that encapsulate the basic tenets of Indigenous epistemology. These tenets are, for the most part, generalizable among nations, although manifestations of them may be different among nations (Hanohano, 1999; Morrisette, McKenzie, & Morrisette, 1993; Nabigon & Mawhiney, 1996). This background of worldview information forms the pith of Aboriginal education in general and Aboriginal social work education in particular because, for Native cultures, spirituality is inextricably and intrinsically woven into philosophy, ideology, and daily living.

Two of the key concepts that underpin Aboriginal worldview are the concept of *All My Relations* and the concept of the sacred. *All My Relations* is a cornerstone of Indigenous cosmology. Translated to English from different Indigenous languages, *All My Relations* captures a tenet of Indigenous epistemology.

All My Relations is first a reminder of who we are and of our relationship with both our family and our relatives. It also reminds of us of the extended relationship we share with all human beings. But the relationships that Native people see go further, the web of kinship extending to the animals, to the birds, to the fish, to the plants, and to all the animate and inanimate forms that can be seen or imagined. More than that, *All My Relations* is an encouragement for us to accept the responsibilities we have within this universal family by living our lives in a harmonious and moral manner (King, 1990, p. 1).

The kinship web extends to all human relations, both living and unborn. The responsibility of the living is to care for and honour the suffering, memory, and spiritual well-being of those who have passed away, as well as to pray for the lives of seven generations to come and to act as caretakers of the earth. Hence, the kinship web is physical, spatial, and temporal (Deloria, 1999; Henderson, 2000; Kulchyski, 1999, McCaskill & Newhouse, 1999). All species – all forms of life – have equal status before the presence of the universal power to which all are subject. The interrelatedness and interconnectedness dimensions of Aboriginal epistemology are often taught and understood visually through the medicine wheel, or the sacred circle, which is a symbol, a tool, and an ideology (Braveheart, 1998; Bruyere, 1999; Duran, Duran, & Yellow Horse Graveline, 1998; Hanohano, 1999; Hart, 2001; Maurice, 2000; McKenzie & Hudson, 1985; Morrisette, McKenzie, & Morrisette, 1993; Nabigon & Mawhiney, 1996).

The second concept, which is woven through all concepts of Indigenous worldview, is the concept of the sacred. If the notion of *All My Relations* is a cornerstone to Indigenous worldview, then the notion of the sacred is best described as the supreme law:

The sacred permeates all aspects of Indigenous worldview. In practice, this translates to a reverent belief in the sacredness of life manifested in an array of behaviours that are integrated into daily life: sunrise ceremonies honouring the new day, the simplest prayers uttered in the course of the day, to the most reverent ceremonies such as the Sundance and the sweatlodge (Sinclair, 1999, p.5).

Decolonizing Pedagogy

The implications of these epistemological values for the Aboriginal social work educator go beyond merely knowing the information from whence one can engage in a banking concept of education with students; that is, Freire's (1970) notion of the student as a tabula rasa or blank slate to be filled with information, and the educator as the expert. Both the educator and the student must involve themselves in the process of healing, learning, and developing along a path guided by Aboriginal epistemology. Colloquially, one must "walk the talk" (Katz, 2001). The Aboriginal approach to education is more than a difference in perspective. "At a fundamental cultural level, the difference between traditional Aboriginal and Western thought is the difference in the perception of one's relationship with the universe and the Creator" (Hamilton & Sinclair, 1991). The critical aspects of Aboriginal epistemology address the key concepts of harmony and balance, the absence of which signifies disease or illness that form a focus for remedial action. Hence, Aboriginal epistemology and healing methodology are inseparable in the Aboriginal social work classroom.

In practice, what studies are finding is that remedial programs based on Aboriginal epistemology are proving effective with higher client reported success rates (Duran, Duran, & Yellow Horse Braveheart, 1998; Hart, 2001; Lederman, 1999; Nabigon, 1996; Stevenson, 1999). "Many successful programs currently operating among Native American groups use Native American epistemology as the root metaphor for theoretical and clinical interventions," (Duran, Duran, & Yellow Horse Braveheart, 1998, p. 70) – as are approaches which utilize a hybrid, or mixed Aboriginal-mainstream methodological model – "postcolonial practice integrates Indigenous knowledge and therapies with Euro-American models of therapy" (Duran, Duran, & Yellow Horse Braveheart, 1998, p. 70). Duran, Duran and Yellow Horse Braveheart (1998) discussed emerging therapies and practices based on post-colonial thought which involves a critical analysis of history and the revaluing of Aboriginal healing knowledge. Similarly, the goal of Aboriginal social work then appears to be the decolonization of Aboriginal people which is enacted through a methodology that contextualizes colonization and integrates healing methods based on Aboriginal epistemology.

From this perspective, Aboriginal social work can be described as a practice that combines culturally relevant social work education and training and theoretical and methodological knowledge derived from Aboriginal epistemology that draws liberally on western social work theory and practice methods, within a decolonizing context (Sinclair, 2001). Aboriginal social work education, then, is charged with the task of imparting this knowledge to students in order that they can effectively work in a decolonizing context.

The premises for social work in Aboriginal communities and with Aboriginal people is undergoing a transformation as the result of reclaiming Indigenous knowledge, expressing Indigenous voices, acknowledging Indigenous ways of knowing, and implementing Indigenous healing practices. This reconstruction of epistemology and the reconstruction of voice that challenges neocolonialism comprise

the critical pedagogy that has evolved as the primary approach to Aboriginal social work education. For example, the recently implemented Master of Aboriginal Social Work program of the First Nations University of Canada and the University of Regina, is based on a pedagogy derived from Aboriginal epistemology and is premised on training counselors and therapists who will utilize traditional methodology to work with the direct and intergenerational survivors of the residential school system (Katz, 2001). Similarly, the Native Human Services program at Laurentian University is community-based and driven and premised upon culture-specific helping methods. Such approaches are having an influence in the mainstream social work education milieu. Community-based Bachelor of Social Work programs delivered in communities by mainstream universities such as the University of Regina, the University of Victoria, University of Manitoba, University of Calgary, Carleton University, and the University of Quebec have emerged along with *access* social work programs that emphasize rural and Aboriginal course content for delivery in Aboriginal and remote locations. The community-based and access programs are striving to create culturally relevant programs for Aboriginal students and more often utilize Aboriginal educators and consultants in designing and delivering the programs.

The Challenges of a Decolonizing Pedagogy

The cultural imperative of Aboriginal social work education is to train social workers who incorporate Aboriginal epistemology and pedagogical methods into their approaches, combined with appropriate and useful western theory and practice models, within a critical historical context. On one level, taking this path is simple – the Elders say “walk your talk, heal yourself before you can heal others” – and once the individual has acquired sufficient western-validated education, the work begins. On another level, it is a solitary journey where Aboriginal worldview and traditional knowledge foundations have few mirrors in western pedagogy and critical analysis with respect to Aboriginal populations is, at least within mainstream institutions, relegated to one class or theoretical approaches such as anti-racism or cross-cultural social work. Aboriginal social work educators are informed by an array of theories in the areas of post-colonialism, liberation, anti-racism/oppression, and other critical theories, and they are charged with the task of incorporating what works in these theories with their own and their students’ social, economic, and political realities. The contemporary reality for Aboriginal people in Canada is neocolonialism, manifested in racism, oppression, and exclusion. For Aboriginal social work students, a large portion of the learning has occurred before they set foot in a classroom. The material that provides the fodder for Aboriginal social work curriculum does not come from a textbook – it comes from the post-colonial frontlines where intergenerational trauma is the norm and is manifested in lateral violence, substance abuse, sexual abuse, suicide, depression, and rampant ill-health.

The approaches that Indigenous scholars are finding effective are framed within an ancient sacred knowledge. Aboriginal social work practitioners and educators are charged with personal responsibility based on this knowledge base. The responsibility is to engage in a healing journey in order to be able to embark upon the tasks of helping others whether it is in the field or in the classroom – “in healing ourselves, we heal our communities and our Nations” (Native Human Services Program Statement of Philosophy, Laurentian University). Hence, the work involves working towards individual physical, emotional, mental, and spiritual health. In addition, the Aboriginal social educator and worker must act as a role model who is expected to challenge stereotypes, address issues of oppression and internalized colonization, reclaim and contextualize Aboriginal history, acquire western theoretical and practice

knowledge, engage in the reconstruction of Aboriginal epistemology and pedagogical forms and synthesize these tasks into a form that meets the mandate of the Elders, the requirements of western institutions and regulatory bodies, and needs of students.

The knowledge and insight that the educator accrues must then be presented with skill, tact, and sensitivity to students who come from diverse educational backgrounds and are most likely intergenerationally affected by colonization. They often have English as a second language, are survivors of residential schools, the 60s Scoop, and the child welfare system, are dealing with intergenerational trauma issues themselves, face social and institutionalized racism and oppression in an urban setting, and finally, may experience their own degrees of internalized colonialism which affects how knowledge is heard and integrated. These are the challenges of a decolonizing pedagogy.

The Future

Increasingly the theme of decolonization as a necessary element of education is being explored (Alfred, 1999; Bruyere, 1999; Hart, 2001; Laenui, 2000; Weaver, 1999). The next task for Indigenous social workers is to discuss more freely the processes and models that are proving effective (Duran, Duran, & Yellow Horse Braveheart, 1998; Graveline, 1998; Stevenson, 1999) and to articulate Indigenous models and methodologies for others to emulate. Hence, Aboriginal social workers and educators must publish at a higher rate in order to disseminate and share their knowledge. Recognizing that Aboriginal social work in the frontlines is extremely demanding, and Aboriginal educators are scrambling to keep up with the increasing numbers of Aboriginal students, time and space must be made for authoring of Aboriginal wisdom. Another area where Aboriginal social workers and educators need to direct attention is towards health research. Support for Aboriginal faculty and workers to embark upon a research agenda are needed. The money is available through federal funding programs, but the capacity needs to be developed for Aboriginal social workers to be able to successfully access those funds. Aboriginal people must lead the assault on the ill-health and social pathologies within Aboriginal communities and one way to do this is to participate in the health research agenda. Capacity building in health research is essential for Aboriginal communities to define their health issues, implement culturally relevant research strategies, and implement appropriate solutions for their own health issues. Aboriginal populations have reached a critical mass in terms of the illness wrought by colonization. Working towards health, in the context of neocolonial modernity, has become a modern Indigenous cultural imperative.

Conclusion

Aboriginal social work education has evolved out of a critical need for training of helpers, both Aboriginal and non-Aboriginal, who will have the skills and abilities to meet the needs of Aboriginal people. The training that has emerged incorporates critiques of colonial history in order to contextualize the contemporary reality of Aboriginal ill-health and social pathology. Aboriginal social work education is not cross-cultural social work where the assumption is that benevolence is extended to the less fortunate minority or disenfranchised group member of which the educator or practitioner is usually not a member. Rather, it is premised on Indigenous knowledge that encompasses Aboriginal philosophical and healing methods that can be incorporated into contemporary social work approaches to wellness. The values and ethics that stem from Aboriginal epistemology create a responsibility for the educator, student, and practitioner to “walk the talk” of wellness. That means embarking on personal healing and wellness in order to help others. As Aboriginal social work pedagogy develops in order to continue the task of redressing the effects of colonization and neocolonialism, the commitment to a decolonizing pedagogy is a daunting and challenging but necessary task. Our duty to the seventh generation demands it.

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An Interdisciplinary Journal *Honoring the Voices, Perspectives and Knowledges of First Peoples through Research, Critical Analyses, Stories, Standpoints and Media Reviews*

Indigenous Wholistic Theory: A Knowledge Set for Practice

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Abstract

In this article, the author establishes a knowledge set for Indigenous social work practice based on Indigenous wholistic theory. An overall framework using the circle is proposed and introduced followed by a more detailed and elaborated illustration using the four directions. The article identifies the need to articulate Indigenous wholistic theory and does so by employing a wholistic framework of the four directional circle. It then systematically moves around each direction, beginning in the east where a discussion of Spirit and vision occurs. In the south, a discussion of relationships, community, and heart emerge. The western direction brings forth a discussion of the Spirit of the ancestors and the importance of Indigenous knowledge and Indigenous knowledge production. The northern direction articulates ideas surrounding healing and movements and actions that guide practice. The article begins with a discussion on all four directions together with a final examination of the Centre fire where all elements interconnect and intersect. Lastly, the article proclaims the existence of Indigenous wholistic theory as a necessary knowledge set for practice.

Keywords: Indigenous wholistic theory, social work practice, four directional circle, relationships, community, healing

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Introduction

This article joins other recent and worthy publications where authors advance Indigenous ways of knowing, being, and doing (Graveline, 2004; Hart, 2002; Nabigon, 2006; Poonwassie & Charter, 2005; Sinclair, Hart, & Bruyere, 2009; Solomon & Wane, 2005). As Indigenous practice increasingly becomes asserted and expressed, we need to continue to articulate elements of Indigenous wholistic theory that guides Indigenous-based social work practice.

Indigenous peoples have worldviews and means of relating to the world. Stemming from this worldview comes the understanding that “we are all related.” Indigenous theory is rooted intimately within Indigenous epistemologies, worldviews, cultures, and traditions. Indigenous wholistic theory is wholistic and multi-layered, which encompasses the spiritual, emotional, mental, and physical elements of being. We also acknowledge our past, present, and future. By that very nature, we must look at the past and into our future; Indigenous theory factors in seven generations past and the seven generations into the future. It forms a framework to *Indigenize* our thoughts and actions into active healing processes that simultaneously decolonize and Indigenize. And finally, but not exclusively, I know that Indigenous theory is earth-based and derived from the teachings of the land, sun, water, sky, and all of Creation. Its methodologies of practice integrate the natural teachers and elements of the earth. Indigenous wholistic theory is an ancestral concept to Indigenous people where,

Aboriginal people in Canada have ancient culture specific philosophical foundations and practices, which continue to provide them with guidance in everyday life. In their healing process these imperatives provide guidance to those who experience physical, psychological, emotional, or spiritual distress – individually, in a family, or in a community (Poonwassie & Charter, 2001, p. 63).

Our work as wholistic practitioners is to remember and reconnect with wholistic knowledges, pick up our bundles and activate them again. Picking up our bundles means to relearn, reclaim, pick up, and own the teachings and practices that emanate from wholistic theory and knowledge. It means to live and practice *minobimaadsiwin* (a good life). In this article, a wholistic framework organizes and presents the knowledge set for Indigenous wholistic theory in Indigenous social work practice.

This article, in fact, stems from an earlier article I wrote in 1993 called *Healing as Practice: Teachings From the Medicine Wheel* (Absolon, 1993), which I never formally published but was widely requested and used. Within this article, I use the terms Indigenous and Anishinaabek as inclusive to all Aboriginal, First Nations, Métis, and Inuit peoples. My use of the spelling *wholism* indicates whole as in wholistic, complete, balanced, and circular. First, I present an overview. Second, I identify who I am. Lastly, I present the initial tenets of Indigenous wholism with a wholistic model and discussion.

Overview

This article is written for those that seek to understand a wholistic perspective of practice from an Indigenous lens and is organized using a wholistic paradigm of the four directions circle, which encompasses concepts such as cyclical, circular, and relational. Wholistic theory includes an intermixing and consideration of time and space: the past, present, future; directions, doorways of life; the ecology of creation such as earth, sun, water, air, and all their occupants; and values that retain the balance and harmony of all of the above. My goal is to highlight a knowledge set that informs Indigenous wholistic

theory for practice. This knowledge is based on oral traditions, is sacred, and can take years to understand and know. I feel limited to fully and adequately articulate a complete portrait of the elements of Indigenous theory. However, I encourage readers to embrace opportunities to learn and follow-up with references cited to develop their own knowledge set. The presented framework does not delve into the specifics of each area of knowledge because specific knowledge sets can be learning processes in themselves. This knowledge set can be used to guide practice and further practice lenses can be developed for purposes of wholistic assessment, evaluation, treatment, and change; and may be applied at levels of self, individual, family, community, organization, and institution.

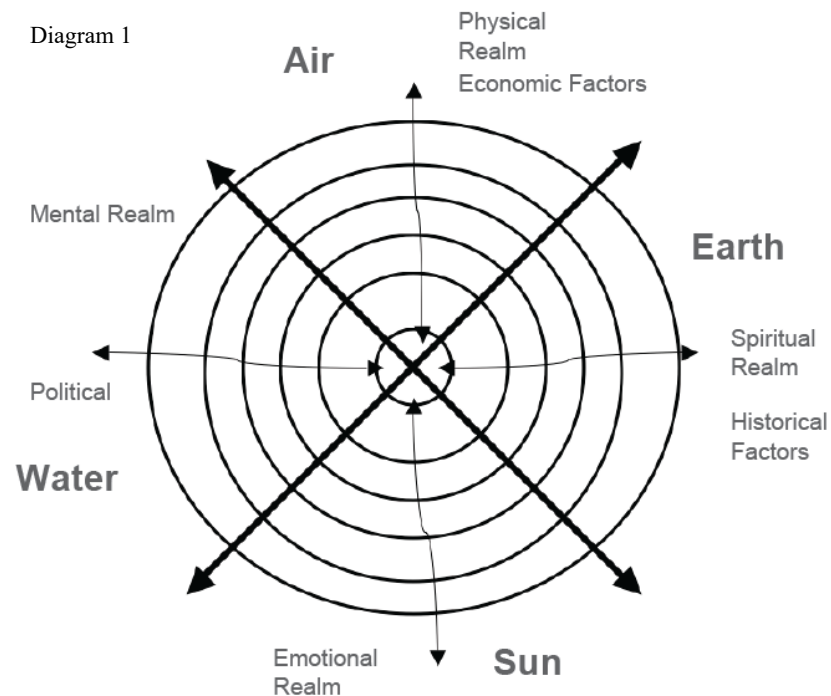
Who am I?

During my contemplations of writing this article, I wondered: Who am I to write such an article? An Indigenous worldview seeks that you identify yourself to the Spirit, the people, and the Spirit of the work you intend on doing and this act establishes the beginning of respectful practice. As I send out these words, I can only do so from where I sit and from where I am located (Monture-Angus, 1995). Through my sharing of who I am, I establish the parameters of what I may know and not know. In doing so, readers can determine what fits for them and what doesn't. Before I send out this knowledge, I need to share a bit on where this knowing comes from and who I am to honour its source and to be accountable. We arrive at our place of knowing because of our families, communities, Elders, and many other helpers. Our knowledge bundles develop over time with experience, teachings, and reflections. Our genealogy of knowledge is significant and we acknowledge who our teachers are and where we received our teachings (Marsden, 2005). What follows is a brief introduction to who I am as a prelude and this is how we would traditionally begin.

First, in my language, I announce my name, acknowledge my nation, relatives, and family because they taught me about living on the land and life in the bush. Minogizhigokwe n'dizhnakauz (I am Shining Day Woman). Anishinaabekwe n'dow (I am an Anishinaabe woman). Waubzhizhii n'dodem (I am Marten clan) and Flying Post n'doonjibaaam (I come from Flying Post First Nation). I am also Midewiwin and receive many of my teachings from the Three Fires Society Midewiwin Lodge. For the past twenty years, I have a blended background of Indigenous based wholistic healing practices along with some western social work practice methods. Over the years, many traditional mentors have appeared on my path and at the community level. My Anishinaabe relatives, Midewiwin, and clan family continue to teach me to walk in the beauty of our culture and ways. Consequently, my knowledge bundle is both cultural Anishinaabe and western, where I strive to balance both worlds. However, I have been actively focusing on my Anishinaabe culture and language which means learning my language, teachings, songs, ceremonies, medicines, and many other aspects that our knowledge bundles entail. In part, my knowledge is a summation of those who have crossed my path and took pity on me enough to share their knowledge and wisdom. Finally, I am grateful for all the Spirits that guide and walk with me. They provide the signs that let me know I am on the right path. Currently, I teach at Wilfrid Laurier University in a Masters of social work Aboriginal field of study program where we employ wholistic knowledge and teachings on a daily basis. We call this process Indigegogy, whereby we teach Indigenous theory and worldview using

Indigenous pedagogy.² Lester Rigney (1999) called an Indigenous methodology Indigenist, however, in our Indigenous social work education context we call it Indigegegy. Finally, I come from the land and frequently return there as reference points for my work as an educator, researcher, and practitioner. The teachings of the Anishinaabe inform my worldview.

Indigenous Wholistic Theoretical Orientation



Indigenous wholistic theory is whole, ecological, cyclical, and relational. The Medicine Wheel, four directions, and circles have been used as an effective and appropriate means and tools to develop healing strategies. They offer a multilevel strategy that is circular in nature and which has been practiced for thousands of years by our ancestors (Absolon, 1993; Graveline, 2004; Hart, 1996, 2002; Little Bear, 2000; Nabigon, 2006). The diagram above (Diagram 1) of concentric circles represents a level of being and illustrates the reciprocal interconnections of self, individual, family, community, nation, society, and creation. At the centre is a tiny circle representing the self. The next circle represents family, then the community, then the nation, society, and outward to the ecology of creation. Inclusive to all the levels are the infants, youth, young adults, adults, and Elders. Each level of being is affected by the historical, social, political, and economic; and each layer has a spiritual, emotional, mental, and physical element. Indigenous wholism considers the connections and the concept that we are all related begins to make sense as we perceive each aspect in relation to the whole. The dynamics of our realities are created because of the relationships and the experiences of these interrelationships and interconnections. I use the Medicine Wheel as a tool to depict Indigenous wholistic theory, which helps us to understand our realities and experiences by considering the influences of all the elements of the whole on our individual and collective being. This is just a beginning.

² My colleague, Malcolm Saulis, tells us that the term was given to us by Stan Wilson who coined what we do as Indigegegy.

Understanding Indigenous peoples' experiences can initially be understood within such a wholistic framework. The above illustration illuminates that Indigenous peoples' experiences can be framed and contextualized within a historical, social, political, and economic framework. Such a wholistic framework provides a concrete tool for understanding the nature of balance, harmony, and *minobimaadsiwin* (living a good life). It acknowledges the factors that contribute toward achieving that sense of peace and balance.

The imbalance is then determined to occur in the symptoms that people identify, which are typically called presenting problems or issues. These presenting issues are initially identified by people, families, or communities who desire a change toward peace and balance. Upon further consideration of the elements of Indigenous wholism in problem definition, we need to consider factors that fuel imbalances among Indigenous peoples' lives. If Indigenous worldviews, traditions, values, and beliefs are foundational to living a good life, then the absence or attack of Indigenous worldviews, traditions, and identity has created imbalance and disease. Colonizing agents and mechanisms of colonization such as residential schools, child welfare authorities, social welfare traps, land dispossessions, etc., have all contributed to personal and familial imbalance in many areas of functioning (Duran & Duran, 1995; Graveline, 2004; Hart, 2002; LaRoque, 1991; Nabigon, 2006). The attempted domestication³ of Indigenous peoples via the *Indian Act* policies has contributed to disease and illness among the people. Now the internalization of colonialism contributes to internal violence and lateral oppression. As earth-based and earth-centred peoples, a forced disconnection from our land would naturally create imbalance and disease among the people. Our reactions to these conditions are then understandable. Indigenous peoples have been living and breathing oppressive conditions for centuries now and undoubtedly the internalization of racism and the need for community healing is apparent when,

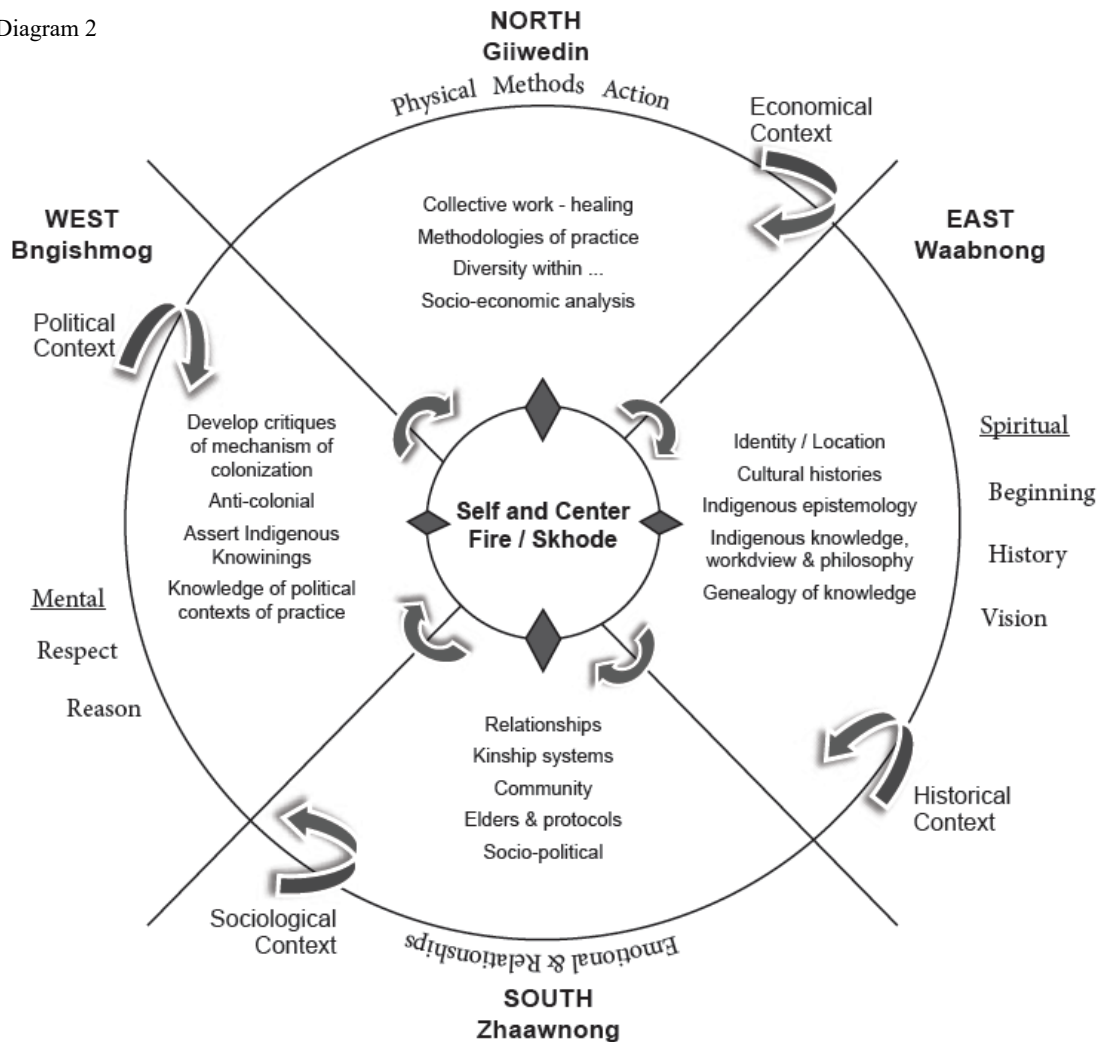
Some of the greatest resistors to the recovery of Indigenous knowledge are our own Native people who have internalized the racism and now uncritically accept ideologies of the dominant culture . . . Because of the extent to which colonization has taken root, any efforts to restore our traditional ways would have to be matched with a strong community decolonization agenda. While developing a critical consciousness aimed at understanding precisely how colonialism has affected our health and mindset, and thus, how we might meaningfully challenge that oppression, we can begin to reaffirm the richness and wisdom inherent in our traditional ways (Cavender Wilson, 2004, p. 72).

I agree with Cavender Wilson in that using and applying Indigenous theory to practice requires a knowledge set of social and political policies and practices. At this juncture, I become more specific in my presentation of Indigenous wholistic theory.

The following diagram (Diagram 2) is a more specific representation illustrating theoretical underpinnings using the four directions and spiritual, emotional, mental, and physical elements. Within each element are some specific theoretical factors that warrant consideration in Indigenous-based practice. There are many more elements and this representation is by no means exhaustive. Circle

³ I use the term domestication to coin what Paulo Freire (1996) in *Pedagogy of the Oppressed* described when colonizing forces attempt to acculturate or assimilate Indigenous peoples. The treatment of Indigenous peoples by the colonizer with the goal of acculturation is akin to the domestication of animals.

Diagram 2



teachings are diverse and representations of such can look different depending on the context, teacher, and Nation. With that being said, the proposed theoretical framework requires a dual knowledge set of Indigenous knowledge and anti-colonial knowledge. Current theory must tackle colonial constructs while asserting the power and role of Indigenous knowledge. The article is now organized using the following circle as a guide. Each direction is briefly introduced with teachings of the nature of that doorway or direction as given to me by my traditional teachers whom I am grateful to acknowledge (Herb Nabigon, Bawdwayidung, Obaunisay, Medwayaushii, and many others). Grandfather Sun rises in the east and so we enter into this discussion through the Eastern door and follow the directions to the Southern, Western, and Northern doorways. Each section will discuss components of Indigenous wholistic theory relative to each doorway. These directions are not mutually exclusive; in fact, they interrelate, interconnect, and are interdependent. Any change or movement in one area will affect the whole. The arrows in the diagram illustrate the interrelationships and interdependence between all the components.

The discussion of each of the doorways is meant to guide a wholistic knowledge set. The goal of this article is to present an Indigenous wholistic theory for social work practice. It does not present the

specifics of Indigenous issues or concerns but presents a framework from which issues can be understood and practice guided. This article advocates a knowledge set that is based on the collective doorways of the whole circle – that is, the knowledge set that an Indigenous wholistic theory commands.

Waabinong: In the East

The teachings from the sacred direction of the Eastern doorway, Waabinong, speak to us about new beginnings. The sun rises in the East, presenting us with a new day of life. With each day we have new life and new gifts. Waabinong represents springtime and rebirth. The Eastern doorway brings forth teachings of visioning, beginning, and rebirth. Here is where I present literature that deals with foundational principles and issues. Visioning requires one to be able to see the past, the present, and envision the future. Visioning denotes the theoretical underpinnings and principles from which searching for knowledge begins. Beginning denotes recognition that Indigenous peoples are in a state of resurgence and revitalization and at this time in our long history we are recovering, re-emerging, and reclaiming our knowledge base. The context of our past has vastly changed, yet we remain: we are Indigenous and we carry our ancestors' stories, teachings, and knowledge. Renewal of this doorway gifts us with the ability to experience the rebirth of the old into the new. In processes of renewal and rebirth, change is inevitable.

Aspects of Indigenous wholism that proceed through the Eastern doorway are Spirit, identity, and history. The role of spirituality must be considered within healing practices and processes (McCormick, 2005). Each and every being is a Spirit being and acknowledging one's Spirit begins with acknowledging oneself. Spiritual knowledge entails awareness and understanding of Indigenous epistemology and a respectful consciousness of the sacred world to Indigenous peoples. Indigenous wholism implies a balance within all aspects and elements of the whole, which is achieved through interconnections, interdependence, and interrelationships (Marsden, 2006). As Dawn Marsden (2006) stated,

If we know who we are, that all life is connected through Spirit, and if we learn how to live good lives, then by extension we will act responsibly toward the creation of harmonious and sustainable (healthy) relationships in this world.

Indigenous epistemologies, worldviews, methodologies, and frameworks must form the basis for our knowledge quests and practice (Bishop, 1998; Cole, 2002; Duran & Duran, 2000; Ermine, 1995; Fitznor, 2002; Kenny, 2000; Simpson, 2001; Sinclair, 2003; Wilson, 2001). Within the essence of Indigenous epistemology is spirituality and as Indigenous peoples our responsibilities include: to honour our relations with all of Creation; to follow our original instructions as orally passed on; to continually relearn ceremonies, rituals, and daily protocols; to regenerate mutual relationships and not to replicate western paradigms (Cole, 2002; Ermine, 1995). Spiritual considerations occur within the guidelines and frameworks of our Creator and we are to honour the knowledge we have. Spirituality is inherent in Indigenous epistemology, which sees everything in relation to Creation, the earth, and recognizes that all life has Spirit and is sacred. Willie Ermine (1995) talked about the inner space and inner knowing within Aboriginal epistemology – he identified the ways inner knowing is inherent in Aboriginal epistemology in the following quote:

Those who seek to understand the reality of existence and harmony with the environment by turning inward have a different, incorporeal knowledge paradigm that might be termed Aboriginal epistemology. Aboriginal people have the responsibility and birthright

to take and develop an epistemology congruent with holism and the beneficial transformation of total human knowledge. The way to this affirmation is through our own Aboriginal sources (Ermine, 1995, p. 103).

The doorway to the inner space, where the ancestral knowledge sits, is through other realms via dreams, ceremonies, vision quests, and rituals. The ancestors are there waiting to share their knowledge. The map to get there is in Indigenous knowledge and more specifically within Indigenous epistemology. The published work of Indigenous scholars reveals that Indigenous worldviews and ancestral knowledge are being carried forward into our future by asserting the role of Indigenous cultural knowledge and history and second, by critiquing and dismantling colonizing knowledge and mechanisms of oppression. These actions set the stage for visioning, beginning, and renewal. Out of renewal emerges a duality of knowledge, characterizing a cultural discourse and a colonial discourse. Both must necessarily be addressed.

Within an Indigenous worldview, we believe we are Spirit beings. As such, identifying who we are is the first protocol we do before we begin any ceremony, speak, or act. Some people announce their Spirit names as they address the Spirit. Some people announce their English name, clan, and Nation. We speak from our location and announce who we are, where we come from, and what our intentions are. In doing so, we are also announcing who we are not and where we do not speak from. Accountability and ethics of oral tradition are thus established and the people now have the power and choice to receive your words or actions. Within this specific doorway, Indigenous wholism implies that we attend to our positionality and locate ourselves (Absolon & Willett, 2005; Monture-Angus, 1995). Inclusive to location and positionality is identifying who you are, where you come from, and what are your motives or intentions.

Waabinong, in the East, also implies knowing our history: cultural and colonial. It calls upon a knowledge base of the history of colonization of Indigenous peoples in Canada and its impact on Indigenous peoples' cultures and traditions; the oppression of Indigenous spirituality, ceremonies, songs, dances, gatherings, naming and death ceremonies, and life teachings. It calls for us to know that the suppression of Indigenous peoples' bundles and their "traditional Elders, keepers of knowledge were deliberately murdered" (Colorado, 1988, p. 51). Sacred birch bark scrolls, knowledge bundles, and ceremonial objects were confiscated, destroyed, and outlawed. To understand the extent of Indigenous peoples' anger, grief, depression, and loss one must develop an awareness and understanding of the impact of having one's culture, family, children, language, and way of life attacked over and over.

Indigenous scholars are calling for an ongoing critique and deconstruction of colonial motives, theories, and methods (Absolon & Herbert, 1997; Duran & Duran, 1995, 2000; Henderson, 2000b; LaRocque, 1991; Ross, 2005; Smith, 2000; Talbot, 2002). Critical reflections and discourse set a pathway for decolonization and for freedom to be attained without replicating or empowering colonialism and Eurocentric hegemony (Alfred, 2005). Decolonization presupposes a commitment to a critical analysis of the existing unequal power structures, a rejection of hegemonic belittling, and a commitment to consciousness raising and politicization. Clearing the mind of colonial constructs alone is not enough. Decolonization is the common descriptor for unlearning out of racism and colonization (Calliou, 2001; Fitznor, 2002; Graveline, 2004; Simpson, 2001; Wa Thiong'o, 1986).

In summary, the theoretical elements of Indigenous wholistic theory of Waabinong, the Eastern doorway are Spirit, beginnings, and history. Some key points from this doorway are:

- beginning and rebirth;
- inclusion and respectful acknowledgement of Spirit;
- spirituality is connected to healing;
- establish your location and position yourself within your practice, as such;
- acknowledge your genealogy of knowledge;
- recognize the legitimacy of Indigenous epistemologies, worldviews, and knowledge;
- understand that Indigenous peoples have a cultural history that predates colonization;
- identity: understand the diversity within families, individuals, and communities; and
- develop a knowledge set about the history of colonization and the mechanisms of oppression.

Zhaawnong: In the South

The Southern doorway, Zhaawnong, encompasses the emotional and relational realms. It brings forth teachings of life, relationships, people, and growth and will cover literature relating to principles of reciprocity and relationships. Zhaawnong brings the summer and renewal. This doorway addresses issues of relationships, protocols, accountability, reciprocity, and community. Relationships can extend to humans and the natural and spiritual world. For example,

Indigenous peoples the world over follow the rhythm of the cosmos with distinct relationships to the sun, moon, stars, animals, plants, sound, wind, water, electrical and vibrational energy, thunder, lightning, rain, all creatures of the land and water, the air, and the rhythm of the land itself (Solomon & Wane, 2005, p. 55).

In Indigenous contexts building and nurturing quality relations is integral to living in a good way.

Kinship systems and their relationship connections are recognized in the Southern doorway. Leroy Little Bear (2000) identified the value of knowing that totality and wholeness exist within the circle of kinship. He used an analogy of four flower petals to symbolize strength, sharing, honesty, and kindness in kinship relations. Further, he stated that “the function of Aboriginal values is to maintain the relationships that hold creation together. If creation manifests itself in terms of cyclical patterns and repetitions, then the maintenance and renewal of those patterns are all-important” (Little Bear, 2000, p. 81). Kinship systems serve to connect threads between individuals, families, and communities and extend beyond biology. For example, kinship systems can be based on the clan system where relationships and roles are determined by clan identity and function (Benton-Banai, 1988). Families have tendencies to adopt people and community members can relate to each other as aunts, uncles, nieces, nephews, brothers, or sisters without the genetic basis for such ties. Our Cocomish and Shaumish can be other Elders other than our biological ones. Families and communities are broadly defined and are not limited to genealogy or genetics.

Indigenous communities have immense strength and resources from which kinship ties, healing and recovery, wellness, survival, and collectivity exist. The viability of community relationships in social work practice cannot be underestimated. Identifying community strengths in all areas of prevention, intervention, rehabilitation, support, and postvention approaches will contribute to the development of

grassroots and community strengths approaches (Gone, 2004). Principles of collaboration and empowerment ought to guide relationships with community members, such as engaging with local community members in the planning and delivery of service. From an Indigenous perspective, the culture of a community is where the heartbeat of that Nation resides. Communities are suffering in the colonial aftermath; hence their heartbeats may be weak. Nevertheless, the heartbeat of a community is in the people, which ought to influence methods of practice. Community interests ought to be considered essential elements of practice and community involvement fostered at all levels of service delivery, such as planning, visioning, brainstorming, designing, creating, evaluating, assessing, intervening, and treating. In this sense, methodologies of practice will diversify as community contexts vary from one community to the next. Training for work with Indigenous communities ought to be interdisciplinary and diverse community-based methodologies encouraged. Methods that foster community relationships and collaborative processes include the teachings of the Medicine Wheel, storytelling, sharing and teaching circles, community participation, and role modelling (Poonwassie & Charter, 2001). Methods of practice ought to attend to supporting and fostering healing relationships within the self, family, and community.

Elders are another cornerstone of Indigenous knowledge, culture, and heritage. Oral traditions, languages, and historical accounts would be lost without the wisdom, knowledge, and experience of Elders. Ethics of practice exist in the protocols in working with the Elders and with traditional knowledge. Elder protocols are varied depending on the Nation and territory and identifying reliable Elders will occur in consultation and communication with community resource people. For example, some people will offer tobacco, cloth, or a small gift as a gesture of reciprocity and gratitude. Elders are essential to learning and teaching through mechanisms such as storytelling, ceremony, songs, dances, and passing on teachings. Healing and wellness programs often employ Elders to work with children, youth, and families. Community initiatives in Ontario, such as Enahtig Healing Lodge and Learning Centre, Kii-Kee-Wan-Nii-Kaan Southwest Regional Healing Lodge, Anishinaabe Health in Toronto, Shawanaga Healing Centre, and Skaagamakwe Healing Centre, work with Elders in the delivery of programs and services. There are many other examples across the country of programs and services that recognize the role and contribution that Elders can make to healing and wellness initiatives.

This doorway also calls for the development of a critical understanding of the social context and conditions of issues, such as an understanding of family violence and abuse, alcoholism, addictions, depression, grief and loss, disempowerment, suicide, intergenerational trauma, lateral violence, and multigenerational trauma. Cavender Wilson (2004) stated that,

When considering the plethora of social problems facing Indigenous communities today (including poverty, chemical dependency, depression, suicide, family violence, and disease), it is profoundly clear that these are the devastating consequences of conquest and colonization. For Indigenous nations, these problems were largely absent prior to European and American invasion and destruction of everything to us. A reaffirmation of Indigenous epistemological and ontological foundations, then, in contemporary times offers a central form of resistance to the colonial forces that have consistently and methodically denigrated and silenced them (p. 70).

I believe that when practitioners continue to apply psychotherapeutic approaches to practice that omit the social and political contexts of Indigenous peoples' realities, then their practice continues to pathologize, diminish, and problematize Indigenous peoples. I agree with Duran and Duran (1995) that

the Diagnostic and Statistical Manual of Mental Disorders ought to have a category recognizing the post-trauma effects of colonization and genocide. Further, “those negative influences have resulted in the marginalization and clientization of these groups in contemporary society” (Poonwassie & Charter, 2001, p. 64). We must be careful to not adopt theories and methods of practice that only pathologize and problematize Indigenous clients without regard for the broader socio-political issues and historical context.

In summary, the theoretical elements of Indigenous wholistic theory of Zhaawnong, the Southern doorway, acknowledge the emotional aspects of the whole where relationships and sociological contexts are understood. This doorway specifically:

- calls for renewal at relational levels;
- attends to relationships;
- integrates understandings of diverse relationships;
- understands kinship systems as moving beyond genetics;
- identifies community strengths and resources;
- collaborates with the community to foster healing relationships;
- utilizes methods that support healthy relationship building;
- acknowledges the role and contribution of Elders and protocols; and
- contextualizes issues within a socio-political analysis of social problems facing Indigenous peoples today.

Niingaabii’ong: In the West

The Western doorway, Niingaabii’ong, brings forth teachings of the ancestors, the mind, and respect. It relates to respect for knowledge and knowledge of creation. Niingaabii’ong brings autumn and cleansing. It also calls for mental strength and reason. Operationalizing respect in practice requires one to step back and think wholistically and consider how all the doorways specify and articulate the value of respect. Asserting Indigenous knowledge as a tool for recovery from colonial trauma and all its manifestations is acknowledged in this doorway. It is evident that in Indigenous communities across the land, a re-emergence of knowledge is occurring. Decolonizing our minds in addition to establishing a critical discourse, theory, and practice based on Indigenous knowledge are acknowledged by Niingaabii’ong.

Respect is a core principle from which Indigenous methodologies ought to emerge (Absolon & Willett, 2004; Archibald, 1993; Battiste & Henderson, 2000a; Fitznor, 1998; Graveline, 2000; Gross, 2002; Kenny, 2000; McPherson & Rabb, 2001; Sinclair, 2003; Wilson, 2003). Respect is a wholistic value and can be applied and operationalized at all levels of social work practice. To acknowledge and validate Indigenous philosophies and worldviews is to practice respect. Gross (2002) stated that respect is in the Anishinaabe teachings of Bimaadziwin, which loosely translates to mean *a good life*. The life goal of the old Anishinaabe was to follow the Anishinaabe teachings of Bimaadziwin, hence to strive toward living a good life. We need to learn our teachings and apply these teachings today to rebuild and recover from colonial trauma. I have heard over and over how Indigenous peoples have been helped through our own cultural mechanisms such as sweat lodge ceremonies, healing ceremonies, sharing and talking circles, dances, songs, and other cultural pathways to wellness. Indigenous ways of health and recovery remind

people of the beauty of who we are, where we come from, and what we know. It builds healthy esteem and confidence in our identity. It instills good feelings about being Indigenous again and reconnects people to the power of their identity. We must respect who we are, what we know, and where we come from. Our recovery and rediscovery is imperative to our healing as peoples.

The recovery of traditional knowledge is deeply intertwined with the process of decolonization because for many of us it is only through a consciously critical assessment of how the historical process of colonization has systemically devalued our Indigenous ways that we can begin to reverse the damage wrought from those assaults (Cavender Wilson, 2004).

Respect calls upon us to look again, speculate, consider, and operationalize Indigenous knowledge as a source of healing and recovery. In itself, though, Indigenous knowledge is massive, complex, and dynamic. Many Indigenous scholars share commonalities across the diversity of their Nations regarding Indigenous knowledge (Absolon, 1993; Battiste & Henderson, 2000b; Benton-Banai, 1988; Brant Castellano, 2000; Cajete, 2000; Colorado, 1988; Fitznor, 1998; Graveline, 2000; Gunn Allen, 1986, 1991; Hart, 2002; Henderson, 2000a; Holmes, 2000; Kovach, 2005; Martin, 2002; Nabigon, 2006; Thomas, 2005). “There is a communal ideology and unique worldview between and among the Indigenous peoples of the world. This common thread is inherent in most Indigenous cultures despite the severity and sustained duration of the colonial impact . . .” (Solomon & Wane, 2005, p. 54). For example, Indigenous knowledge is consistently referred to as wholistic. That is a given. Additionally, “most Aboriginal worldviews and languages are formulated by experiencing an ecosystem” (Henderson, 2000a, p. 259). Indigenous worldviews teach people to see themselves humbly within a larger web or circle of life. It is both feminine and masculine and acknowledges the roles of both men and women. The Earth is feminine and the Sun is masculine – both are necessary for life to exist. Men’s work and women’s work may be different, but they are interdependent and contribute to a healthy whole. Interrelationships and interdependence within this circle create a consciousness of relationality within all of creation.

Indigenous knowledge comes from ancestral teachings that are spiritual and sacred in origin (Ermine, 1995). It exists in our visions, dreams, ceremonies, songs, dances, and prayers. It is not knowledge that comes solely from books. It is lived knowledge, experiential knowledge, and enacted knowledge. It is cyclical and circular and follows the natural laws of creation. Indigenous knowledge is earth-centred with ecology-based philosophies derived out of respect for the harmony and balance within all living beings of creation. Indigenous knowledge occupies itself with the past, present, and future. The past guides our present and in our present we must consider the generations to come. Indigenous knowledge lies in our stories and narratives and within our oral traditions. It exists in our relationships to one another and to all of creation. Indigenous knowledge exists in animals, birds, lands, plants, trees, and creation. Relationships among family and kinship systems exist within the human, spiritual, plant, and animal realms. Indigenous knowledge systems consider all directions of life: East, South, West, North, beneath, above, and ground levels. Life is considered sacred and all life forms are considered to have a Spirit. We manifest this knowledge in our humility in offering thanks for life and in seeking life’s direction. Indigenous knowledge has enabled Indigenous Nations to live in harmony and balance with the earth and without harm. Our ancestors have used their knowledge to respect the laws of creation, while subsisting on the land, since time immemorial. Thus, a practice that is derived from Indigenous knowledge would certainly entail methods that demonstrate respect and reverence within these

understandings. Healing centres today, for example, have programs and services reconnecting people to the land, plants, medicines, and elements. Youth programs venture outdoors where the natural world fosters and participates in the healing and recovery needs of young adults. Sitting by fire is peaceful and water fosters a sense of serenity and calmness. Earth's elements are healing elements too.

Our ancestors sit in the Western doorway and when we use spiritual protocols in our practices we are sending our thoughts into the Spirit world. The significance of ancestors cannot be ignored. Many Indigenous people pay homage to the ancestors and turn to sacred ceremonies to tap into and seek out ancestral knowledge. Healers and medicine keepers work with healing ceremonies and invoke the ancestors and use of sacred medicines to facilitate healing practices. Recognition of the ancestors implies an acknowledgement of the cycles of life and death as natural life cycles. Funerals and burials involve teachings of life and death, which facilitates the grieving process for family and community. Indigenous communities have high incidences of death and loss and our capacity to cope and survive such tremendous losses is fostered through our ceremonies and cultural understandings of life and death. Death and dying, grief and loss, are among common issues that confront Indigenous people. Higher mortality rates plague Indigenous communities and depression is often connected to unresolved grief and trauma. Loss has been felt with the loss of people and family members, loss of language, culture, land, freedom, movement, subsistence, and livelihood. The losses are many and are vitally important when considering issues of unresolved grief and loss. Importantly though, Indigenous theory has teachings which reflect understandings of life and death.

In contextualizing the loss of culture, language, traditions, community, land, and family this doorway casts our attention toward the political arena to further develop an understanding of the politics of colonization and its impact on Indigeneity, governance, livelihood, subsistence, freedom, land bases, and living an Indigenous way of life. The extent to which assimilation policies and oppressive tactics diminished Indigenous peoples' good life cannot be underestimated historically and currently. We need to have a political analysis to understand why families do not know their life cycle ceremonies or why children were forced to attend residential schools. We need to understand the lack of choice and free will and forced erosion of the culture and language so that we do not perpetuate a "blaming the victim" stance in our practice. For example, while working at the community level, I recall people blaming members in their own community and negatively labelling them *Bill C-31ers*. Their remarks indicated that they thought Bill C-31ers were undeserving of their membership, housing, and treaty entitlements. Consequently, I engaged them in a critical education about the nature of *Bill C-31* (an *Indian Act* amendment) and the history of the *Indian Act* and sexism instituted in it. Many of our people don't have this knowledge set and so Indigenous wholistic theory calls for practitioners to become critically literate and critical educators to their clients to begin teaching individuals, families, and communities about the colonization of Indigenous peoples on their own land. We must develop anti-colonial practices and consider issues of power and oppression in areas of health, social welfare, child welfare, justice, mental health, family, and community services. In this sense, this doorway calls for power analysis and an understanding of power and social constructions of health and illness.

In summary, the theoretical elements of Indigenous wholistic theory of Niingaabii'ong, the Western doorway, acknowledge the mental aspects of the whole where reason and respect are addressed. This doorway specifically:

- recognizes ancestors, ancestral knowledge, and power;
- acknowledge the mental aspects and power of knowledge;
- asserts and respects Indigenous knowledge and ways of knowing;
- applies a critical analysis and knowledge of the political contexts of practice;
- develops critiques of the mechanisms of colonialism and engages in critical literacy and critical education with Indigenous communities;
- is anti-colonial in practice and works to counter colonial ideologies; and
- acknowledges the ancestors and cycles of life and death.

Giiwedinong: In the North

The Northern doorway, Giiwedinong, brings forth teachings of healing, doing, and movement. In this realm, the physical elements are acknowledged and physical action and movement are located. Giiwedinong brings winter and healing. When all the other three directions are in place, the teachings of the Northern doorway are operationalized and it is with a consciousness of all the doorways that action occurs in a conscious and healing way. Methods of practice are recognized in this doorway as doing. As an example, I suggest the reader locate a recent publication edited by Sinclair, Hart and Bruyere entitled *Wicihitowin: Aboriginal Social Work in Canada* (2009), which provides many excellent contextual chapters on Indigenous based social work practice. What we do is addressed in the Northern doorway and winds of change gift us with opportunities to heal. In practice, the following quote poses good questions for consideration when bringing forth healing practices:

In many Indigenous societies, some of the questions they are constantly asking are: How much of the sacred healing practices can they share? Would these practices work out of context? Is it possible to re-create rituals of healing outside of the healers' community? Each healing practice is unique to the individual requiring healing and to the healer (Solomon & Wane, 2005, p. 53).

Some people will not discuss or share sacred healing practices, but there are now common practices among Indigenous peoples that are readily identified. Indigenous-based practices ought to recognize the disconnection that colonial mechanisms created and engage to reconnect people through collective processes. Circle processes, or circle talk, were named as a viable method for working with Indigenous groups and communities (Graveline, 2000; Hart, 1996; Steinhauer, 2001; TeHennepe, 1997; Weenie, 1998). I agree that “many indigenes have growing interest in returning to their sacred teachings and ceremonies and will continue to follow their traditions to sustain themselves and to help the generations to come” (Solomon & Wane, 2005, p. 53). Protocols, circles, and sharing are common Indigenous practices that bring people together for sharing, learning, and healing. Circle processes counter the isolation and alienation that many Indigenous peoples experience in relation to the issues and concerns they face. Sometimes we don't know what we don't know until exposed to the knowledge and experiences of others. Only when fed with accurate information can we develop in our understanding and knowledge. The following story was told to me by one of my mentors and has helped create an understanding of patience and care within the healing journey:

Once there was a starving human without food or water, alone on a raft for a long, long time – saltwater surrounded the raft and was undrinkable. More time passed and this

person is one day discovered by another human who is able to recognize the thirst and hunger and not be afraid of it. This human offers the diseased, sickly, and starving person a dropper of water - not a whole meal but only a slight drop of water. Slowly the human absorbs the drop and then is given another drop. A few drops of water turn into a dropper of water over time. The dropper of water is tolerable and digestible; a full meal would not be. In time, that dehydrated person is able to drink more and more and more. And over time this human begins to acquire an appetite and over time develops an incredible hunger and yearning to be fed: The dropper is no longer enough. The hunger and yearning become the drive for more food . . . and is ready to digest food . . .

Learning about our truths and sharing collective pains is a process that occurs in time. The experience of sitting in many sacred circles (women's circles and mixed gender circles), through listening, sharing, and dialoguing as we fed each other droppers of water, taught me about patience and acceptance. Our thirst and yearning for knowledge are quenched through listening to others' stories and experiences and drawing on our collective strengths. Acquiring knowledge and understanding is a life long journey and circle processes provide a culturally congruent means to do so. Our feast, therefore, is a series of "droppers of water" through conversations and dialogues and not the eating of one large meal. Healing is fostered, friendships develop, and relationships between the people are restored. Within the circle process, many formats have been shared in terms of the amount of people and length. Hart (2002) has researched and worked with circles for many years and his book *Seeking Mino-Pimatisiwin: An Aboriginal Approach to Helping* is a good resource. Additionally, I would add that methods of gathering people together are varied, but one thing for sure is that food is central to any successful gathering. Feeding people in a loving and good way will fuel a positive environment and nurture optimistic feelings. McCormick (2005) presented a worthy chapter where Indigenous practices toward a healing path are summarized. He identified the healing path and outlines the role of "spirituality in healing, the role of nature, the role of cleansing, the role of culture in healing, the model of the circle and Medicine Wheel, the concept of balance, the role of connection, and the role of ceremony in healing" (pp. 293-294). It explained healing approaches and practices that utilize Indigenous methods while integrating concepts such as connection, balance, nature, and wholism. His chapter is useful because he linked these approaches to counselling and therapy with individuals, groups, and communities. Indigenous healing processes are identified as wholistic, multifaceted, and diverse where sharing is facilitated through a variety of paths.

I had the privilege, at a young age, of being a student of traditional teachers and was given teachings to live, practice, and share. I also had the privilege of growing up in the bush. I acknowledge these privileges because of the institutional racism that severed many First Nations from their inherent right to the traditions and values of our many cultures. All Indigenous peoples, I believe, should have their teachings with them. My responsibility has been to internalize the teachings into who I am and honour them in the way I live. I cannot lose them or have them stolen - they exist as a part of me - in my mind, my body, and my Spirit and heart. For these tremendous gifts, I am most grateful. Relearning the cultural teachings, worldview, and philosophies of my people have been my personal and professional methodology of practice. Committing to relearning our culture and language as a methodology for emancipatory and liberating practice is now essential to my life and work. If I am able to offer Indigenous peoples something, I want it to be based within Anishinaabe epistemology.

Diversity is another concept of this doorway and actions of practice ought to reflect the diverse manifestations of colonialism and internalized colonialism. People have diverse experiences and not all Indigenous people aspire to be traditional or have traditional knowledge. Indigenous people are also Christian and traditional or neither. Some people are assimilated into Canadian society and like it that way. Indigenous peoples are diverse in their linguistics, lifestyles, cultures, and ways of life. Families are diverse and communities are diverse. Community governance structures can be diverse and the operations of programs may reflect cultural and organizational diversity. Communities may vary in their priorities, goals, and objectives. Land bases are diverse and livelihoods will also be diverse. Nations across Canada are very diverse as are the linguistic groupings. Programming that might work in one community may not be appropriate for another because of the unique conditions and situations that exist within communities. Distinct community-based strategies will require specific considerations relative to each community.

Additionally, economic conditions among Indigenous peoples are diverse, though there is a prevalence of poverty and low socio-economic status. The high incidences of unemployment and poor housing conditions continue (Wesley-Esquimaux & Smolewski, 2004). Some communities struggle with the poor quality of drinking water and sewage systems. The physical conditions under which some Indigenous people exist are deplorable. A socio-economic analysis of poverty, unemployment, housing, homelessness, and other consequences of the economic marginalization of peoples in a colonial and racist society is required to refute any notion that Indigenous peoples are poor because of stereotypical notions of being lazy, drunk, or stupid. One need only look at the peasant farming policies in the prairies in the late 1800s to realize that the government's agenda was to maintain Indigenous peoples as the working poor and did so by creating glass ceilings on profit margins in farming (Carter, 1990). Because of racism, oppressive Federal policies, fiscal erosions, and renegeing on fiduciary responsibilities, Indigenous peoples have retained sub-standard economic status. Understanding the economics of Indigenous peoples' lives requires a structural economic analysis. This understanding will foster a compassionate lens from which you perceive the people and their conditions. I believe this analysis prevents blaming the victim and redirects the problem to the institutions and structures.

In summary, the theoretical elements of Indigenous wholistic theory of Giiwediniᑎg, the Northern doorway, acknowledge the physical aspects of the whole where methods of practice and action are. This doorway specifically:

- recognizes the healing in being and doing;
- calls for action and movement;
- acknowledges the collective work;
- addresses methodologies of practice from Indigenous frameworks such as sharing or teaching circles, ceremonies, use of nature, and process-oriented action;
- healing as a restoration of balance using tools such as the Medicine Wheel;
- the diversity within Indigenous contexts; and
- encourages a socio-economic analysis of contemporary conditions.

Centre Shkode

The Centre Shkode (fire) is where the fire exists and where all four doorways intersect and interrelate. The Centre is where balance and harmony exist when all aspects are living in harmony and balance. The Centre fire could also represent self in relation to all else. It is the essence of self and the manifestation of the whole. In summary, the Centre fire represents a coming together of all four directions. Ermine (1995) told us more about this Centre fire of the self:

Aboriginal epistemology is grounded in the self, the spirit, the unknown. Understanding of the universe must be grounded in the spirit. Knowledge must be sought through the stream of the inner space in unison with all instruments of knowing and conditions that make individuals receptive to knowing. Ultimately it was in the self that Aboriginal people discovered great resources for coming to grips with life's mysteries. It was in the self that the richest source of information could be found by delving into the metaphysical and the nature and origin of knowledge. Aboriginal epistemology speaks of pondering great mysteries that lie not further than the self (p. 108).

The Centre represents the fire of life where all directions meet and locates the teachings of integration, balance, interconnections, and holism. The Centre also represents the self - the essence of the cumulative aspects of self: the spirit, the heart, the mind, and the body. Utilizing a wholistic analysis enables practitioners to better understand people in their whole context, as the Centre really represents the cumulative aspects of all four doorways.

Each doorway in isolation from the others is insufficient. All doorways are interdependent, interconnected, and make up the collective whole. An Indigenous wholistic theory of practice considers all four doorways and their elements. For example, Indigenous worldview effects how people see themselves in relation to their community and themselves. Recognizing cultural knowledge implies the existence of methods of healing and practice that have been exercised and applied in Indigenous contexts. Wholistic practice means to honour the balance and respect all the directions in programming, policy, and practice. For example: create programs that feed the Spirit (using medicines of sweetgrass, sage, tobacco and cedar; ceremonies; and circle formats), the emotions (the internalized inferiority, fear, shame, anger, pain, and self-hate), the mind (educating First Nations workers and shareholders⁴ about the authentic history, the nature of their own experience, decolonizing our minds and unlearning racism, and dealing with our internalized racism and inferiority), and the body (addressing the symptoms of racism that First Nations people, workers, and leaders carry with them as baggage that results in low self-esteem, substance and personal abuse, family violence, and suicide).

Indigenous knowledge is a lived knowledge, meaning that you must practice what you know and be what you do. There is no distinction between living and working. Indigenous knowledge is a way of life. For Indigenous helpers to continue to develop their knowledge and understanding into practice they must be provided with opportunities to learn. Professional development for Indigenous helpers means those helpers need to be supported to attend ceremonies and traditional venues so they can learn how to pick up

⁴ I learnt of this term at Kii-Kee-Wan-Nii-Kaan Healing Lodge where the term shareholder was used in lieu of client, as shareholders indicated that people have a stake and investment in their own wellness where their wellness journey is a mutual process. I liked the application of the term shareholder.

their knowledge bundles. Traditional knowledge is transmitted and passed on at ceremonies and that is where we learn the teachings and protocols.

Workers need to be aware of Indigenous peoples' contexts and within Indigenous contexts is where capacity is developed. Community-based education directed at capacity building and critical education foster peoples' abilities to control their own needs and program directions. Building a solid foundation for any initiative is paramount to its success. Any community-based initiative ought to have an anti-colonial agenda coupled with an affirmation and presence of Indigenous ways of knowing, being, and doing. Staff education will, in part, address an authentic movement of healing and will begin to truly reflect Indigenous wholism in practice. Professional development is also about cultural development and a commitment to providing cultural teachings and language lessons empowers helpers in their own identity and knowledge set. In essence, practice and programming based on Indigenous theory ought to support workers to be strong and healthy in terms of clear minds, strong spirits, healthy bodies, and healing hearts. A genuine and real movement addresses and deals with the internalized oppression of First Nations peoples. It also includes and addresses symbolic components of culture and spirituality in a complementary fashion and in a way that strengthens and heals our Spirits, bodies, and hearts.

Conclusion

This article was set forth to present an Indigenous wholistic theory as a knowledge set for practice. I utilized the concepts of concentric circles and Four Directions. As I travelled around the circle I discussed some elements related to each direction, eventually leading to the place where all components intersect. Indigenous wholistic theory is cyclical, circular, and wholistic. Oral traditions were typically the venue for transmitting such knowledge. Utilizing visuals is one method to try to lift the words and concepts off the page. Ironically, Indigenous theory is not something one can acquire vicariously or by reading a book. It is a living phenomenon. This representation of Indigenous wholistic theory can be elaborated upon much further. My hope is to convey a theory that is based on the culture and traditions of Indigenous worldviews, is anti-colonial in its perspective, is wholistic and cyclical, and is ecologically derived. Spiritual and natural laws direct the protocols from which these methodologies are derived. Understanding and learning Indigenous wholistic theory is simultaneously simple and complex. It is both fluid and concrete. Minobimaadsiwin is the good life we strive for and the Creator gave us all that we need to heal ourselves wholistically. Indigenous ways of knowing, being, and doing have worked for our ancestors and can be translated into contemporary contexts. Our nations are not bankrupt. We have the Spirit of our ancestors and strength of knowledge and theory that has the capability to heal ourselves, our families, our communities, nations, and the earth. Indigenous wholistic theory is a theory for balance, harmony, and B'maadisiwin. Chi'miigwech. All my relations!

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Family Counselling as Decolonization: Exploring an Indigenous Social- Constructivist Approach in Clinical Practice

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Abstract

In Canada, Indigenous peoples' lives are shaped by relationships with their families. These relationships are defined by traditional Indigenous conceptions of connectedness with the earth, communities, and the many relations that occur within these contexts and are based on what is termed Indigenous ways of knowing. These relationships are also described through a concept of Western social constructivism. Social constructivism is an ideal mate for Indigenous ways of knowing in the practice of family counselling because it recognizes the importance of culture and context in understanding what occurs in human interactions when constructing knowledge based on this understanding. Indigenous ways of knowing have been of recent and growing interest to family mental health practitioners and policymakers who are seeking to support clients in decolonization processes. Family service providers who work in a Western social service or health care setting have an interest in exploring forms of sociocultural theory and practice, such as Indigenous ways of knowing, in order to address and further the practitioner-family interaction and to benefit both individuals and communities in a responsible and sustainable manner. Using current and historical literature, this article presents a summary of issues and guidelines for a hybrid approach that brings together Western and Indigenous approaches for family service workers (such as counsellors, social workers, psychologists, and psychiatrists) and a set of guidelines for practical application. Implications of how these practices can positively impact and promote community mental health in the current climate of recovery from colonialism and cultural genocide are presented.

Keywords: Indigenous families, Indigenous psychology, Indigenous mental health, cross-cultural communication, social-constructivist counselling

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Preface

I work from the position of an Indigenous woman, a parent, a psychologist, and an academic. My identities are created and informed by numerous political, social, and economic contexts that see me as the Other. I am implicated in the dichotomies of oppressor/oppressed, colonizer/colonized, and male/female. These binaries rest on the edifice of notions of race, class, and gender. The colonial experience has been devastating to Indigenous peoples around the world, and presently, recovery and healing are timely and necessary. Resistance, which is a part of decolonization, can be as much a personal struggle as it is a community struggle. Resistance means breaking through pain and denial. It means unlearning what we as Indigenous people have been taught about ourselves and instead learn to value ourselves. Such emancipatory projects require a critical understanding of the colonial structures of oppression and domination. Resisting colonialism requires a reasoned and critical analysis of the systemic and systematic practices that exclude specific groups from equitable access and participation in mainstream society. Thus, the underlying assumptions of ideologies and practices which require the Other need to be revealed and challenged. The underlying assumption of this paper is that resistance is possible within colonialism through a deconstruction of the therapeutic relationship that is dominated by Western ethics and ideas and the inclusion of Indigenous ways of knowing.

Introduction

Social-constructivist therapies are useful approaches for effective and appropriate family counselling with Canadian Indigenous groups because these therapies often give power back to the client through the co-constructed nature of the therapeutic relationship. A return of power to the client is also made in terms of self-determination within the context of the counselling relationship, and this is particularly useful when dealing with non-Western populations such as Indigenous communities. This paper will include an extensive review of existing literature on social-constructivist family therapy in Indigenous contexts, then an Indigenous perspective will frame a discussion on some of the most salient issues facing counsellors and educators who work with Indigenous families. The issues discussed will include Indigenous psychology/mental health, cross-cultural communication, and theory and practice of social-constructivist counselling. Lastly, a list of guidelines for constructivist counsellors who work with Indigenous families will be presented.

Generally, the term *culture* is used in reference to differences that may include but are not limited to ethnic or racial differences in values, language, attitudes, or behaviour (Duncan, 1995). Pederson (1991) offered an alternative to a broad definition of culture with a narrower description that distinguishes between cultural, demographic, and personal constructs as the important facets in differentiating minority from the dominant culture. "According to a broad definition of culture, multicultural perspective applies to all counseling relationships. Multiculturalism may be described as fourth force (complementary to forces of psychodynamic, behavioral, and humanistic explanations of human behavior) in counseling from its own theoretical perspective" (Pedersen, 1991, p. 6). This definition is most relevant to the counselling processes discussed in this paper because it is related to the key concept of culture as denoting socially constructed difference that is more than just individual difference.

Constructivism focuses on concepts of freedom and responsibility in human existence (Peavey, 1995). Having the freedom to choose can mean shaping your life, though we may not have a choice

regarding externalities to the self (such as choosing your parents, your gender, living on stolen lands, etc.). The way in which we live and what we become result from our choices (Csikszentmihalyi, 1990). Once this essential freedom is realized and accepted, there must also be an acceptance for the responsibility for directing our lives. The constructivist counsellor begins enacting the change process by creating an atmosphere for the relationship that is caring, open, human, and lastly, always changing. Indigenous clients value these characteristics in a helper, especially one who self-discloses as part of the relationship process (McCormick, 1997). Personal projects, as part of constructivist counselling, are a useful and effective vehicle for change (Mahoney, 1991). Projects can be developed for Indigenous families in a variety of ways. One way is to invite each family member to tell his or her stories, to suggest that they have many stories to tell. This technique of using the client's narrative to self-explore and discover the meaning clients assign to parts of their stories comprises an approach that is a subset of constructivism called narrative therapy (Mahoney, 1991). Indigenous people are traditionally oral people, whose identities are carried on through generations of story-telling (Trimble & Medicine, 1993). Therefore, using narrative therapy with peoples who come from a narrative tradition is both fitting and helpful.

Culture and Psychology

Indigenous cultural variables suggest generalizations across Nations, bands, communities, and even families, to be faulty. The diversity and within-group-differences of Indigenous peoples in Canada are complex and based in local traditions and cultural norms (Stewart, 2008). There are differences across and within Indigenous communities with respect to levels of involvement in both Western and traditional cultures, language, geographic residence, and socioeconomic status (Garrett & Garrett, 1994; Herring, 1989; Stewart, 2008). However, there are some common threads of shared cultural variables that do exist and are relevant to the assessment and intervention of Indigenous families' mental health concerns by helping professionals (DuBray, 1985; Duran, 2006; Sue & Sue, 1990). Some of these shared ideals include the importance of family or community, rules of non-interference, non-competitiveness, sharing, and emotional restraint (Restoule, 1997). The high value placed on the role of the family underscores the importance of examining the social-constructivist theory and practice of family counselling as applied to Indigenous families. The constructivist perspective is useful in the context of Indigenous families because for some social-constructivist counsellors, therapy is an explicitly political act, where there is an exposing of power and a giving of privilege to the special knowledges of the disenfranchised. Indigenous peoples in Canada have been historically marginalized and disempowered by the dominant culture through forced colonization and assimilation tactics of the federal government that have served to create a legacy of cultural genocide. Social-constructivist approaches emphasize identifying and serving the client's goals (Guidano, 1990), whereas research has suggested that Western-based therapies in general usually have goals different and unhelpful to those of an Indigenous client (McCormick, 1996; Trimble & Flemming, 1989).

Diversity within Indigenous communities, both urban and rural or on-reserve, can also be evidenced in varying degrees of traditional cultural commitment among members of a specific Nation based on differences of value orientation, which in the context of family counseling, is particularly apparent in terms of varying family patterns (such as importance of extended family) and parenting styles (Lafromboise, Trimble, & Mohatt, 1990). However, a prevailing and real sense of identity-based on a common worldview and history ties Natives together as a people of many peoples (Herring, 1999;

Thomason, 1991). It can also be acknowledged that there exists a high degree of psychological homogeneity and a small amount of shared cultural meanings and standards, which are based on common core values or rules that exist for traditional Natives across Nations and communities (Brant, 1990; DuBray 1985; Restoule 1997; Oswalt 1988; Sue & Sue 1990).

Ibrahim (1985) and McCormick (1996) suggested that there is a need to understand the worldview and beliefs of a culture prior to applying techniques and theories of healing or helping. Therefore, it is significant that a lack of understanding Indigenous culture, beliefs, values, and spirituality could result in erroneous assumptions in the assessment of family or individual mental health problems and the treatment used in dealing with the problem (Appleton & Dykeman, 1996; Duran, 2006). Counselling ought to begin with an exploration of the natural helping styles of a culture before utilizing theories or approaches for members of that culture (Herring, 1999). It is imperative to “mobilize” the philosophies and healing resources of participants to help them in the healing process (McCormick, 1996, p 165). Further, to ignore such worldviews or to impose a different one is to overlook important healing resources and undermine the therapeutic relationship (Appleton & Dykeman, 1996). For example, a traditional healer would almost never treat an individual in isolation (Thomason, 1991), but would rather include the extended family and the community to support and promote the goal of interconnectedness necessary to mental health (Lewis & Ho, 1989). Gone (2004) and Duran (2006) have suggested that using a non-Indigenous approach to healing with Indigenous clients is a continued form of colonial oppression. That is, in order to begin and promote healing, mental approaches with Indigenous clients, including families, should come from Indigenous paradigms of health and wellness such as Indigenous ways of knowing (Stewart, 2008).

Some theories in Western psychosocial development, such as attachment theory (Neckoway, Brownlee, & Castellan, 2007) and psychosexual development (Duran, 2006) run antithetical to Indigenous notions of holistic health and development (Mussell, Cardiff, & White, 2004). Although there appear to be universal aspects, such as cultural and historical contexts, to developmental psychology theory, social and behaviour researchers suggest that the standard process of Western psychosocial development ought to be revised when considered across cultures (Axelson, 1993; Sue & Sue, 1990). The rationale for this consideration is that children and adolescents have to master psychosocial developmental tasks through culturally sanctioned socialization; in essence, this means that social environments and their patterns of interpersonal relationships impact the development of individual thinking, feeling, and behaviour (Sue & Sue, 1990).

Acceptance of Indigenous conceptions of mental health and individual or community development does not affirm or preclude the use of a particular method, such as social constructivism, of mental health intervention. An Indigenous approach to mental health service such as family counselling can be viewed as part of the scientific tradition because an important aspect of the scientific endeavour is the discovery of appropriate methods for investigating the phenomenon of interest (Kim & Berry, 1993). Psychologists and professional helpers should not and cannot be bound to a particular method because culturally different clients bring diverse contexts and histories into counselling (Trimble & Medicine, 1993). The use of multiple methods is recommended to mental health workers to increase the practitioner's confidence that a particular outcome is valid and not an artifact of a therapeutic method (Berry, 1993). For example, a family therapist may work from a social-constructivist framework, but

incorporate traditional Indigenous forms of helping and healing such as prayer, use of ceremony, or working together with an Elder or healer, within the counselling setting.

A family counselling approach that includes a culturally-based conception of mental health and healing can contribute to developing forms of health services and promotion that respond effectively to the client needs created by the complex history and social context of Canada's Indigenous peoples (Trimble & Thurman, 2002). Further, traditional knowledge, values, wisdom, and healing practices of Indigenous peoples can be used not only to appropriately address and deal with community mental health dysfunction and healing, but as appropriate for non-Native populations, where dominant cultural assumptions and arrogance have historically overlooked and denied the strengths of bringing Indigenous ways of knowing into a counselling model (Kirmayer, Brass, & Tait, 2000). The section that follows will explore the theory behind both social constructivism and Indigenous ways of knowing.

Social Constructivism in Counselling Psychology

In our contemporary global village, which is marked by the incessancy of capitalism and multinational aggression, human dilemmas are different than in previous eras. This is especially true for Indigenous families, who presently face both continued oppression and racism and the awesome task of decolonization and community rebuilding (Green, 1995). Social constructivism inherently assumes that people are always situated, or must be socially located, in a specific context that will shape our lives from that unique perspective (Mahoney, Norcross, Prochaska, & Missar, 1989). When contexts change, narratives will change; Peavy (1998) wrote that this does not de-legitimize historical events but simply suggests that as situations change, so do people. Clients' needs in the context of the therapeutic relationship are unique in our age of post-modern critiques of the self, which is marked by a move away from an objective understanding of the self and reality and away from binary constructions of concepts such as identity, culture, health, etc. Pepper (1942) wrote of an assumption of contextualization of historical events, which can only be understood when placed in a context of time and place. An important point is that the meaning changes with context. Therapeutic implications are great with respect to this assumption of the importance of context to personal change. To illustrate, take the example of a story of a specific event as a client understands her life at one point in time (e.g., when she, as an Indigenous girl, is first entering community college at age 19): The story may be told differently at another point or place (e.g., when she is leaving a second abusive relationship at the age of 35). This in a social constructivist understanding, the proof of the truth of a client's story is not if the story corresponds to actual events, but that the meaning and depth the client assigns to that experience is the reality or truth for him or her in that specific context (Mahoney, 1991). This notion is invaluable when dealing with families, where each member can story and re-story together within counselling sessions, gaining insight from other members' perspectives (Gergen, Anderson, & Hoffman, 1996). Understanding contextualization is key to understanding the constructivist approach (Kelly, 1955).

Perspective is also a key aspect of the social-constructivist theory. For example, my perspective as the author of this paper shapes who I am in bringing my ideas and knowledge into interaction with the established theories. The implication is that my role in this integration of theory and self, as my dialogue with families, is reflexive in nature. It is valuable, in the context of constructivism, to perceive the use of social interaction and reflection as tools to propel us down the path of understanding the self. Thus, from a constructivist point of view, counselling is a reflexive social practice, meaning that it occurs through

interaction, self-reflection, telling and retelling stories, ideas, feelings, etc. (Neimeyer, 1995). A constructivist framework also assumes a value in using the metaphor of self as a central aspect of the therapeutic relationship and process (Mahoney, 1991). This is a point to which many Indigenous people, in my experience as a psychotherapist and educator, can relate.

The metaphorical self is constantly evolving, has multiple voices, and is defined by language and memory; self is not an object but is a complex netting of meaning and a metaphorical way of referring to the subjective sense of who we are (Peavy, 1998). It is necessary to state that in reviewing the literature on constructivism, there is much conflict within constructivist thinking about the nature of the self (Guidano, 1990). The only consistent agreement among all constructivists is that while the self cannot be pinned down in one specific way or another, self (by nature) is not a thing that exists as an empirical entity (Mahoney, 1991). That is, the self should not be reified and is in no way accessible through empirical or positivistic testing. The implications of this in the context of Indigenous family counselling are twofold: this means that self must then always be changing (since it cannot be pinned down); and that self must then be defined through its relationships with others (in the family, for example), if it does not exist objectively as an empirical entity. Thus, people have a built-in capacity for change and require relationships to define existence, both of which provide a rich and plentiful ground on which to lay the possibility of positive change in the therapeutic setting. Gergen, Anderson, and Hoffman (1996) wrote that individuals change only in the context of the family and the meaning ascribed to them in their familial relationships.

Therefore, the self is a metaphorical expression that organizes meaning with the capacity to interpret, choose, and act in order to effect change. The Indigenous self is closely tied to the land and a sense of spirituality (McCormick, 1996), which encompasses both the self and the environments (i.e., context) as one. When dealing with families it is important to understand that Indigenous youth today often possess a bicultural identity, which includes traditional beliefs and self-awareness of self-as-context as well as contemporary or more mainstream accounts of self; this bicultural sense of self is usually linked to a level of acculturation (Herring, 1999; Wetsit, 1999). Group or cultural identity, according to Trimble and Fleming (1989), is based on each community's history. Knowledge of this history is essential for mental health issues to be effectively addressed with Indigenous families. For example, Indigenous children raised with traditional Indigenous values, beliefs, and systems often enter mainstream society with a set of cultural assumptions and expectations with respect to who they are and how to interact with others in a way that is non-competitive, non-threatening, and based on a sense of collectivity. These assumptions are not those of their non-Indigenous peers and educators, which can cause problems with social interactions and educational testing and assessment (Herring, 1999).

Generations of domination at the hands of colonial governments have caused shame and unworthy feelings for many Indigenous individuals about themselves and their culture (Hodgson, 1990). The long-term effects of oppression and acculturation can be seen in epidemic proportions of low self-esteem within Indigenous families and communities (Weenie, 2000). Green (1995) reported that low self-esteem in First Nations communities is linked to achievement in life and the ability to adjust to environmental demands. It influences individuals' general states of well-being and produces a diminished sense of self that can breed failure. Low self-esteem coupled with dysfunctional symptomology creates further obstacles to the career development process; therefore, career counsellors need to examine the

vocational and personal problems, goals, and his or her capacity for successful remediation of these problems (Johnson, Swartz, & Martin, 1995). Doing so in the family context would be more useful to Indigenous clients. Elder and community leader support in raising self-esteem is a necessity in promoting community mental health and wellness, in addition, support for the healing process by the dominant culture is also required (Martin & Farris, 1994). There is a need for a mental health approach that supports traditional beliefs and healing, as informed by Elders and community leaders, whose input should be solicited in the creation of family mental health intervention programs and counsellor education (France, 1997; Darou, 1987; Peavy, 1995). Part of the Indigenous tradition is not separating the individual from the family or community context.

Mahoney (1991) wrote that self-knowledge is extremely important in counselling because it and all other types of knowledge are reflexively intertwined. As a professional helper (and philosophical agent), the author was aware that any attempt at complete objectivity in self is not possible and that understanding the subjective nature of the self in relation to others is integral to the counselling relationship and vital to the Indigenous counselling process. The self is capable of changing through the innumerable life projects, which we, as active agents, pursue through our interactions (relationships) with others and by our own self-reflection (Guidano, 1990). Peavy (1998) held that we (i.e., the self) are literally created through our acts; that we are constantly revising our life stories, thereby demonstrating a natural inclination towards change rather than stagnation.

The concept of emotion is also integral to social constructivism in counselling. The emotional experience of the client in their interpersonal relationships and in their construction, and carrying out of life's projects, is a major source of energy in constructing and de-constructing the self (Peavy, 1998). Guidano (1990) suggested that no human change can occur without emotion. The author, as a constructivist counsellor, placed definite emphasis on the Indigenous client's emotional experience in the context of the family and in the context of colonialization, as the connector in social relations. In this way, the author has seen the self as seeking meaningful purpose and this leading to self-construction in counselling, or what is therapeutically known as self-empowerment.

The process of constructivist therapy is focused on the understanding of deep human experiences (Csikszentmihalyi, 1990). In this way, language forms an important component to social-constructivist counselling. Through this approach, clients, such as Indigenous families are encouraged to examine their options for change within the context of their social, cultural, and historical realities, which clients themselves identify and create. A constructivist helper assumes that there are multiple realities, not one truth-objective reality. We live in a social world that is constructed through our relationships with others. More specifically, we co-construct our reality through social relations (Mahoney, 1991). In this social construction of the self in reality, language is one of the most salient meaning structure tools (Csikszentmihalyi, 1990). The author proposed two implications for this in the application of theory to practice: the importance of understanding how to work with Indigenous client stories as a way of problem-solving, and; the value of examining and respecting the metaphors and language that Indigenous clients might use to describe their lives and themselves.

A central tenet of constructivism is that external reality can never be externally known (Kelly, 1955). That is human reality results from our own self-organizing capabilities that give order to our experience. Thus, human realities are metaphorical and constructed and constructed mostly through the

use of language (Mahoney 1991). Counselling is best understood in this framework as a metaphorical process (Peavy, 1998).

Constructivism works to restore continuity of self that is disrupted by inauthentic living through an attempt to promote holism that will motivate change (Mahoney, 1991). The author suggested that narrative therapy is an apt technique for working with Indigenous families because, in keeping with both the theory and some Indigenous beliefs, knowledge of the world (and self) is socially constructed. Kelly (1955) wrote that people construct their realities as they live them, so the act of telling a story can induce client change because the telling adds to the story itself through the possibility of new meaning-making.

An overarching goal of social-constructivist counselling is affecting human change by changing personal meaning systems, which is formally known as second-order change in this framework (Mahoney, 1991). The main technique requires simply that counsellors realize this goal by operating from a second-order change perspective (Mahoney, 1991). What this means for a counsellor working with Indigenous families is that the counsellor should consider the client-therapist relationship as dynamic and co-constructed. For example, the counsellor might present her/himself to families in a transparent manner, while gathering family histories in a way that is continuous (non-linear) and does not connote an ending to the narrative.

Another way to view the goal of constructivist therapy is as creative rather than corrective (Neimeyer, 1995), which means that the therapeutic relationship exists to create meaning, not to fix the client; it is the promotion of meaning-making and personal development that effects change here. This fits well with Indigenous goals for therapy, which are not always to seek change, per se, but, rather seek support (Malone, 2000). A few specific techniques that are feasible for employing to effect second-order change with Indigenous families are a) stream-of-consciousness narrative therapy, and b) facilitating a meaningful account of client/family life or life projects. Bringing the client's attention to selfhood is also a goal for the constructivist therapist (Neimeyer, 1995), which can be accomplished by use of circular questioning (bringing the issue back to the client) and by getting clients to describe self-satisfying rituals (Guidano, 1990), particularly traditional ceremonies and practices they engage in and asking for understandings of their meanings. Generally, to work from a constructivist framework, the counsellor can exist in the relationship from a credulous approach of curiosity for the client's life and self, with ample use of metaphors and stories in the language and understanding of the client (Neimeyer, 1995).

For constructivists specifically, client change occurs through the storying and re-storying of the client's life and life projects (Guidano, 1990). Externalizing problems and meaning-making are the precise mechanisms by which the client is enabled to make better sense of self in the world, which leads to change. By emphasizing the active nature of the self, clients are empowered to act (i.e., to pursue change) from within the self. By encouraging clients to see reality as a product of personal meanings, change – or at least the possibility for change – is created. Optimum change, in this way, occurs for the client at the core of self, rather than simply peripherally.

Having discussed the distinct and peculiar ways that constructivism can affect client change, let us draw attention to the concept of change itself. Human beings' experience of psychological change is highly individualized and is only dubiously defined by a single set of principles, stages, or an operational definition (Csikszentmihalyi, 1990). To convey the nature and complexities of the experience of change is

a vast and complex undertaking, partly because our understanding of change is always changing and also because the human condition, in our present age, is changing more rapidly than ever (Mahoney, 1991). Change has a way of perpetuating itself in the context of human beings of each distinct culture. Interestingly, it may be difficult for me as a helper to discuss client change meaningfully, especially in a context of Indigenous families, because, according to Mahoney et al. (1989) therapists' perceptions of change and of how to bring it about are usually different from those of their clients. As a helper operating from a social constructivist perspective and Indigenous perspective, the author offered a central point that the experience of change cannot be separated from the "experience of experience." Thus, the lived experience of the therapeutic relationship is the catalyst for change.

However, the experience of change is relative to each client and each family within each Nation and cannot be completely separated from the predominately tacit and very personalized experience of self in these contexts.

Guidelines for Practical Applications

Based on the research of existing data and literature, and my own experiences in clinical practices, I have formulated some practical application suggestions to consider when counselling with Indigenous families from a social-constructivist approach:

- Conventional and historical approaches to mental health by therapists may be inappropriate for Native individuals and families (Stewart, 2008; Trimble & Flemming, 1989).
- The inclusion of Indigenous definitions of mental health, such as that proposed by Garrett (1999), Herring (1999), McCormick (1996), and Stewart (2008), and traditional Indigenous healing practices form the groundwork for mental health interventions with Indigenous youth, adults, and families.
- Acceptance of Indigenous ways of knowing (psychologies) does not affirm or preclude the use of a particular method (Kim & Berry, 1993).
- An Indigenous counsellor is most effective for Indigenous families.
- Non-Indigenous counsellors can be suitable if appropriately trained in Indigenous local knowledge, philosophy, and spirituality, and possess an attitude that does not conform to stereotypes or romanticizations of Indigenous peoples.
- Indigenous peoples include a wide variety of specific cultures; there is no one Indigenous identity. There are great between-and-within-group differences.
- Indigenous cultural values often differ in binary opposition with the dominant culture's values of mental health practice (e.g., individualism versus collectivity).
- Input from local Indigenous community leaders, healers, and Elders as to how counselling is to be implemented with community members is vital; this could be described as forming the crux of Indigenous ways of knowing in a counselling context.
- Awareness of the historical realities of colonization and intergenerational trauma associated with the experiences as well as internal/external barriers that Indigenous individuals, families, and communities face is foundational to counselling Indigenous clients. Often many clients themselves need to be educated about the links between colonial history and their own personal healing journey.

- Standardized testing and assessment are not appropriate for use with, and potentially damaging to, Indigenous clients and families because they are often based on Western standards of mental health and functioning.
- The role of community and family is usually significant to Indigenous individuals, so family counselling might be more appropriate than individual counselling with Indigenous clients.
- Self-disclosure by the counsellor can be especially effective in rapport building with Indigenous clients, but a demand for a client self-disclosure is considered intrusive.
- All counsellors, regardless of cultural identity, should learn their own colonial histories and clarify their own values, assumptions, and beliefs regarding health and wellness so that they may better know where their own understandings fit with the client's cultural paradigm of mental health wellness.

Colonialism and the Co-Constructed Relationship

Colonialism is manifested through forces of power that worked and still worked to control Indigenous lands and populations; in such a framework, power is accessed when certain cultural forms are made to prevail over others thereby producing racialized and marginalized identities. European supremacy, for example, is based on the civilized/uncivilized dichotomy, which effectively justifies colonization. The colonizers represent the advanced civilization whereas the colonized represent backward savagery. This conception allows "ideas about the biological bases of racial inequality" (Said, 1994, p. 140). Cultural and racial differences are the defined edges or markers used to subordinate. As markers, they are sanctions on the boundary notion of east and west (Said, 1994). The west is superior and strong and the east is primitive, weak, and in need of salvation. This advanced/backward dichotomy serves to support control and domination (Said, 1994). It is also used to define male/female power relationships. Men epitomize the progressive agents and women are inert and backward-looking (Davis, 1985) in parallel to the dichotomies of civilized/uncivilized that colonialism posits. Cesaire (1972) compared colonization with notions of objectification. The Indigenous and the female are objectified and seen as lacking, thus, further justifying the relationships of domination and submission. Colonialism throughout the world is sustained with an intimate relationship with education, imperialism, and capitalism. In the Canadian experience, colonialism was carried out through armed conflict, the establishment of residential schools, and the implementation of the *Indian Act* of 1876. The principles of patriarchy, racism, and sexism function together to centre power with men and white people. These principles are the roots of unequal power relationships and give understanding to how certain groups came to be subordinated. Colonialism is organized around male control and a fixated view of the Other. The will to claim and control what is different is the main thrust of colonialism. Colonialism is organized around essentializing notions of race, class, and gender. The dominant group defines what is normal. Colonialism is a social construction; within a social-constructivist counselling context, it has no significance on its own as it is defined only in relation to the Other (Weenie, 2000). This feature of colonialism creates a space for agency and change.

Conclusion

Post-modern theory is a reaction to what came before, namely, modernity. Modern philosophy holds that truths exist and that the source of truth is through the objectivity of science and its rigorous

method. Post-modern theories, such as constructivism, hold that there is no one truth – objectivity is, at best, a dubious prospect – and that we are active agents of perspectival knowledge. In the field of professional helping, this means a greater sense of agency for the client and a helper who is not the expert or leader in the session. When considering counselling across cultures, as in the case of working with Indigenous families, agency and power are huge issues at many different inter and intrapersonal levels.

The philosophical differences that set the constructivist approach apart from most other counselling theories, such as post-modern theory, is that it rejects the notion that helping – and people generally – can be scientifically validated and that objective reality (i.e., the truth) is questionable. In a sense, this is compatible with Indigenous conceptions of identity as culturally sanctioned, non-linear thinking, and valuing the individual within the family context.

In conclusion, although this fusion of constructivist therapies and Indigenous ways of knowing was developed by the author to support and assist Indigenous families in the counselling process, attention must be drawn to Canadian societal obligations. With creative use of vital cultural information and abolition of all colonization practices, dominant society should give space and autonomy to Indigenous communities in order to facilitate post-colonial healing and recovery. All counsellors – not just those working with Indigenous families – must adopt relevant cross-cultural approaches, such as a constructivist approach, to working with Indigenous families; to do so will help all mental health and community workers to better accomplish the goal of improving the overall quality of mental health interventions practices in Canada and promoting overall health.

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Culturally Restorative Child Welfare Practice: A Special Emphasis on Cultural Attachment Theory

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Abstract

A research project was implemented through the use of qualitative secondary data analysis to describe a theory of culturally restorative child welfare practice with the application of cultural attachment theory. The research documented 20 years of service practice that promoted Anishinaabe cultural identity and cultural attachment strategies by fostering the natural cultural resiliencies that exist within the Anishinaabe nation. The research brings a suggested methodology to child welfare services for First Nations children; the greater the application of cultural attachment strategies the greater the response to cultural restoration processes within a First Nations community.

Keywords: cultural attachment theory, culturally restorative practices, Anishinaabe

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Introduction

Culturally restorative child welfare practice is one of the cornerstones for the rebuilding of a nation. For centuries, governmental laws, regulations, policies, and practices have impacted First Nations people, families, and communities. These laws created latent consequences for First Nations people and have resulted in the creation of generations upon generations of social welfare casualties. Child welfare policies have been seen as intrusive and at times culturally inappropriate due to the continued difference between mainstream and Aboriginal worldviews on child welfare practices. A growing body of research has suggested the need to create alternatives that support the recognition of culturally distinctive service practices (Brant, 1990; Rusk-Keltner, 1993) which promote better outcomes for First Nations children. Failure to change policies and regulations on First Nations child welfare practices leads to the overrepresentation of First Nations children in care across Canada (Blackstock, Trocmé, & Bennett, 2004). Often times, the engagement of family, extended family, and community falls short of the type of intervention needed to rebuild the family system. A consequence of the lack of culturally distinct practices is First Nations children becoming *split feathers*, a term used to describe the deep loss effects of children displaced from their ancestral roots (Locust, 1998).

Although there have been some self-government gains with the creation of Native child welfare agencies, as with other provincial devolution models, "administrative control over child welfare services to Aboriginal authorities does not mean that the practice orientation will change, as it is still guided by the dominant protection paradigm" (Bellefeuille & Ricks, 2003). As an alternative to this paradigm, the research reviewed 10 historical videos which described the foundational practices of Weechi-it-te-win Family Services. The research, qualitative in nature, documented twenty years of service practices by looking at the theory of restorative child welfare which supports Anishinaabe children's cultural identity and cultural attachment. Weechi-it-te-win Family Services has harmonized and shaped a unique but anomalous service delivery that has protected Anishinaabe children and families in 10 First Nations communities. The research project documented and discussed the unique practices of Weechi-it-te-win Family Services as they support the immediate and longitudinal benefits of children and families of the Rainy Lake Tribal Area.

Weechi-it-te-win Family Services, a transformative agency, has used cultural premises to set a standard of care that can be followed by mainstream social work practitioners when working with First Nations children. The cultural diversity and cultural integrity of Weechi-it-te-win's model allows for the development of standalone Native Child Welfare agencies or First Nations communities to champion their own children according to their own customs and traditions. The fluidity of Weechi-it-te-win's model recognizes that cultural diversity is a necessary component in First Nations communities, as one size will not fit all. Further, the project documented child welfare paradigms and practices through the systematic review of the academic literature, contrasted with Weechi-it-te-win Family Services' practices.

The research project focused on cultural attachment theory as a mechanism to culturally restorative child welfare practices. Conversely, the literature has shown attachment theory as an approach that has negatively impacted First Nations people who are involved with child protection services. The immediacy of timelines in the promotion of healthy attachment of children with their caregivers is a significant cornerstone of this theory. The research project described how cultural attachment supports and fosters the wellbeing of our children, families, extended families, communities, and nationhood. In

the most humble of ways, the research project begins to lay a foundation to support the longitudinal benefits associated with this specific type of care and these specific types of services. It provided options and choices for practitioners to utilize in the creation of positive outcomes and alternatives for First Nations children and families involved with child welfare agencies. Further, the research project introduced standards of care into the literature further to the concepts of cultural identity, cultural attachment theory, and culturally restorative practices as best interest alternatives for First Nations children, families, and communities.

Literature Review

History of First Nations people

Looking at the history of First Nations people is one of the elements to culturally competent social work practice. Throughout the literature, there is a documentation of history in its most negative forms, with minimal research conducted on the inherent resiliencies which have existed for First Nations people. Weaver (2004) stated, "knowledge, skills, and values/attitudes are primary areas that have been identified consistently by scholars as the core of cultural competence with various populations . . . and culture, history, and contemporary realities of Native clients" (p. 30) as a beginning to this process with First Nations people. This means knowing the truth, appreciating, and understanding the history of First Nations people and understanding how this history often brings about strong feelings towards cultural restoration in First Nations communities. Often time, it is painful to look at the history of First Nations people across Canada as it is often based on the realities of ostracism committed by church-and-state on vulnerable populations. This one-sided paradigm of history does not capture the total history of First Nations people, as this recorded history does not typically include First Nations history and cultural norms from a First Nations perspective.

In our understanding of history, we investigate the historical relationship between First Nations people and the policies of church-and-state. But as First Nations people, we are cautioned by our Elders to not stay in the pain of history too long. They teach us to look at the internal strengths of our nations, as it is the cultural laws that have guided how First Nations people govern themselves, their families, and their communities prior the beginning of colonization in 1492. In capturing the full spectrum of history, the positive and the negative, as scholars, there exists the need to capture the essence of First Nations history and the resurgence of culture and teachings. It is the teachings, the language, and the cultural ceremonies that have been passed down from generation to generation, from Elder to Elder, from parent to child. Seeking this knowledge and applying it to current realities is an important aspect of culturally restorative child welfare practice.

Historical trauma

William's (2006) description of cultural competency through the lens of the critical theory paradigm looked at the outcomes of oppression through historical, political, or economic constructs. In addition, Weaver (1999) stated that in culturally competent social work practice there exists "four important areas of knowledge: 1) diversity, 2) history, 3) culture, and 4) contemporary realities" (p. 220). As we begin to add to our body of knowledge in this area, specifically dissecting the historical implications involved in current realities for First Nations people, practitioners embark on understanding the root of the problems.

In *Trans-Generational Transmission of Effects of the Holocaust*, Felsen (1998) spoke to the specific characteristics of survivors of the Jewish holocaust. He stated, "Clinical reports suggest special characteristics of children of survivors and particular problems in the relationship between children and parents in survivor families, supporting the hypothesis of intergenerational transmission of Holocaust trauma" (p. 43). He specifically addressed Holocaust offspring as typically having "less differentiation from parents, less feelings of autonomy and independence, elevated anxiety, guilt, depressive experiences, and more difficulty in regulating aggression" (Felsen, 1998, p. 57). Although Felsen's work addressed transmission of intergenerational trauma of Jewish Holocaust survivors, other researchers have extended this philosophy to First Nations, American Indians, or Native American peoples throughout the United States of America and Canada (Duran & Duran, 1995; Duran, Duran, Yellow Horse Brave Heart, & Yellow Horse-Davis, 1998; Morrisette, 1994; Yellow Horse Brave Heart, 2003).

Morrisette (1994) discussed the holocaust of First Nations people and specifically discussed the residential schools and how this genocidal experience continues to haunt First Nations people. Yellow Horse Brave Heart (2003) had a significant amount of research related to historical trauma, historical trauma response, and psychoeducational programs with the historical trauma in First Nations communities, specifically the Lakota Nation. She defined historical trauma as "the cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma experiences" (p. 7). She described historical trauma response as:

the constellation of features in reaction to this trauma, and that [historical trauma] and [historical trauma response] are critical concepts for native people, as increasing understanding of these phenomena, and their intergenerational transmission, should facilitate preventing or limiting their transfer to subsequent generations (p. 7).

In their article *Healing the American Indian Soul Wound*, Duran et al. (1998) discussed the implications of First Nations traumatic history and the connection to the soul wound otherwise described by other researchers as "historical trauma, historical legacy, American Indian Holocaust, [and] intergenerational post-traumatic stress disorder" (Duran et al., 1998, p. 341). The researchers go on to define elements of historical trauma as:

features associated with depression, suicide ideation and behavior, guilt and concern about betraying the ancestors for being excluded from suffering as well as obligation to share in the ancestral pain, a sense of being obliged to take care of and being responsible for survivor parents, identification with parental suffering and a compulsion to compensate for the genocidal legacy, persecutory, and intrusive Holocaust, as well as grandiose fantasies dreams, images, and a perception the world is dangerous (Duran et al., 1998, p. 342).

In addition to these characteristics, Duran et al. (1998) stated these emotional calamities are triggered by enduring acculturative stress. This acculturative stress is the result of history or historical legacy and latent consequences of laws and policies meant to help First Nations people.

The link between history and contemporary issues for First Nations people is apparent.

The past 500 years have been devastating to our communities; the effects of this systematic genocide are currently being felt by our people. The effects of the genocide are

quickly personalized and pathologized by our profession via the diagnosing and labelling tools designed for their purpose (Duran et al., 1995).

Utilizing culturally competent strategies to effectively deal with "grief resolution and healing from historical trauma response" (Duran et al., 1998) has become an efficient clinical response. Further, psycho-educational programs on historical trauma, a process of disclosure within a group setting or in cultural ceremonies, in addition to ceremonial grieving processes to promote community wellness and cohesiveness, are all strategies used by Brave Heart (1998). The omission of historical trauma as a frame of reference for the social work profession is a gross injustice for First Nations people, as the disregard of history and its impact on current realities is, by definition, to continue culturally destructive practices.

Canadian profile

A profile of First Nations people has been captured by the Assembly of First Nations (AFN) (AFN, 2007a). Today, there are a total of 633 First Nations communities across Canada with an estimated population of 756,700 First Nations members (AFN, 2007a). The AFN stated that the most pressing problem that exists is the overall economic disparity between Canadians and First Nations communities. One instrument that shows this disparity is the Human Development Index. "First Nation communities are ranked 76th out of 174 Nations when using the United Nations Development Index 2001. This is compared to Canadian communities who ranked 8th" (AFN, 2007a, p. 3).

First Nations people in Canada continue to be challenged and faced with their children being culturally displaced, uprooted from their identity, and natural cultural resiliencies that exist within the First Nations continuum of care. An epidemic of Native children being placed in foster care systems throughout Canada is a growing concern for First Nations people. According to the AFN (2007b), "1 in 4 First Nations children live in poverty, compared to 1 in 6 Canadian children" (p. 2), furthermore, "as many as 27,000 First Nation children are currently under care" (p.2). The *Canadian Incident Study on Reported Child Maltreatment* is one current national study that has documented the over-representation of First Nations children in care across Canada (Trocmé, Knoke, & Blackstock, 2004). This research identified a total of "76,000 children and youth placed in out-of-home care in Canada, 40 percent of those children are Aboriginal or children labelled 'Indian' or 'Native American,' yet fewer than 5% of the children in Canada are Aboriginal" (Trocmé et al., 2004, p. 2). In some provinces, 80 percent of the children in out-of-home placements are of First Nations descent (Trocmé et al., 2004). Blackstock et al. (2004) stated, "at every decision point in cases, Aboriginal children are over-represented; investigations are more likely to be substantiated, cases are more likely to be kept open for ongoing services, and children are more likely to be placed in out-of-home care" (p. 1). The national research has indicated an "overrepresentation due to poverty, unstable housing, and alcohol abuse complicated by the experience of colonization" (Blackstock et al., 2004, p. 14). In light of this knowledge, it is a vital indication of the need to re-evaluate mainstream child welfare practices with First Nations people.

Child welfare laws and implications for First Nations people

First Nations people and social work advocates have a professional responsibility to change how laws, policies, and frameworks influence our people. There are numerous laws, policies, and regulations that have impacted First Nations people, so much so that First Nations communities are typically marginalized and collectively oppressed. There are two main destructive areas of policies, the first being

the residential school policies and the second being child welfare policies and laws. Comeau and Santin (1995) stated, "in no other area did federal bureaucrats and professional social workers wreak so much havoc in so little time as in the field of child welfare" (p. 141). In the best interest of children, judges, lawyers, and professional social workers dictated "the loss of an entire generation of children" (Comeau & Santin, 1995, p. 141). Patrick Johnston (as cited in Comeau & Santin, 1995), the author of *Native Children and the Child Welfare System*, called this era the "sixties scoop" (p. 143). Comeau and Santin (1995) described the amendments to the *Indian Act* in 1951 where the federal government gave provincial governments the jurisdiction to provide child welfare services on First Nations communities, thereby washing their hands of their fiduciary responsibility to First Nations child welfare initiatives. Further, "by 1980, 4.6% of all registered Indian children were in care across Canada, compared to less than 1 % of all Canadian children" (p. 143). In addition to this statistic, during the 1970s and 1980s, cross-cultural placements were used as the primary modus operandi to adoption (Comeau & Santin, 1995). "In 1985, Edwin C. Kimelman, Associate Chief Judge of the Manitoba Family Court reported on Native adoptions and foster placements and described the situation as the routine and systematized 'cultural genocide' of Indian people" (Comeau & Santin, 1995, p. 145). The child welfare paradigm in Canada does not include culturally restorative practices as a standard of care for First Nations children.

Implications of attachment theory

Bowlby, the father of attachment theory, built on components of Freud's theory, hypothesizing an infant's need to explore, for safety, and for security with the help of a significant caregiver (Waters & Cummings, 2000). Bowlby further hypothesized attachment as control systems or behavioural systems that are driven and shaped by evolutionary theory. Two major themes in Bowlby's work evolved: a) a secured base concept and b) working models (Waters & Cummings, 2000). In their critical analysis of attachment theory, Waters and Cummings (2000) suggested a need to have a criterion of application for review across cultures as it can erode the scientific consistency needed to maintain the theory. Further, they stated,

Bowlby's emphasis on the early phase of attachment development has been a source of misunderstanding and missed opportunity - misunderstanding because it suggests that secure base behaviours emerges rather quickly and missed opportunities because it doesn't direct attention to the maintaining and shaping influence of caregiver behaviour or developmental changes in secure base use beyond infancy, much less in the course of adult-adult relationships (p. 166).

Waters and Cummings (2000) discussed the lifespan of a child into adulthood and point out the gap in between the life stages as being unknown; therefore, they suggest it is necessary to continue to develop "the effects of early experiences, the mechanism underlying stability and change, and the relevance of ordinary socialization processes in attachment development" (p. 166).

In child welfare practice:

The primary goals of child welfare and mental health professionals serving these maltreated children are to ensure their safety and protect them from further abuse, to help them heal from any physical or psychological effects of the maltreatment, and to provide opportunities for them to become healthier and well-functioning children and adults (Mennen & O'Keefe, 2005, p. 577).

Often permanency philosophies and timelines in child welfare have been guided by attachment theory. Timelines for securing change within the family systems do not allow for adequate time to change the individual, family, and, at times, the community. First Nations children and families often fall victims to the misapplication of attachment theory. A child welfare practitioner's competing interest, noted by Mennen and O'Keefe (2005), is that:

Child welfare policy strives to use children's attachments as a guide to decisions about placements, but the demands of the system can interfere with this ideal. Increased caseloads, poorly trained workers, media attention, and political pressure often combine to lead to decisions that are not in children's best interest (p. 578).

Often times, attachment theory's link to suggested long term psychological issues, maladjusted members of society, or links to behavioural issues in relation to societal safety have also been key factors in decisions of attachment and permanency planning in child welfare management. Berry, Barrowclough, and Wearden (2006) stated:

Attachment theory has the potential to provide a useful theoretical framework for conceptualizing the influence of social cognitive, interpersonal, and affective factors on the development and course of psychosis, thus, integrating and enhancing current psychological models. Insights derived from attachment theory have significant clinical implications, in terms of informing both psychological formulations and interventions with individuals with specific types of insecure attachment (p. 472).

Mennen and O'Keefe's (2005) study had hypothesized that problematic behaviours are associated with a lack of immediate attachment to a significant caregiver.

Unfortunately, the research on attachment behaviour of children in foster care is limited and needs to be bolstered to provide a clearer understanding of how maltreatment, separation from parents, and placement in foster care influences attachment and how foster children's attachment affect their long-term adjustment (p. 582).

It is important to note, there is a minimal amount of academic research on cultural attachment requirements related to either a generalist approach to service delivery or a more specific approach like working cultural attachment models specific to First Nations communities. The complete disregard to elements of cultural competency, historical implications, and latent consequences of policies on First Nations people is evident in the literature. A defined culturally congruent child welfare service practice model is minimal, if not nonexistent in the research. Currently, there exists a deficiency on culturally-specific research on First Nations children and statistics continue to show a gross over-representation of First Nations children in care across Canada.

Cultural competency

Cultural competency in the field of human services has been the intention for many practitioners but it is seldom realized. There are many reasons that have contributed to this dilemma. The incorporation of ethical standards and principles as it relates to culturally competent social work practice, in addition to a growing body of literature emphasizing the importance of cultural competence, has not brought the direction and clarity that is needed to embrace such a criterion (Weaver, 2004; Williams, 2006). In addition to this predicament, the concept of cultural competence through the literature has not

navigated one true path to the attainment of these standards and principles. The presence of ambiguity as it relates to defining cultural competency has left many practitioners with minimal tools to effectively and efficiently deal with clients in a manner that is conducive to the client's cultural orientation and framework (Williams, 2006). As the literature has shown, there is a growing trend to further cultural competence strategies but there is "little empirical work to provide professionals with specific principles or procedures for effective cross-cultural work" (Weaver, 2004, p. 21). In particular, with specific cultural groups such as the Anishinaabe Nation.

Culture has been defined in many different books, literature, journals, magazines, and dictionaries. Cross (2006) defined culture as "the integrated pattern of human behaviour that includes thought, communication, action, beliefs, values, and institutions of a racial-ethnic, religious, or social group" (p. 1). Day (2000) defined cultural epistemology as the "language and communication patterns, family, healing beliefs and practices, religion, art/dance/music, diet/food, recreation, clothing, history, social status, social group interactions, and values." Hogan (2007) stated that culture is learned, shared, and transmitted values, beliefs, norms and lifeways of a group which are generally transmitted intergenerationally and influence one's thinking and action. Supplementary to this definition is the beliefs, the arts, the laws, morals, customs, or values which make up the societal structure of a nation (Hogan, 2005).

Williams (2006) stated:

Culture defines the norms, symbols, and behaviours that aid us in making sense of the world. When there are gaps among service systems, practitioners, and clients, it contributes to misunderstandings and impasses that prevent effective social work intervention; seeking cultural competence is our response to that dilemma (p. 210).

Cultural competency suggests having some level, standard, or quality of understanding in working with another culture. This requires the act of acquiring knowledge and skills to meet the needs of the clients. Siegel et al. (2000) defined cultural competency as "the set of behaviors, attitudes, and skills, policies and procedures that come together in a system of agency or individuals to enable mental health caregivers to work effectively and efficiently in cross/multicultural situations" (p. 92). Cross (2006) provided a similar definition of cultural competence: "a set of congruent behaviours, attitudes, and policies that come together in a system, agency, or professional and enable that system, agency, or professional to work effectively in cross-cultural situations" (p. 1). Williams (2006) stated that "cultural competencies often are organized into categories for self-awareness, attitudes, skills, and knowledge" (p. 210). Cultural competence requires the:

systematic gathering of cultural information . . . on beliefs, practices, and characteristics of different ethnocultural groups . . . , generic social work skills . . . , and competencies include self-awareness . . . , analysis of power structure . . . , empowerment . . . , critical thinking . . . , and development of an effective working alliance (Williams, 2006, p. 211).

Cultural competence at an organizational level has been identified within the literature. In this analysis, there exists a range of subjective organization evaluations and quality assurance indicators. Cross (2006) identified a cultural competency continuum ranging from cultural proficiency to cultural destructiveness. This continuum included cultural destructiveness, cultural incapacity, cultural blindness,

cultural pre-competence, basic competence, and advance cultural competence. Other research has shown performance measures and quality assurance mechanisms have been developed to evaluate the concept of culturally competent practices. Siegel et al. (2000) identified six domains: “needs assessment, information exchange, services, human resources, policies and procedures, and outcomes” (p. 95). In addition, the model described by Siegel et al. (2004) evaluates each domain on three different organizational levels: administrative, provider network, and individual. Each domain and each level have outcomes indicators to evaluate the effectiveness of culturally competent service delivery. All discussions on cultural competency at an organizational level are important, as it is in the system that defines its policy, procedures, and direct service practice with client groupings.

Although definitions and descriptions of culture and cultural competence are extensive and do not, by themselves, help practitioners attain competence, the literature has defined culture as the holistic make-up of a people and the act of competent service practice is the acknowledgement and inclusion of culture into all levels of social practice with people. The manner in which we incorporate service standards into accountable organizational frameworks is the threshold of cultural competence within any service organization.

The mandate of Weechi-it-te-win Family Services

Weechi-it-te-win Family Services (WFS) is a Native child welfare agency in Fort Frances, Ontario, Canada. WFS was established to create a change in the mainstream child welfare practice in Indian communities. The agency’s services have evolved considerably over the last twenty years. The growth of the agency has been referred to as the iceberg phenomena (Simard, 1995) and is a symbol used to show the thaw of distrust for mainstream child welfare agencies. WFS became an Aboriginal Children’s Aid Society on September 2, 1987, under the *Ontario Child and Family Services Act*. As a society, WFS has jurisdiction for services respecting the welfare of children and their families within ten First Nations communities (Ferris, Simard, Simard, & Ramdat 2005).

WFS began as a vision for a child and family services agency based on Anishinaabe customs and values. A Native model of child welfare called the Rainy Lake Community Care Program was developed based on the goals adopted by the Council of Chiefs. Namely, “to preserve Indian culture and identity among our people; to strengthen and maintain Indian families and communities; and to assure the growth, support, and development of all our children within Indian families and communities” (Ferris et al., 2005, p. 5). Since its inception, WFS has endeavoured to provide child protection and family support services in ways that promote the preservation of Anishinaabe culture and identity, strengthen Anishinaabe families and communities, and foster growth and development of Anishinaabe children within Anishinaabe families and communities. It is believed that the spirit of cultural development for the agency is deeply rooted in the traditional laws and customs of the Anishinaabe Nation.

The elders have advised and informed [WFS] that the agency has Cultural Rites as an Aboriginal Organization. The Cultural Rites arise from the fact that the Agency was born from Aboriginal aspirations and determination and, as such, was bestowed a Name and Ishoonun. In accordance to Aboriginal cultural thought, the Agency’s Name came from the Atisookaanug as well as the emblem of the loon. The loon has provided numerous instructions to WFS on how the organization needs to operate and perform. Later, WFS was bestowed pipe(s), flag(s), a drum, and medicines. Because of these sacred items, WFS

has a duty to ensure that they are treated in a cultural manner that respects the original instructions from the Elders or ceremony that transferred these items to WFS. In addition to the Aboriginal cultural thought, the moment WFS received its Name it became more than a simple organization that provides services, it, in fact, became customarily personified in the eyes of the Atisookaanug. This means that WFS became a person (much like the idea of a corporation under the *Corporate Act*), a living and breathing Aboriginal entity with a customary responsibility for family and cultural preservation (WFS, 2005, p. 2).

Instrumental to culturally competent strategies utilized within an agency system, it is imperative for every area of structures and services to integrate the cultural make-up or teachings of the community they serve. This is more than including culture as an afterthought; the culture must be the foundation for the agency's structure.

Models of culturally restorative child welfare practices

Limited information on culturally restorative child welfare practice has been found in the literature; however, many best practice models on First Nations child welfare practices are alive and well throughout Canada and abroad. The integration of cultural frameworks into service practice is not new, as First Nations child welfare or children's mental health agencies have been advocating for this type of practice for decades. As key First Nations stakeholders and First Nations service providers enter the world of academia, a forum for change in service delivery paradigms grows. It is essential to continue to address these in a manner that creates cultural understanding, values diversity, and supports culturally restorative child welfare practices. In the spirit of the transfer of knowledge, the researchers must:

utilize the research initiatives of the world of academia, with the same vigour, but [apply] this research vigour to our cultural teachings of their Nationhood, and what a world of difference we would make for our children and our grandchildren to come (Tibasonaqwat Kinew, 2006)

Cultural identity

Cultural identity formation is an important aspect of cultural restoration processes. The literature advised careful reflection and critical analysis of the frame of reference in the presenting of the definitions of cultural identity for First Nations people (Oetting, Swaim, & Chairella, 1998; Peroff, 1997; Weaver, 2001). Oetting et al. (1998) discussed how identity changes over time and the manner in which we define and evaluate cultural identification changes with time as well. Weaver and Yellow Horse Brave Heart (1999) stated, "Little is taught about how to assess where the client is in terms of cultural identity" (p. 20). Adding to the confusion about cultural identity is that cultural identity has been defined "from a non-Native perspective. This raises questions about authenticity: Who decides who is an indigenous person, Native or non-Native? The federal government has asserted a shaping force in Indigenous identity by defining both Native nations and individuals" (Weaver, 2001, p. 245). In his article, *Indian Identity*, Peroff (1997) stated, "Far more than with any other American racial or ethnic minority, American Indian identity or 'Indianness,' is often expressed as a measurable or quantifiable entity" (p. 485). The example of this measurement given for the United States of America is the blood quantum. In Canada, this is also true for First Nations people as well and is defined as eligible for status, non-status, Métis, or Inuit. Weaver (2001) discussed the pitfalls of defining cultural identity and stated, "Identity is always based on

power and exclusion. Someone must be excluded from a particular identity in order for it to be meaningful . . . and to search for the right criteria is both counterproductive and damaging" (p. 245). The literature goes on into several key areas: definitions of cultural identity from an Indigenous perspective; a discussion on the themes of cultural traditions and revitalization; measurements of cultural identity (Novins, Bechtold, Sack, Thompson, Carter, & Manson, 1997; Oetting et al., 1998; Peroff, 1997; Weaver, 1996; Weaver, 2001; Weaver & Yellow Horse Brave Heart, 1999); historical implications related to cultural identity; and the adoption of culturally restorative strategies into child welfare practices.

The concepts of cultural identity, cultural assessment, cultural attachment, cultural revitalization, and individual/collective renewal are documented in the literature (Peroff, 1997; Weaver, 1996; Weaver, 2001; Weaver & Yellow Horse Brave Heart, 1999). Cultural identity is defined by Oetting et al. (1998) as the connection to a particular group due to "qualified classifications" (p. 132), or likeness that is "derived from an ongoing social learning process involving the person's interaction with the culture." (p. 132). Further, "cultural identification is related to involvement in cultural activities, to living as a member of and having a stake in the culture, and to the presence of relevant cultural reinforcements that lead to perceived success in the culture" (132). Oetting et al. (1998) also discussed the importance of family, extended family, and community in the transmission of this cultural knowledge. Peroff (1997) discussed the concept of tribe or community identification and stated, "An Indian identity is the internal spark that sustains a living Indian community" (p. 491).

Weaver (2001) discussed cultural identity in three domains: "self-identification, community identification, and external identification" (p. 240). She defined cultural identification as being based on "a common origin or shared characteristics with another person, group, or ideal leading to solidarity and allegiance" (p. 241). She stated, "Identities do not exist before they are constructed . . . and are shaped in part by recognition, absence of recognition, or misrecognition by other" (p. 241). Further, identity is "multilayered, (and may include) sub-tribal identification like clan affiliations, tribes or regions, descent, or lineage" (242). Weaver discussed how "self-perception is a key component of identity . . . , identity is not static rather it progresses through developmental stages during which an individual has a changing sense of who he or she is, perhaps leading to a rediscovered sense of being Native" (p. 243). She also suggested that as the individual ages, the cultural formations become stronger (Weaver, 2001).

There is a history of cultural identification assessments that begins with a mainstream worldview. Often times, these models look negatively at other worldviews and compare levels of assimilation or acculturation into that mainstream worldview (Weaver, 1996). Weaver (1996) discussed these models of assessment: transitional models, alienation models, and multidimensional models of assessment on a continuum ranging on levels of cultural competence. The most current model of cultural identification assessment is the orthogonal cultural identification model (Oetting & Beauvais, 1998; Weaver, 1996). Further to this type of assessment, the world of psychology has also implemented cultural assessment into their supportive documentation relevant to the *Diagnostic and Statistical Manual of Mental Disorders* assessments (Novins et al., 1997). One of the mechanisms to achieve this goal was the development of an outline for cultural formation, the importance of the child's family system in the course of therapeutic treatment, and overall cultural identity formation (Novins et al., 1997).

Historical implications on cultural identity have also been described in the literature (Weaver, 1996; Weaver et al., 1999). The pattern of laws, policies, and regulations dictated on First Nations people had, and continues to have, dire impacts on First Nations people. Weaver et al. (1999) stated,

When assessing Native clients, social workers should explore the relevance of historical trauma . . . , discuss multi-generational trauma experienced by a client's family and nation . . . , and recognize the trauma, then take the steps towards a recognizing and dealing with and healing that trauma is critical (p. 29).

Social workers must begin to utilize multi-generational genograms to support the exploration of collective trauma experience in nationhood, in the community, in the extended family, and with family. It is important to caution social workers of possible misconceptions as historical trauma has often been used as a backdrop to permanency planning. This, of course, would be a gross error in cultural identity assessment as it would perpetuate a system that has existed for centuries.

The federal government's attempt to deal with the "Indian problem" has led to a pattern of defining identity "based on the statistical extermination of Indigenous people, thereby leading to an end to treaty and trust responsibilities" (Weaver, 2001, p. 247). As a result, cultural identity should encapsulate a holistic view based on self-perception, self-identification, self-in-relations to family, community, nationhood, and other nations under different tribal affiliations. Further, identity development is a fluid system, evolving with time and nurturance. The beauty of cultural identity is eloquently captured in this quote:

The strength of the culture is so powerful and is embedded in the very nature of our existences, that even if all systematic oppression work and there was no ounce of culture left in us as a people and the only thing noticeable about us as different would be the colour of our skin . . . the culture is so strong that one day someone would dream . . . and we as a nation would start over once again (Kelly, 2007).

Methods

The research captured the knowledge and experience associated with the longitudinal development of an "Indian alternative" at WFS. It was designed to address the question: What is culturally restorative child welfare practice? The researcher looked at ten, one-to-one qualitative video footage of thirty minutes each, which have existed within the agency as a part of curriculum development data archives. These data sets are a part of on-going training and curriculum development projects of WFS and are part of the descriptive analysis of culturally restorative child welfare practice. The research was consistent with secondary data analysis that was guided by qualitative examination.

Results

WFS is an agency that has developed a solid culturally competent social work practice. The WFS model of governance has pre-disposed a concept of collaboration with Elders, tribal leaders, and grassroots community members. As a result of oral tradition, they have been taught the concepts of culturally competent and congruent social work practice through an inductive learning style. The invaluable resources within the First Nations have been available to educate workers on cultural awareness/sensitivity for child welfare and children's mental health services whose main population is the ten First Nations communities of WFS. As a result of this collaborative effort, cultural attachment theory has been re-vitalized, developed, and fostered by the people of WFS. This model has shown the importance of cultural restoration when working with First Nations populations, based on ethical considerations, effective practice, evidence-based practice, and cultural skill development.

In a review of the data, it is clear to state the existence of the concept of *wiji'ittiwinn* before WFS became a corporate structure. The Anishinaabe concept of *wiji'ittiwinn* is difficult to translate, as most often the English language does not adequately equate to the true meaning of the word. Within the Anishinaabe language, there are systems, structures, meanings, teachings, legends, roles, responsibilities, and, often times, ceremonies attached with that Anishinaabe translation. Many of these concepts of attachment within the Anishinaabe language is embedded with the understanding that the language is the heart of the people and carried in the very genetic structure of the Anishinaabe people. This review of the data and its presentation is based on the theoretical principles of establishing the rationale, revitalizing the teachings, and showing a mechanism to do so within the concept of *wiji'ittiwinn* – helping and supporting children and families.

Historical context

The historical context of WFS begins with the understanding of family structures that existed before colonization and is the main focus of much of the results within the research. Colonization, historical traumas, and impacts are latent consequences and present-day realities that have touched Canada, Ontario, and the Northwestern part of Ontario in the Rainy River District. A consistent theme that has been documented is the ramifications of federal and provincial laws on child welfare practices in Canada that have seriously injured First Nations people in the Rainy River District. The First Nations population within the Rainy River District was an estimated 10% of the total population in the early 1960s. As much as 80% of the children in care were First Nations children with the social services agencies of the time, clearly indicating the over-representation of First Nations children in care during that era. Some underlying factors that contributed to this fact were the absence of Anishinaabe child welfare and/or the acknowledgment of the existence of Anishinaabe child welfare systems. Often times, the community standards were compared with mainstream practices. This was interlaced with the First Nations' multigenerational pain as a result of the despairing poverty, residential school trauma and 60s scoop losses. As a result, mainstream social welfare and child welfare agencies were mandated by the provincial government to deliver these services on behalf of the federal government. The problem that existed within the Rainy River District was a mainstream agency delivering services to First Nations people with the absences of cultural understanding or context. As a result, children were often removed from their homes, placed in non-Native homes, displaced from their communities, often times losing their identity as Anishinaabe, and thereby suffering a loss of attachment to the resiliency that exists within the Anishinaabe culture. WFS was created as a response to the paradigm that existed during this point-in-time within the Rainy River District.

Throughout the years, the research has shown the absence in a cultural context or cultural continuity, which had significant impacts on attachment to culture. Mass or generational removals of children in the First Nations communities began to erode the natural resiliencies that existed within the First Nations communities. The attitudes of mainstream workers were laced with an ethnocentric view that allowed the systematic oppression of a population. One of the interviewers stated, "Workers did what they thought was best . . . government did what they thought was best . . . but in practice, they fell short of long term implications related to short-sighted practice" (WFS, 1984a). He went on to say, "Ignorant practice resulted in gross patterns of injustice for First Nation children, families, and communities" (WFS, 1984a). The mainstream system focused narrowly on child safety, removal, foster care placements, and

adoption. This streamlined approach often did not engage the family, extended family, or community. As a result of these minimal competencies in cross-cultural relationships, there was a severance of family, extended family, and community. Often times, this left a wreckage of victimization and trauma due to the application of European standards and intervention on First Nations people.

The research indicated there was not a blanket acceptance by First Nations people of the child welfare paradigm in the early 1950s to 1985, which was a system based on coercion. For those that were taken from their families and communities during this era, it is important to understand the worldview of the time. It was an era of history based on extreme violence. Elders discussed the trauma being "so shocking to a people and a culture that it was often not talked about" (Tibasonaqwat Kinew, 2006). Another Elder talked about the fight being taken out of them through years and years of government interventions and churches who tried to convert the tribal people. Community members, through their family systems, disclosed the history of Jesuits and Royal Canadian Mounted Police terrorizing people and cultures. As a result, there was often conversion to "mainstream ways" through trauma and threats. The research indicated laws and policies were put in place to disrupt the natural Anishinaabe systems. These included values, worldviews, standards, and systems put in place for First Nations people only to eventually collide with each other, as often two worldviews do. It was in the early 1960s when advocates began to plead with social workers in the Rainy River District to begin to look at them as human beings; to deal with Natives with some compassion and to allow for child welfare governance to take place in the First Nations communities. It was always the intent of these advocates to re-establish tribal jurisdiction. Two key government position documents lead way to the development of the WFS: *A Starving Man Doesn't Argue* (Technical Assistance and Planning Associates, 1979) and *To Preserve and Protect* (Unknown Author, 1983). Both government policy position papers discussed the ramifications of child welfare practice and the encouragement of First Nations child welfare jurisdiction in the First Nations communities.

A response to the paradigm of the time resulted in an assertion of tribal sovereignty across the Rainy River District. Examples ranged from First Nations roadblocks to the guarding of tribal lands to ensure children would not be taken away by the Children's Aid Society. Men like Moses Tom and Joseph Big George are credited with the community initiatives across the territory, Ontario, and other provinces in Canada. Their commitment as tribal leaders to empower Anishinaabe child welfare systems was core to the development of WFS, but also core to the steadfast vision of saving First Nations children from the clutches of mainstream child welfare agencies and their systematic strategies to "take the Indian out of the child." The assertion of tribal control over child welfare is a consistent theme that has been voiced from the beginning and continues to be a driving theme across the decades. The politic lead by Parent/Teacher Organizations across Ontario began to open discussions with the government to promote alternatives to child welfare. The value of commitment to these strategies has been passed on from generation to generation. This is seen through the political and community movement to promote the inherent strategies that exist within the Anishinaabe culture. For WFS, it is consistent in the tribal sovereignty development of the agency. This is clearly seen in the following timeline of policy development:

- The 1970s: the prevention programs in each of the ten First Nations communities;
- 1985: the planning committee designed to create the foundation of WFS and the community care program's vision, mission, goals, and objectives;

- 1986: society status is attained by WFS;
- 1990: cultural competency strategies were documented into bylaws, policies, and service practices;
- 2000: the beginning of the devolution process for WFS; and
- 2005: WFS implemented Naaniigan Abiinooji as a best interest strategy for children of WFS.

As an agency of national interest for the territorial nation of Treaty #3, WFS is responsible for a restorative approach to child welfare. They do not condone or blindly accept the rapid child welfare changes under the *Child and Family Services Act* or its amendments. The role of WFS is to be a resource to the communities as they rebuild their communities' natural structures and protect the communities from the continual distortion and exploitation of power exerted on First Nations people. Further, WFS is true to the understanding "that the Native people have been a persecuted minority with the need to regain and resume their collective role in the raising of their children" (WFS, 1984a).

The research themes have shown that there has always existed a need to change the policies but the government failed to acknowledge cultural wisdom, often believing it had no place in modern day First Nations communities. It was important in the development of WFS for it not to repeat the same pattern. As a result, there existed another important theme of a spiritual timeline in which cultural precepts, ceremonies, drums, and pipes were given to the agency, along with the responsibility and duty of care for these items on behalf of the children, families, and communities. These items are noted throughout the research as the heart of the agency's vision and spirit. With the cultural foundation and spiritual acknowledgement in place, WFS began to embark on a spiritual journey of cultural restoration into child welfare practice. This practice has great importance as it has allowed for the collective responsibility of raising a child with instilling values, traditions, roles, and responsibilities of the First Nations community. Further, it allowed for the opportunity to safeguard the child's inherent cultural identity and dignity related to the knowledge of one's purpose and place within the cultural context of Anishinaabe mino-bimaatiziwin.

Culturally restorative child welfare practice

Cultural restoration is the rebuilding of a nation of people based on Anishinaabe teachings, language, principles, and structures. It is based in the fierce love of Anishinaabe people for their children and the creative thinking that has allowed for the creation and harmonization of strategies to empower Anishinaabe Naaniigan Abiinooji – Anishinaabe child welfare. It is the steadfast vision of the traditional governance structure and the First Nations advocates that have led the way to the creation of this system of care. Cultural restoration uses the concepts involved in the Naaniggan Abiinooji's Anishinaabe Natural Protective Network Principle. Some of these include principles of customary care, the best interest of the child, identity, developmental milestones, cultural placement, definitions of family, Anishinaabe rights of the child, cultural ceremony, and Anishinaabemowin – the language of the people to achieve this feat. All of these factors are the mechanisms of cultural attachment theory to achieve cultural restoration.

Throughout the research, the project has suggested that the greater the application of cultural attachment strategies, the greater the response to cultural restoration processes within a First Nations community. This directly proportional proposition suggests an alternative strategy to governmental engagement with First Nations people, which are based on reinvestment in cultural attachment strategies in First Nations communities. Cultural presence in First Nations communities equates to increased trust

and more access to services, thereby bolstering higher caseloads – the iceberg phenomenon. The research has indicated a continual battle to justify the needs to alter programs and services for the betterment of First Nations communities. This continues to be a source of frustration described throughout the research.

Emerging Anishinaabe values in the Community Care Programs has stated,

Children represent the future and the future cannot be entrusted to the care of external government and public agencies. Reaffirming Anishinaabe identity requires control over community life and [the] preservation of Anishinaabe identity requires control over the care and protection of children (Simard, 2006).

The laws of the Anishinaabe are from the Creator and are thereby sacred. They have meaning, creating a bond and attachment to the expectation of the Creator for individuals, as Anishinaabe. These laws come with traditional customary obligations, known by the Anishinaabe. The research has also indicated that the Anishinaabe Nation was once a thriving nation that took care of everyone and continues to be a proud people and nation. Collective responsibility and/or sacred responsibility were taken seriously. This is to be passed down from generation to generation via the oral teachings, birch barks scrolls, language, pictographs, rock paintings, and the petro-graphs found throughout Turtle Island (Jourdain, 2006).

The natural protective factors are the systematic structure which has existed in within the Anishinaabe teachings for a millennium. The structure acknowledges the protective factors, the system needed to be in place, and the roles and the responsibilities of the people within the circles (Appendix 1). It shows the natural multifaceted and collective approach to raising a child. The approach acknowledges the importance of continuity for the child, the development of identity, the character, and the responsibility attached to children in their role within the Anishinaabe society. Within WFS training presentations, they have contrasted their approach with the mainstream approach as it relates to First Nations families, extended families, First Nations communities, and the Anishinaabe Nation.

As the previous documentation of history and the literature review have shown, the narrow approaches used by mainstream practices often fall short, thereby creating greater destruction to community restoration and child safety. A key piece noted by the research is "family preservation takes a secondary role within mainstream social work practice" (Simard, 2006). Further, the research has shown the child being ripped out of their inherent Anishinaabe family system and support structure. This, of course, is the crux of the problem as it does not allow for continuity and restoration of Anishinaabe teachings and systems to take responsibility and accountability for raising their own.

The conceptual basis of the research is centred on the protective layers within the Anishinaabe society. The center of the protective layer is the child. The teachings related to the child begin with the Anishinaabe Rights of the Child Principle. The Anishinaabe Rights of the Child Principle was based on the teachings of the Anishinaabe; however, it was researched and documented by Jourdain (2006) in the early 1990s. It consists of the following:

Spiritual name: Anishinaabe ishinikassowin

Clan: ododemun

Identity: anishinabewin

Language: anishinabemoowin

Cultural and healing ways: anishinabe miinigoosiwin

Good life: minobimatiziwin

Land: anishinabe akiing

Lifestyle: anishinabechigewin

Education: kinamaatiwin

Protection: shawentassoowin and ganawentasoowin

Family: gutsiimug (Jourdain, 2006)

The Anishinaabe Rights of the Child Principle are consistent with an ethical assumption which links to concepts and laws in Naaniigan Abiinooji. It is meant to ensure a child has the spiritual foundation of inode'iziwin and the ability to balance their lives to achieve minobiimaatiziwin within their surroundings. This principle allows for the formation of identity within the context of Naaniigan Abiinooji and is the best practice related to the raising of an Anishinaabe child. It is used as a mechanism to provide an opportunity for the child, family, extended family, and community to collectively raise the child within the child's cultural context.

Identity is an important factor for Anishinaabe, although there are many concepts and meanings which define identity. As shown in the literature review, Anishinaabe describes identity as a living and breathing force. It is a special link between a child and the Creator; it is not static and will not end. The concept is difficult to describe, but the Anishinaabe word is Datisookaanug – my spirit/my identity – and is similar to Atisookaanug, which is of the spirit or the sum of the spirit. Atisookaanug is the all-knowing and, some might say, direct link to the Creator. The connection of identity to Anishinaabe is carried within the spirit and it is the spirit that brings strength, love, ancestral knowledge, and a mode of being on Turtle Island. In Anishinaabe, we are of the spirit and it is this connection of restoration which will rebuild a child, a family, a community, and a nation of people.

Further to the concept of Anishinaabe Rights of the Child Principle, is the concept related to the Anishinaabe Developmental Milestones Principle within practice. As in European principles on development, Anishinaabe have consistent teachings on Anishinaabe cultural milestones. If one researches the developmental milestones of a culture, there are overarching similarities. The Elders have discussed these concepts and some Anishinaabe have written and discussed this as a manner of introduction into the WFS service practices.

Jourdain (2006) has captured and discussed the Elders' teachings on the Four Hills of Life, which are a teaching of the Anishinaabe society with an emphasis on the importance of cultural responsibilities related to the raising of a child. Jourdain (2006) discussed the traditional lifespan of the Anishinaabe and the unique healing component of achieving the *psycho-spiritual task* associated with each level. The levels are: "Abinodjiiwin - childhood; Oshkinigiwin - youth hood; Nitawigiwin - Adulthood; and lastly Kitisiwin - elderhood" (Jourdain, 2006). Jourdain also pointed out the tasks associated with each life stage. Abinodjiiwin is the time to develop the child identity, a time to develop trust, and a time to make connections within the community. In Oshkinigiwin, it is a time of understanding the physical, emotional,

mental, and spiritual needs related to one's own being. It is a time in which one child would go to fast and receive his/her vision related to their purpose. It is also a time in which the family would begin to prepare the young person to become a fully functioning adult within the Anishinaabe society. In Nitawigiwin, the young adult begins to learn about independence, procreation, parenthood, and leadership. It is also a time in which the young person learns about collectiveness to the Anishinaabe people. It is a time in which the young person might also begin to learn about medicines and ceremonies and maybe a time of initiation and convocations into a sacred lodge, which exists within Anishinaabe culture. There is a time when the young adult takes on the role of advocate and protector of the Anishinaabe system. This is where the fierceness of love and protection come into play as an Anishinaabe often does not take this role lightly. The final stage is the Kitisiwin stage in which one is an Elder. An Elder is a very important part of this process as they are the keepers of the generational window. They are the keepers of the sacred medicines, the healing lodges, the ceremonies, customs, the language, and they are the teachers. Further, the role of the Elders are to promote the knowledge and wisdom related to the people, they are the disciplinarians, they are the promoter of Anishinaabe family systems, and they guide the lives of others in their sacred responsibilities of the Creator. Jourdain (2006) discussed the cultural ceremonies associated with the Hills of Life, such as "the welcoming ceremony; naming ceremony, clan identity; walking out ceremony; fasting; initiation ceremonies; traditional practices ceremonies; and sometimes the Creator gives traditional and ceremonial leadership rights to Elders."

As in developmental tasks in European settings, cultural developmental milestones also have effects related to a lack of accomplishment. Within a cultural context, there are many variables that can constitute cultural unrest and discord. Manifestations of this unrest are included as follows:

identity crisis; lack of supportive relationships; physical, emotional, mental and spiritual disturbances; there are manifestations of dysfunctions or dependencies; and in Elders, the person may be unable to share, support, love, communicate, be confident in leadership roles, and may possibly make decisions for Anishinaabe children and families in haste (Jourdain, 2006).

The possibilities that exist within the restoration of Anishinaabe systems far exceed the deficits related to restoring this type of practice with First Nations people. It is also important to note, although the research has shown only one mode of developmental milestones for Anishinaabe, specifically, Jourdain's teaching, the beauty of the Anishinaabe teachings are the diversity that exists within receiving the teachings on childhood development and rites of passage for the Anishinaabe child. When one family receives teaching on the cultural rites for a child, especially their own, there is much more meaning and attachment to the teaching received by the family, the extended family, and the community.

The second layer of the natural protective network is the family. Within the research, the definition of family is much more than the nuclear family in mainstream systems. Anishinaabe family principles are structured on value-based teaching within the concept of Naaniigan Abiinooji. The Anishinaabe family structure was a resilient mechanism in which the community all had sacred responsibility in the raising of a child and the mentoring of a fellow community member.

Jourdain (2006) has presented a collective definition of family:

Nuclear family: immediate family, mom, dad, siblings;

Extended family: Aunties and Uncles on Paternal or Maternal sides, cousins, second cousins, maternal family lineage, and paternal family lineage;

Community family: This is the membership of a First Nation community;

Nation family: These are the members which exist within a treaty. For example, Treaty #3 is a nation and those members within this area are in fact family;

Nationhood family: These are all the members of the Anishinaabe family, regardless of jurisdiction, provincial territories, or countries. It is all Anishinaabe;

Clan family: There are significant teachings on clan and clan family which details the innate relationship to each other through our spiritual clan protector;

Cultural family: The cultural family is linked to the ceremonial practices of the Anishinaabe. It is also the support within these circles of ceremonial activities.

Building on this foundation of Anishinaabe family structures, WFS has integrated a service placement model called the Cultural Placement. The principle is an ethical assumption, which is directly linked to the concepts and laws that exist in Naaniigan Abiinooji. Kishiqueb (2006) developed, presented, and discussed the implementation of this principle into practice in the early 1990s. The principle was used to offer security for the child and to ensure the continuity of placement. It is used as a mechanism to provide an opportunity for the child, family, extended family, and community to collectively raise the child within the child's cultural context. Reunifications with family systems were a prominent theme for the Anishinaabe children.

The Cultural Placement principle is as follows: If the community is aware of a child and family in need, typically the community will work with the family and attempt to provide services to mitigate the risk of harm for the child. If intervention is needed, it is based on the resources that exist with the family system. "As a first resource, the child is placed with immediate family, extended family, family within the community, extended family off reserve, family within neighbouring communities, a Native family off reserve, then a non-Native family, or other facility off reserve" (Kishiqueb, 2006). This placement principle has proven to be successful, as WFS has gone from placing children in 20% Anishinaabe homes to 85% Anishinaabe homes in 20 years of service practice. Further, in several of the communities, this principle has allowed all children to be placed within their cultural context of family and community.

Customary care

Another part of the family within this protective shield is the concept of customary care. There are many facets to customary care principles, only some of which will be discussed within this paper. Customary care principles are a way of life established by the Anishinaabe people. It is the commitment to raising the children to ensure the identity and rights of the child are adhered to, as they are a part of teaching vital life skills for each First Nations child. It is a community approach to making decisions on children and families because they know the families and the families' needs. It is built with the premise that the worker lives within the community and has more opportunity to invest in the preventative and healing interventions of child welfare practices. It is based in love for the people as the main theme of a natural helper. One interviewee stated, "Child welfare practice dictates social work education, but it is not necessary . . . I'd be irresponsible to say formalized education is not relevant but I don't think it is essential to provide culturally competent services" (WFS, 1984a). Another stated, "You need wisdom,

kindness, respect . . . this far exceeds the education anybody on earth can give you because we are all human beings, let's treat each other like human beings" (WFS, 1984b). The underlying principle of customary care is the commitment to working in a respectful manner, speaking from the heart, and with the community as the voice that empowers a different approach than mainstream child welfare intervention.

The final layers of the Natural Protective Network Principle are the concepts of First Nations and nationhood governance. The people within First Nations communities need to have the power to create the services to help and heal their own people. The services need to be based on decisions made by Chiefs and Councils who consult actively with the Elders and service providers of the community. This consultation allows for the development of fundamental rights to care for children through a community perspective, which is typically based on Anishinaabe systems and structures. As many Chief and Councils monitor through portfolio systems, the supervision of such structures has typically been empowered through Family Service Committees. These committees have taken different forms and can encompass different people, but the point of consultation and supervision is the main theme noted. Grandmothers on Family Service Committees are a standard that has its roots in historical roles and structures. It is the people that make up the committees that supervise the team and direct the team in case planning and review. The team is accountable to the grandmothers of the Family Service Committees. Within this system of care, the response to services is done up front. It is an interactive response that allows for life continuity for the child. The overall system is mentored, monitored, and supported by WFS.

As an agency, WFS has developed a sound practice within the concept of Naaniigan Abiinooji – inadequately translated to the best interest of the child. This concept encompasses many of the cultural attachments necessary to the wellbeing of an Anishinaabe child. It is what we do as service providers to enhance the child's wellbeing in the areas of physical needs, emotional needs, mental needs, and spiritual needs. It is also what we do as service providers to ensure the moulding and supporting of the child's development in this area. Further, it is how we bring in family and extended family or community members in their "traditional roles" as caregivers to the child. It is the collective accountability to the child and the family. The concept of Naaniigan Abiinooji is the spiritual mechanism and/or traditional roles of helpers we need to embrace to complete this task as service providers. Stakeholders within the video footage have differentiated between the mainstream concept of the best interest of the child and Naaniigan Abiinooji, and have found key differences. Both standards agree in the basic principles of rights for the child; however, Naaniigan Abiinooji requires more. In the WFS system:

Naaniigan Abiinooji requires safety, protection, basic needs, rights to culture, Anishinaabe children's rights, traditional teachings and education, traditional developmental milestones, immediate family, extended family, all significant relationships, clan traditional or adoptive community, land, language, Anishinaabe name, treaty rights, and ischooin niin (sacred items) (Kishiqueb, 2006).

As an agency, it is the responsibility of WFS to ensure access to these standards of care for children in their care, thereby allowing the community to increase community wellness and wellbeing. This is one of the inherent roles of leadership in First Nations governance and nationhood building.

The WFS model has shown the sacredness of raising an Anishinaabe child and some of the foundations based on cultural teaching of the Anishinaabe. Within the research, Elders discussed the two

main teachings related to responsibility and traditional ethics inherent in leadership. Firstly, is a teaching on Oozhegwaas - a spiritual being who steals children when parents are engaged in other activities. Oozhegwas represents the possibilities of what happens when the natural protective factors that exist in First Nations communities are not working properly. It is a story about a grandmother's teaching on child care, a mother's reclaiming of her child, and a spirit being who steals a child. It is about the process the mother went through on her journey to reclaim her child and is compared to the process of various First Nations communities in their attempt to restore cultural values in Anishinaabe child welfare practice.

The second responsibility related to leadership is the concept of non-interference. The concept of non-interference has been misunderstood by non-Native people for centuries. Often times you hear a person describing the concept and the misinterpretation of the principle leaves a person wondering if it is an appropriate response. The Elders within the videos have described non-interference as understanding the sacred responsibility related to Creator's gift of free will. It is a teaching that is based in the scrutiny of life, of one's purpose, and is based in the highest of ethics and morals. It is based in a manner of thinking that is built on Naanabooz stories, creation stories, visions, and teachings of the Anishinaabe. It is a mechanism to process right and wrong, as well as to know one's place within all levels of being. Non-interference is based in the relational developmental or attachment to one's belief system – Anishinaabe – and it is the understanding of the great responsibility of choice/free will. Another way of stating it is, "the ability to choose to help or not to help, and to help all, not just Anishinaabe, but all of humanity. Ensuring we are all safe" (Henry, 2006).

Leadership in Anishinaabe is not an easy task, according to the research. There are many stages of healing and commitment that exist within the Anishinaabe system's framework. But it is important to note the question throughout the research: What foundation do we want to work from? What standards or principles do we use? And when they are defined, how can the communities work together to achieve restorative child welfare practice? This is the ethical dilemma associated with the concept of non-interference. It is a choice in leadership based on Anishinaabe cultural principles. Henry (2006) stated, "Never get complacent, Weechi-it-te-win; you are the helpers, the shakbewis, to the children, blaze a good landing spot for them, blaze a good road for them, so when they come there will be a good place for them amongst the Anishinaabe." This concept and theme is prevalent in all of the leaders of the agency and the commitment to that vision is intact.

Cultural restoration, a principle often foreign to mainstream social work practice, can seem elusive. A child welfare system can adopt strategies to improve better outcomes for First Nations children. Much of the research has shown various cultural attachment strategies to support this venture. The creation of WFS was a systematic approach to the administrative harmonization of the cultural concepts introduced in this research. The promotion of harmonization has allowed a systematic and culturally competent organization to begin to devolve services to the First Nations community through the devolutions principles. This process allows for the spiritually educated task of implementing Abiinooji Innakonegewin (Anishinaabe Child Care Law), which is the enactment of the supreme Anishinaabe law on how to care for our children. These tasks require a commitment, an anchoring in the vision, and an assertion in child welfare sovereignty for the Anishinaabe Nation.

Discussion

An implication for practice is the concept of cultural diversity that exists on Mother Earth. The fluidity of the WFS culturally restorative practice model with other Indigenous child welfare service agencies has many advantages and potential pitfalls through misapplication of the model. Cultural diversity is an essential component of this model, as it allows for the opportunity to investigate the true and Natural Laws that have been given to each Indigenous nation. The cultural investment and opportunities this project provides are endless, as each nation is rich in cultural knowledge. However, the absence of cultural leadership by the Indigenous nations into service practice could prove to be disrespectful to the central theme of culturally restorative child welfare practices, which is nationhood empowerment.

The researcher believes it is important to take the cultural attachment theory to the next level in the world of academia and social work practice. For too long, First Nations people have been subject to a mechanism that does not work and as a result, our nations have been continual victims to the shortsighted practice of policymakers, institutions, and agencies. The opportunities within cultural attachment into social work practice are an immense task. Literature, systematic study, and research analysis are needed to support this theory. The principle of increasing cultural attachment strategies into practice should increase culturally restorative nations. The Anishinaabe Nation is a proud nation of people and a theory to support that development is imperative.

Conclusion

The objective of the research was to attain and package the wisdom of WFS with a level of competence and integrity that ensures the inherent dignity and worth of this organization. It was the intent to create, share, and mentor an environment in which other populations can achieve organizational change. The research captured cultural values and the possibilities inherent in culturally restorative child welfare practices. Anishinaabe worldviews and practices have had limited admittance to literature grounded in scientific journals and the research has opened new doors and opportunities for First Nations researchers.

Cultural attachment is found in the protective network principle and culturally restorative child welfare practice is the systematic embracing of culture to meet the cultural needs of the First Nations child. Cultural attachment is one tool for the rebuilding of a nation of people. Culturally restorative child welfare practice is a conceptual framework based on the cultural teachings of a nation; it is based on the ceremonial practices; it is found in the circle of protection; it is defined by the specific roles and responsibilities of a member within a nation and their subsequent contribution to the development of the child's secure cultural attachment; it is found in the ceremonial and cultural developmental milestones with a nation; and it is the full integration of these concepts into children's mental health and child welfare service delivery systems.

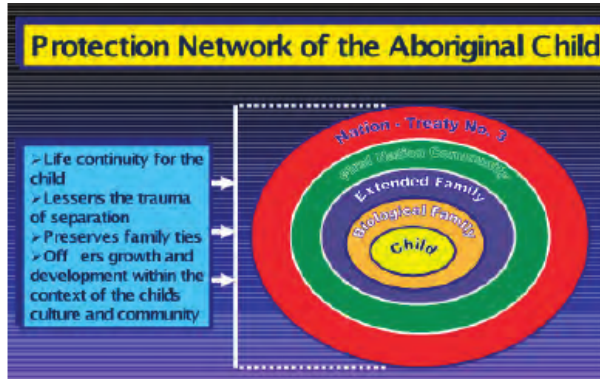
The WFS practice model has created a change in paradigm related to child welfare. The system initially was a response to mainstream child welfare but its foundation was based on a concept that was rooted in the Anishinaabe teachings and ceremonies. The mandate was not to complete child welfare in the same manner as mainstream practice; the mandate was to find an alternative. The steadfast vision of the management has brought the agency to where it is today. Principles of change evolved into having a deeper understanding of the Anishinaabe culture and traditions and this has been the greatest reward.

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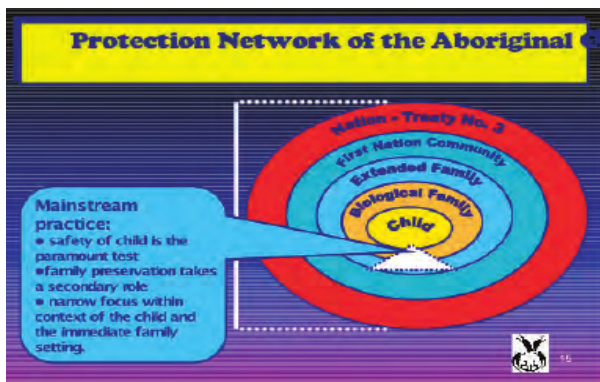
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Appendix One



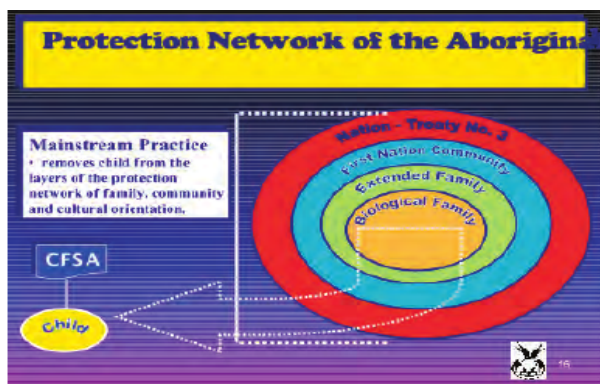
Natural Protective Network Principle

The natural protective factors are the systematic structure which has existed within the Anishinaabe teachings for a millennium. The structure is a principle of the Anishinaabe Nation and acknowledges the protective factors, the system needed to be in place, and the roles and the responsibilities of the people within the circles. It shows the natural multi-faceted and collective approach to raising a child. The approach acknowledges the importance of continuity for the child, the development of identity, the character, and the responsibility attached to the child in their role within the Anishinaabe society (Simard, 2008).



Part 2 of 3

Within Weechi-it-te-win's presentations, they have contrasted their approach with the mainstream approach as it relates to impacts for First Nations families, extended families, First Nations communities, and even the Anishinaabe Nation. The narrow approaches used by mainstream practices often fall short, thereby creating greater destruction to community restoration and child safety (Simard, 2008). A key piece noted by the research is “family preservation takes a secondary role within mainstream social work practice” (Simard, 2006).



Part 3 of 3

Further, the research has shown the child being ripped out of their inherent Anishinaabe family system and support structure. This, of course, is the crux of the problem as it does not allow for continuity and restoration of Anishinaabe teachings and systems to take responsibility and accountability for raising their own children (Simard, 2008).

An Interdisciplinary Journal *Honoring the Voices, Perspectives and Knowledges of First Peoples through Research, Critical Analyses, Stories, Standpoints and Media Reviews*

A Way of Life: Indigenous Perspectives on Anti-Oppressive Living

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Abstract

The focus of this article is on the key elements of anti-oppressive practices as examined by two Indigenous women who practice and teach anti-oppressive ways. Anti-oppressive living is characterized as a *Way of Life* that values the sacred and traditional teachings of various Indigenous cultures. The Medicine Wheel is discussed and highlighted as an effective teaching tool to examine anti-oppressive ways of living, practicing, and perspectives.

Keywords: anti-oppressive practice; Medicine Wheel, Indigenous Way of Life; social work

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Introduction

For the past five or six years, we have been asking ourselves: What is anti-oppressive practice? How would we know that someone was, in fact, living and practicing anti-oppressively? More specifically, as Indigenous women, we question what anti-oppressive practice would look like through an Indigenous lens. We have begun to identify some of the key elements of anti-oppressive practice (AOP), which include, but are not limited to:

- AOP is necessarily complicated and uncomfortable. AOP requires grappling with issues of justice and oppression that can be challenging and frustrating as we explore issues of oppression through our own experiences, our own lives, and locations in the world. These explorations, complexities, and tensions are necessary because as helpers, we engage with peoples' personal and intimate lives and well-being; knowing what our values and beliefs are, where they come from, and how they affect specific relations are important in developing a commitment to overcoming injustice in our practice with clients.
- AOP, at its core, must include an analysis of power and strive to work across differences.
- AOP forces us to critically examine how we know what we know and to explore our assumptions, not only about helping, but about other human beings. AOP invites us to connect our subjective lived experiences to our knowledges – that is, what we know may be connected to who we are. AOP offers an opportunity to explore the interconnections between who we are and biases, beliefs, and attitudes towards other (marginalized) groups of people.

Mindful of, and using these key elements, we will discuss our collective perspectives of AOP as Indigenous women. Many people may ask for a definition of AOP; in this paper, we will demonstrate and show that for us, as Indigenous women, AOP means a *Way of Life* – a Way of Life that values the sacred and traditional teachings of various Indigenous cultures.² Specifically, we will utilize the teaching philosophies of the Medicine Wheel to frame and discuss our AOP perspectives.

The Medicine Wheel is an ancient teaching tool. It has no beginning and no end and teaches us that all things are interrelated. The circularity of the wheel we are utilizing is comprised of quadrants that represent all living things (see Figure 1). There are many teachings, principles, and philosophies of the Medicine Wheel. Our teachings come from our Anishnaabe friend and mentor, Gale Cyr. She is from the East of Turtle Island – Quebec, Canada.

As stated above, it is important to remember that when we use the Medicine Wheel, each quadrant is interrelated. For example, the Eastern direction represents our spiritual being, which is, in turn, also connected to the physical being of the Western direction. No quadrant is worth or valued as being greater than the other quadrants; all aspects of our being and place are of equal importance and are positioned in balance and harmony with one another. Moreover, once you have journeyed around the Medicine Wheel, you have the opportunity to learn from your experiences and journey around the

² We capitalize the term *Our Way of Life* to demonstrate the significance of Indigenous relationships to all living things as a *Way Of Life*.

Medicine Wheel again, this time learning from your mistakes. What the Medicine Wheel teaches us to be conscious of is that if we remember what the challenges were in our previous journey, then our next journey can be different and more effective. Starting at the East and working clockwise around the Medicine Wheel, we have the four aspects of all human beings: spiritual, emotional, physical, and mental (Bopp, Bopp, Brown, & Lane, 1989, p. 12; Saulis, 2003, p. 294). The Medicine Wheel also has four colours

to represent all the races of Mother Earth: red, yellow, black, and white. It also provides us with the four stages of the lifecycle: infant, youth, adult, and elder; as well as the four seasons: spring, summer, fall, and winter (Hart, 2002, p. 40). As we will show, each of these representations has particular meanings for both life and AOP.

Our teachings about using Medicine Wheel philosophies emphasized that we are to always to begin in the East because this is the direction of spirituality, the colour red, the life stage of the infant, and springtime. This is the direction of new beginnings, of daybreak, and the sunrise. In this paper, we will focus on the Eastern direction to examine the history of Indigenous peoples in Canada and the impact of colonization – the history and beginning of Indigenous

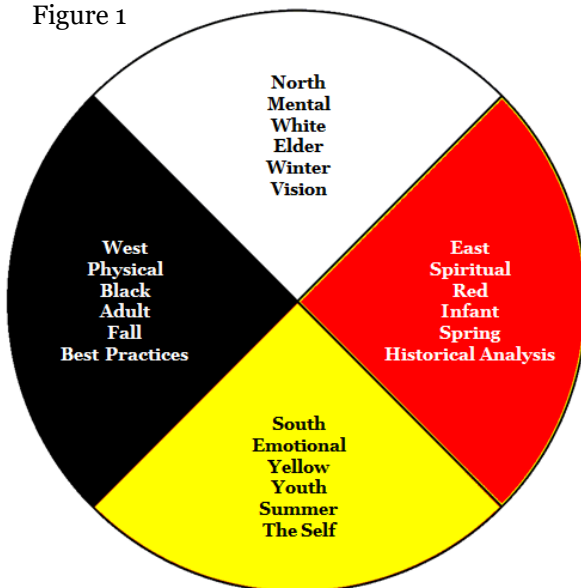
relationships with settlers and their policies. This history of colonization is vital to understanding the contemporary lives and subjective experiences of Indigenous peoples and the ongoing relationships between Indigenous peoples and the Canadian settler state.

The South is the direction of our emotional being, the colour yellow, and the life stage of youth. This is the direction of summer, a time for lots of activity. For youth, this is a time in their life where they are learning much. The Southern direction is also the place where we recognize and honour the teachings of our Elders and spiritual leaders. In this direction, our paper will look at the self and how we know what we know – we will focus on and examine how heightened and complex our identities have become because of our interaction with non-Indigenous peoples.

In the West, we have the direction of our physical being, the colour black, the life stage of the adult, and the fall or autumn season. This is the direction we look towards when we do our work and our practice. For example, the Western direction is where social workers share their knowledge and work within our communities to help strengthen our children and families. In this direction, our paper will focus on the following issues: the particular skills that AOP requires; the historical analysis of relations as a necessary skill for anti-oppressive practice; and lastly, we identify critical self-examination as yet another necessary skill and demonstrate why this skill is so vital for AOP.

The North is the direction of our mental being, the colour white, the life stage of an elder, and wintertime. When we reach the North, we are reminded to revisit our work. This is the time to focus on what changes we need to make to our lives; a time to re-think and re-evaluate our actions and behaviours.

Figure 1



For social work practice in Indigenous communities, this is the direction of vision. This is the time to dream of anti-oppressive living. The northern direction is the time where our language, culture, and tradition are revived and become a part of our day-to-day lives.

The text that follows helps us to journal through all the aspects of the Medicine Wheel, which assists us in AOP.

Beginning in the East, We Will Start Our Journey with Our Current and Historical Analysis

Given that “colonialism has racism as its ideological rationale” (Maracle, 1996, p. 89), an analysis of the impact of colonization on the lives of Indigenous peoples in Canada is absolutely necessary if social workers are to practice in an anti-oppressive way. Merriam-Webster’s Collegiate Dictionary (1994) defined colonialism as:

1. the quality of being colonial;
2. something characteristic of a colony;
3. a. control by one power over a dependent area or people
b. a policy advocating or based on such control.

However, as those of us who have lived the experience of colonialism (and continue to live in it) know, colonialism is a much stronger force than these mere words reflect: In fact, it is life altering for the Indigenous peoples of Canada (and colonized peoples worldwide). In a recent article, Alfred (2004) argued that colonialism “is the fundamental denial of our freedom to be Indigenous in a meaningful way and the unjust occupation of the physical, social, and political spaces we need in order to survive as Indigenous peoples” (p.89). This articulation encapsulates the depth and breadth of the impact and effects of colonialism.

Colonization is about taking control of our lives, lands, resources, and people – at any expense and at the cost of Indigenous peoples’ lives and livelihood – to make those lands productive in terms of economic rewards (Tuhiwai Smith, 2002, pp. 20-22). In other words, capitalism and colonialism have an intimate and necessary relationship. Loomba (1998) described this interdependent relationship in the following way: “Thus we could say that colonialism was the midwife that assisted at the birth of European capitalism, or that without colonial expansion the transition to capitalism could not have taken place in Europe” (p.4).

In Canada, the federal government went to great lengths to ensure that capitalism not only materialized but flourished. The government ensured the growth of capitalism and solidified their colonial stronghold through the development of extensive legislation, indicating the extent to which Canada was willing to go to guarantee that Indigenous peoples did not get in the way of progress (capitalism) (Tully, 2000, p. 38). In order to subjugate and oppress Indigenous peoples, the Canadian settler state required the creation and maintenance of violence (Hodge, 1990, p. 93). This violence took on a complex and intricate web aimed at destroying the mind, body, spirit, and humanity of our peoples. Colonial violence took on different manifestations, including, but not limited to, the *Indian Act* in its assorted

manifestations; biological and germ warfare; theft of cultures, knowledges, traditions, languages and identity; residential school policy; child welfare policies; and various treaty processes.³

While capitalist expansion was critical to the colonial enterprise, colonialists were equally interested in the moral and cultural lives of Indigenous peoples (Tuhiwai Smith, pp. 25-26). Through the *Indian Act* and the residential school policy, the government launched an official policy of dispossession and cultural genocide in 1920. Our children were forcefully removed from their homes, their families, and their communities to be Christianized and civilized (Aboriginal Healing Foundation [AHF], 2003, p. 27). In these isolated and foreign places, Indigenous children were forced to speak a language they did not know, pray to a God they knew nothing of, and be educated in a way that was both alien and purposeless for them. The effect of these policies was to degrade the Indigenous peoples of Canada and to position them in the lowest strata of society (AHF, 2005, pp. 43-44). The education received in those institutions was minimal, at best (AHF, 2003, p. 29); the children were, in fact, being trained to become the working class (AHF, 2005, p. 34) – the labourers, housekeepers, and maids for the emerging white nation. This was done in a very deliberated, thoughtful, and planned way.

Modern colonialism did more than extract tribute, goods, and wealth from the countries that it conquered – it restructured the economies of the latter, drawing them into a complex relationship with their own, so that there was a flow of human and natural resources between colonized and colonial countries (Loomba, 1998, p. 3).

In 1887, the *Indian Act* was amended to ban our potlatch and sun dances. The potlatch and other traditional ceremonies were, and still are, our traditional governance systems. For example, in the Thi'lelum (Big house) we pass on names, Chieftainships, songs, dances, masks; performed marriages; supported our families (funerals); and redistributed our wealth through giveaways. For Indigenous peoples, the ceremonies performed in these sacred places constituted both the administration and governance of community members – in effect, these ceremonies served similar functions to Western structures like the Department of Vital Statistics and Parliament. By destroying our community governance, the Canadian state threatened and attempted to eradicate our communal identity and the status of our Nations.

In many Indigenous languages, there is no word that translates to anti-oppressive practice. However, there are various phrases in our mother tongue that identifies a Way of Life. For example, phrases and/or terms such as *Snuw'uy'ul* roughly translates into our teachings - our ways of knowing and being; our governing structures; our culture; our tradition; our language; our sacred bathing holes; hunting, fishing, and gathering rights; our family; our community; and our relationship with Mother Earth and Father Sky.⁴ Through the banning of the potlatch, and other traditional ceremonies, the government specifically and purposefully attacked and attempted to rupture our Way of Life (Lawrence, 2002, pp. 23-24). Indigenous scholar Maracle (1996) captured the spectrum of these ruptures:

³ The *Indian Act* is an enforced colonialist, paternalistic legislation that has governed and classified every aspect of the lives of Indigenous peoples in Canada for well over 100 years. This broad, sweeping act continues to govern, control, classify, regulate, and dictate our identity, our movements, and the economic, social, and political lives of our people today (Lawrence, 2003, p. 4).

⁴ *Snuw'uy'ul* is a Hul'qumi'num Mustimuhw term by Hul'qumi'num speaking people.

The aims of the colonizer are to break up communities and families and to destroy the sense of nationhood and the spirit of co-operation among the colonized. A sense of powerlessness is the legacy handed down to the colonized people. Loss of power – the negation of choice, as well as legal and cultural victimization – is the hoped-for result (p. 93).

Through their power to define “Indians” as inferior and the development of racist policy, the Canadian state directly attacked our Way of Life and our way of being (Simpson, 2000, p. 118). Many of our people, both the young ones and the older ones, remember the pain and devastation of the days when the potlatch was banned and residential schools were still open.

The state also used education to push forward Eurocentric beliefs. Maracle (1996) believed, “The appropriation of knowledge, its distortion and, in some cases, its destruction, was vital to the colonial process” (p. 89). Education had an assimilationist agenda (Castellano, Davis, & Lahache, 2000, p. 25), requiring our people to assume the cultural, social, and political belief systems of the colonizer as part of the “civilizing mission” that was directed towards Indigenous peoples (AHF, 2005, p. 42). The education process had, as its underlying agenda, to ensure that our people would believe their knowledges and traditions – their Way of Life – to be inferior; this was due in part to the colonialists’ own thinking that Indigenous epistemologies were inferior (Tuhiwai Smith, 2002, p. 11). Having our knowledges targeted for destruction, and having to assimilate into Western knowledge systems, has had a significant psychological impact on our people. As a result of Eurocentric educational indoctrination, Indigenous peoples began to forego their Ways of Life in order to be more like the “superior” others. Hooks (1995), when discussing colonization of the mind in Black communities, claimed, “Through being taught/socialized Eurocentric biases black [people] began to long for the ‘rewards’ that whites had access to (luxury and comfort). To gain access to these rewards, blacks began assimilating white values.” However, assimilating white values may be easier than having the dominant society accept our Way of Life. The experience of racism has meant that Indigenous peoples have internalized racism, domination, and colonization.

Given the colonial history of Canada, AOP with Indigenous peoples requires an intimate knowledge and understanding of the history of Indigenous peoples in Canada, including the ways in which the colonization of lands, resources, psyches, and hearts of Indigenous peoples was an integral part of the colonizing processes. The Indian Tribes of Manitoba (1971) reminded us of the significance of linking history to the present and to the future: “To deny the past and to refuse to recognize its implications is to distort the present; to distort the present is to take risks with the future that are blatantly irresponsible” (p. ii). As social workers, we must understand the impact these policies have had, and continue to have, on the day-to-day lives of our children and families that we work with. It is critical for social workers to question themselves and their knowledge of Indigenous peoples by asking themselves: What have the experiences of the Indigenous children and families been? Did they, their parents and/or grandparents attend residential schools? Have they been involved in the child welfare system and how might they feel about social workers? What is their history with social work? What are their fears? We must always take these questions into account when we work with Indigenous children and families. We must always situate the present within the context of the past and continuously engage how the families we support come to know what they know. Maracle (1996) believed that “change must be the basis for education” (p. 92). Change can only begin by knowing and engaging the effects of where we have come from and knowing and engaging the effects of where the children and families we support have come from.

In the Southern Direction, We Journey to Reflect on the Self

As time went on, we realized that AOP is not enough. We cannot decide when or when not to practice. It must be about living – anti-oppressive living. Anti-oppressive social work, in essence, is a Way of Life. In her book *Killing Rage: Ending Racism*, Hooks (1995) discussed Martin Luther King’s image of a “beloved community where race would be transcended, forgotten, where no one would see skin colour” (p. 263). Hooks eloquently reminded us that King’s dream of a beloved community can only be realized if we resist the need to transcend history and to forget the everyday processes of racialization. A beloved community can only be made possible when we forge individual and collective bonds based on “loving ties of care” (Hooks, 1995, p. 264). And so, not only is it critical for social workers to practice and live anti-racism, it must go hand in hand with creating a Way of Life – a beloved community cultivated from care that centers differences that is so crucial to the theory and practice of anti-oppressive living.

Others also offer the gift of living in a more just way, of fostering a more just society. In his book *Wásase*, Alfred (2005) encouraged us to become warriors again: those who carry the burden to peace (p. 51). He believed that behaving “indigenously” is a personal attribute that is observable. He also stated that we need to “recreate a life worth living and principles worth dying for” (p. 25). For us, this is also about a Way of Life, how we are and want to be in the world.

We believe that the same is true for anti-oppression – we must live it. Our beloved community would foster anti-racist/anti-oppressive living. But the question becomes: What do we need to do to get there and how do we get to living anti-oppression? Hooks (1995) said, “To live in an anti-racist society we must collectively renew our commitment to a democratic vision of racial justice and equality” (p. 271). Dominelli (1988) believed that “to become fully human and live in egalitarian harmony with black people, white people have to become anti-racist. Anti-racism is a state of mind, feeling, political commitment and action (p. 16). Hooks and Dominelli’s statements on anti-racism hold true for anti-oppressive living. We must be committed to justice and equality in all aspects of our lives and be willing to do something about it. It is not enough to merely recognize that inequalities and injustices exist; that is, anti-oppressive living is neither passive nor something we do in our “job.” Rather, it is an active stance and way of being in the world around us. As social workers, we must continue to strive for social justice, not only to benefit ourselves but to benefit all of our children.

In order to strive for social justice, we must begin this process by asking ourselves how we know what we know. Rarely do we have the opportunity to turn inwardly and look into our life and critique how we have been socialized and what we have internalized from our socialization. We believe that the best helpers are those that know their self the best. Dominelli (1988) believed that by “getting rid of the injustice perpetrated by racism we will begin reclaiming our own humanity and establishing egalitarian relationships between black and white people” (p. 14). If anti-oppression is about living, then reclaiming and politicizing our humanity must be a starting point. Seletze (D. Johnnie, personal communication) believed that healing is life long and that every day we can strive to be a better person than we were the day before and a better person the next day than we were today. Yes, we can all heal and become more fully human. In *The Sacred Tree: Reflections on Native American Spirituality*, Bopp et al. (1984) included a code of ethics. The first ethic states:

Each morning upon rising, and each evening before sleeping, give thanks for the life within you and for all life, for the good things the Creator has given you and others and

for the opportunity to grow a little more each day. Consider your thoughts and actions of the past day and seek for the courage and strength to be a better person. Seek for the things that will benefit everyone (p. 75).

We believe that if helpers thought critically every day about their ways of living, then we would be a step closer towards committing to anti-oppressive living.

Indeed, being committed to living anti-oppression requires that we not only examine our values and beliefs but live them out as well. As helpers, we must believe that we are good helpers or we would not be in social work. But we need to question our intentions and motivations and ask ourselves: Are we good helpers? Do we truly value all human beings? When we see the “stereotypical” Indigenous person on the streets, do we value them? Do we care about the poorest people? When we work with people from the gay, lesbian, bi-sexual, transgendered, and queer community do we value them? What about people who live with disabilities? These are tough questions, but they must be examined. Exploring our values and beliefs is very difficult, but a commitment to anti-oppressive living requires that we do just this. The eighth ethic from Bopp et al. (1984) was, “All the races and tribes in the world are like the different coloured flowers of one meadow. All are beautiful. As Children of the Creator they must all be respected” (p. 80). A commitment to continuously examine our values and beliefs can be instrumental in living anti-oppression, which informs how we will practice social work.

In the Western Direction, Now We Journey to Look at How Our History and Reflective Self Inform Best Practices

In our examination of praxis, we have come to know and understand that praxis must include an analysis of Indigenous histories. We also understand that praxis must include a continuous reflection of the self. A research study on best practices in First Nations communities identified the importance of knowing the self in practice:

One worker talked about always having to remember where she was from and why she was doing this work. It was the personal commitment to her community that kept her strong and wanting to do social work, but also remembering that she was, at the same time, a social worker and a First Nations person. She always had to remember the historical issues that have impacted our people while at the same time remember our traditional ways (Green & Thomas, 2005, p. 10).

One critical skill in social work practice requires an examination and understanding of our assumptions. For example, there are assumptions around Indigenous peoples living on or off the reserve system. Non-Indigenous peoples, at times, assume because one lives on-reserve that they are necessarily cultural, culturally aware, and/or traditional. As we explore our histories, we see how, for one, reserve systems are colonial regimes (Simpson, 2000, p. 126). As well, we understand that while reserves were created to isolate our people from the dominant society, our children were simultaneously removed from our reserves to learn how to assimilate into the dominant society. Having said this, many people who live within and among the reserve system are truly connected to one another. Moreover, those who live in urban settings gravitate towards and are connected with one another. The point here is, that no matter where Indigenous peoples live, they/we do make connections with each other and nurture relationships and traditional teachings interchangeably. For this reason, much of our work is based in the communities

we live in. Our work is closely linked to the issues of our community and we work hard to pay attention to what our community members tell us. Fostering these relationships is important for our learning, for our teaching, for our practice, and for our communities.

Another set of skills required of social workers is a fundamental understanding of colonialism and colonial relations. In research engaged by Green and Thomas (2005), social workers whom they interviewed believed all social workers must have sound knowledge of the history of Aboriginal peoples. As well, these workers suggested social workers pay particular attention to the history of the geographical area where one is working (p. 8). By attending to, and understanding our histories and lives, social workers will come to understand that in contrast to colonial policies, traditional teachings are rooted in understanding our connections to Mother Earth and Father Sky. It is through our ceremonies that we understand our identities and our cultures – no matter where we live – and these ceremonies are important to our social, political, and economic knowledges. Cajete (2000) goes on to say that it is the intimate relationship that people establish with place and with the environment and with all things that make them or give them life (p. 183). Thus, skills of reflection and locating our histories are integral to unravelling assumptions we make of Indigenous peoples and the lives we live.

Common assumptions made about Indigenous peoples are based on racist stereotypes and racist attitudes. Sinclair (2004) stated that even in the new millennium, the standard for social work education and practice is literature and education-based on the worldview, life ways, and reality of the dominant, predominantly white, and mainstream society (p. 53). What helpers must recognize is that due to residential school trauma and other racist policies, many Indigenous peoples have had to deal with multi-generational trauma. For many, substance misuse is an antidote to numb historical pain. It is critical that helpers come to understand history and see how we can work together to heal from our past. Many people fail to see the strengths and resiliency of Indigenous peoples. As an example, if we as practitioners, when working with families, focus on and look for the strengths of a person, rather than always exerting energy on “fixing” a person, families may then have an opportunity to recognize and work through their own strengths. We believe that it is the beliefs, stereotypes, and attitudes of social workers that must shift, rather than a constant centring of clients to fix and shift their behaviours and attitudes. Working with families from a strength-based model requires a commitment to valuing and honouring relationships. Relationships in our practice can be modelled by looking at our own inter-relationships with our families, to our teachings, and how we engage with Mother Earth and Father Sky. By understanding how we relate to people, we can then model to families what meaningful relationships could look like. King (as cited in Sinclair, 2004) spoke to relationships:

‘All my relations’ is a first reminder of who we are and of our relationship with both our family and our relatives. It also reminds us of the extended relationship we share with all human beings. But the relationships that Native people see go further, the web of kinship extending to the animals, to the birds, to the fish, to the plants, to all the animate and inanimate forms that can be seen or imagined. More than that, ‘all my relations’ is an encouragement for us to accept the responsibilities we have within this universal family by living our lives in a harmonious and moral manner (p. 54).

In our work, we honour our relationships by inviting Elders to come to speak to students. Our Elders are able to share their histories and their experiences and impart an important and different set of learning to students.

We know and believe that children are the heart of communities and they must be central to how we look at practice. Because children are gifts from our Creator, they must be at the centre of love and nurturing from a circle of extended family and community members (Cherrington, 2000, p. 29). More importantly, in practice, we must remember how children historically have been traumatized by colonial practices and how our children are devastated by racism. We know how policies, legislation, and other laws have harmed our Way of Being as Indigenous peoples. For many helpers, we have seen how stereotypes and assumptions have harmed Indigenous families and resulted in the removal of children from our families and communities.

Especially important in social work practice is maintaining relationships with children. Children are precious and must continue to be looked after by our families and extended families. Moreover, children must have strong relationships with people who work for them. Aboriginal children are precious to us because they represent our collective future. Anderson (2000) reminded us that children are not considered possessions of the biological parents; rather, they are understood to be gifts on loan from the Creator (p. 159). It is important to be committed to children-in-care and, moreover, be consistent in how we engage with them. As helpers, it is important to maintain relationships with the children and families we work with to the best of our abilities, most particularly those children who are in child protection. If we reflect on our traditional teachings, there were many people involved with children in our communities; these were lifelong relationships, which in turn, impact on the Way of Life for children. In our practice, then, we must remember that children receive many teachings and form a variety of strong and important lifelong relationships. The relationships we forge with children will impact how they become an adult. We must also remember that the children will remember what we do and say. For anti-oppressive living, we must critically analyze how our educational teachings and training impact our relationships with children and their families. We must continuously reflect on how legislation and organizational policies and practices could be used to strengthen families rather than create harm for children and families.

As an example, social work training and education have stressed that we must learn how to be objective. We learn that there are certain standards by which to communicate and document what relationships are like between social workers and their clients. We also learn how to report on the lives of children and families. For anti-oppressive practice, the question becomes: How do we act and write in a way that is resilient and supportive for children? Can we do this ethically? How do our traditional teachings inform how we work within practice standards?

To answer the questions posed above, we want to emphasize that to practice in a way that benefits children and who they are as human beings, we as practitioners must journey from our head to our heart. Elders and traditional teachers have taught us that the longest journey anyone makes is from the head to the heart. What does this mean for practice and how do we do this? One reason why this head-to-heart journey is important is because social workers are directly involved in and influence the relationship with families and these relationships must be viewed as lifelong. Johnson (2000) encouraged professionals to believe that personal uniqueness and differences should be valued and respected (p. 133). In our mainstream and western educational training, we are taught to be objective: we assess, we recommend, and we implement and then we move onto our next “case file.” However, the heart in our practice teaches us and encourages us to practice differently because we, as people and as social workers, are responsible for the relations and connections we make. We very well may see this family in another place and time or

perhaps we will share a sacred ceremony with this family. In our classrooms, the journey from the head to the heart is at times brought together and made present when we share ceremony with our students. Ceremony collectively connects each person, each student, and ourselves with the past, present, and future, demonstrating the need to work from a holistic place – connecting the head to the heart. Ceremonies like smudging encourage students and like the teachings of the Medicine Wheel tell us, to bring forward and engage their whole person (spiritual, emotional, physical, as well as mental). When we engage in sacred ceremonies together, relationships are solidified – most times, forever. For this reason, it is important that we consider all notes and communications as sacred, where any documentation must be scrupulously respected. Rather than emphasizing objectivity, we need to remember that we are communicating about our community members and our families – not our “cases.”

In the Northern Direction of Our Journey, We Reflect on Our Practice and We Look at Vision and Re-visioning

For Indigenous peoples, vision is critical in our lives and for our future. We reflect on our communities, our teachings, and our ancestors to see how their lives impact who and how we are today. For us as practitioners, we must remember the strength and resiliency of our grandparents, our ancestors, and our children who have been warriors throughout history because we too hope to be remembered in a similar way. Despite the imposition of colonial policies, our people are alive and well. Our people are re-claiming traditional teachings and persevering our ways of life in regenerating culture, language, and ceremony. Our people continue to believe in change. In practice, we understand how policies have affected the lives of so many Indigenous children. Today, we can redo practice standards and incorporate traditional teachings into how we do our work. As we continue to re-learn our traditional ways, we know that contemporary practice must be inclusive of varying ways of being. In our relationships with non-Indigenous peoples, we know that we must work collaboratively and that we must model collaboration through meaningful partnerships.

Partnerships are important and meaningful. However, non-Indigenous workers, politicians, and state workers must demonstrate their willingness to truly understand the historical legacies that have harmed our people and to link these to the myriad of issues that our communities are challenged by because of these legacies. As Indigenous peoples, there are many situations where we have been forced to engage in mainstream policies and practice standards in order to work in our own communities. It is time now for non-Indigenous workers to engage in our ways of being and practice in a way that exemplifies a Way of Life relevant to the people they work for. What we are invoking, here, is a call for non-Indigenous workers and politicians to shift their own cultural values and belief systems in order to collaborate in a meaningful and positive way with Indigenous peoples. This is a necessary step for re-visioning relationships.

Graveline (1998) stated, “Resistance is essential to our survival” (p. 43). Indigenous peoples have resisted assimilation and have survived. A belief in hope and vision for the future of the next seven generations is necessary to continue to challenge dominant systems.

In order to put forward the traditional worldview, we need to continue to challenge the Western paradigms that guide today’s education systems. Continued resistance needs to be mounted, as Western educational models are still playing a large role in reinforcing altered forms of consciousness. Thinking

with the head (cognition) as separable from the heart (feelings) is expected and continuously reinforced in Western schooling (Graveline, p. 39).

As we reflect on this wheel of practice, we see how Indigenous peoples have resisted and are standing strong. We see how, despite the many different forms of colonial impositions, our spirits and Our Way of Being are strong. We also recognize that there are still places where our people must heal and move forward with their lives. This is true for our lives as workers as well. By collaborating in our practices, we as helpers can resist and re-vision to truly deconstruct colonial practices in our communities. We recognize that it is essential for us to incorporate our regenerative cultural teachings into our practice. We know that historically culture and tradition were instrumental to healthy communities.

Acknowledging and recognizing that, although our lives, our lessons, and our students are steeped in colonial mentality, we still must accept responsibility to teach and we can rely on traditional forms to do so. I stand strong in my ability and my willingness to accept personal responsibility for understanding power and relationships and to share what I have learned through my own experiences and voice (Graveline, 1998, p. 48).

In the Northern direction of our work, we reflect on the stories our grandmothers have shared with us. We must remember their stories so we can learn from them and live our lives accordingly of our respective traditional places. We must remember the resistance of our grandmothers and grandfathers who lived through residential school trauma and the ban of ceremonial practices. Today, we can incorporate their resistance and practice differently. We must remember that in their lives, children were and are the hearts of their communities. Today, we must ensure that children continue to be the centre of our practice. What will the children say to us if we ask them: What is a social worker? How would our ancestors answer this question? As helpers, we know that our helpers were and are our grandparents, our ceremonies, and our relationship to All Living Things.

In conclusion, we want to reiterate that we have come to understand anti-oppression as a Way of Life. Reflecting on our philosophy from the Medicine Wheel, our well-being (spiritual, emotional, physical and mental) are critical aspects of our lives. As we write this, we are mothers, grandmothers, students, teachers, and social workers (to name a few). We are always all these things. As such, we must live the values and beliefs we embrace all the time. If we always live our values and beliefs, anti-oppressive social work would be based on Snuw'uy'ul – all of our traditional teachings to live a good life and to be the best human beings and helpers we can possibly be.

All Our Relations!

Kundoque (Jacquie Green)

Qwul'sih'yah'maht (Robina Thomas)

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An Interdisciplinary Journal *Honoring the Voices, Perspectives and Knowledges of First Peoples through Research, Critical Analyses, Stories, Standpoints and Media Reviews*

Aboriginal Youth Talk About Structural Determinants as the Causes of Their Homelessness

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Abstract

This article explores structural determinants as possible causes of the homelessness of Aboriginal youth in Toronto, Ontario, Canada. It includes a brief literature review and provides some of the findings of a recent research project, which implemented an Aboriginal research methodology with homeless youth in Toronto. These findings point to a strong link between Aboriginal children growing up in poverty and involvement in child welfare and becoming homeless as a youth. Suggestions for positive change at the policy-level are offered in order to prevent the next generation of Aboriginal children growing up to become homeless youth.

Keywords: homelessness, youth, child protection system, Medicine Wheel

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² Author note: Chi meegwetch to Lori Mishibinijima, the research assistant on this project, the youth workers who helped to set it up, and the inspiring youth who participated. I hope I get to sit in future research circles with you.

Introduction

This article, which is based on a research project, explores the structural factors that may have led to the homelessness of Aboriginal youth in an urban centre. It begins with definitions of homelessness, examines the prevalence of homelessness for Aboriginal youth, and then turns to a brief discussion of colonization and the role of child welfare in this process. The article then reports on the findings of the project that was conducted with homeless Aboriginal youth in Toronto, Ontario, Canada using a culture-based research methodology.

This research project was conducted by myself, as the principal investigator, and a youth who is currently attending university as the research assistant. I am of Mi'kmaq and Irish descent and a professor in a school of social work. The research assistant is a young Ojibway woman with a social work degree who is now in law school. We are both active participants in Toronto's Aboriginal community and have many relatives who have been/are homeless youth and who have had involvement with child welfare.

Toronto was chosen as the site for this research project as both the principal investigator and research assistant reside there and have connections to several Aboriginal agencies that provide services to youth. In addition, Toronto has a large Aboriginal population and represents many diverse Nations (Statistics Canada, 2003). The Medicine Wheel was selected as the research methodology for the project after consulting with Aboriginal youth workers and youth themselves. They confirmed that the majority of youth were familiar with the Medicine Wheel and it is a teaching tool used by many Nations such as the Cree and Ojibway.

While there does appear to be some overlap between Eurocentric models of structural determinants and those presented by Aboriginal scholars (DuHanmel, 2003; Thomas, 2003), such as education, income, and diet, this article proposes that to adequately address determinants faced by Aboriginal youth, a framework that is culturally appropriate and addresses colonization needs to be implemented. It further proposes that an arm of colonization which is likely related to homelessness among youth is their involvement in state institutional child welfare (Cauce & Morgan, 1994; Fall & Berg, 1996; Fitzgerald, 1995; Lindsey, Kurtz, Jarvis, Williams, & Nackerud, 2000; Maclean, Embry, & Cauce, 1999).

Current research on Aboriginal youth is minimal, especially in the area of homelessness. Available statistics do not illustrate the extent of the problem, although most advocates have suggested that the rate of homelessness for this population is dramatically increasing (Abrahams, 2000; United Native Nations Society [UNSS], 2001). The purpose of this research project, then, was to explore with homeless Aboriginal youth the conditions under which they became homeless, how they may be assisted today, and what can be done to prevent homelessness from continuing in the future. The significance of this project is connected to the fact that Aboriginal youth are the fastest growing group in Canada, while the non-Aboriginal population is ageing (Hick, 2007; Høglund, 2004; Statistics Canada, 2003). It asserts that it will become increasingly important to Canada's future, especially in terms of our workforce, to ensure that Aboriginal youth can be healthy and productive members of society. This article contributes suggestions for change to social policies and direct practice focusing on the control of child welfare by and with Aboriginal peoples.

Definitions

Common definitions of homelessness include people that live on the street, stay in emergency shelters, and spend more of their income on rent or live in crowded conditions which keep them at serious risk of becoming homeless (Golden, Currie, Greaves, & Latimer, 1999).

The Toronto Disaster Relief Committee (1998) stated that homelessness means simply not having secure housing. This committee expanded on the definition by contending that homelessness “means being exiled from the mainstream patterns of day-to-day life” (para. 5).

The Canadian federal New Democratic Party leader, Jack Layton (2000), described homelessness as socially constructed. In particular, he contended that homelessness is usually defined to fit a specific political agenda, or certain stereotypes, which eventually becomes the definition in the eyes of the public.

The UNNS (2001) of British Columbia, which is one of the provincial organizations of the Congress of Aboriginal Peoples that advocates for the inherent rights of Aboriginal peoples, stated that Aboriginal homelessness includes “those who have suffered from the effects of colonization and whose social, economic, and political conditions have placed them in a disadvantaged position” (p. 20). The UNNS (2001) acknowledged that there is a high rate of Aboriginal peoples at risk of homelessness and, therefore, the effects of colonization should be included as a major part of an Aboriginal-specific definition.

With particular attention to youth, homelessness is usually defined as those youth aged 15 to 24 who are not living with a family in a home or not in the care of child protection agencies. Homeless youth are also described as those living “in an unsafe or temporary living environment” (Fitzgerald, 1995, p. 7). The Canadian Mortgage and Housing Corporation (2001) and Golden et al. (1999) described homeless youth as those youth with no permanent address.

Prevalence

Many sources have stated that there is no accurate data regarding homeless Aboriginal peoples, let alone Aboriginal youth (Golden et al., 1999; Layton, 2000; Native Counseling Service of Alberta, 2000; UNNS, 2001). In Layton’s book, *Homelessness: The Making and Unmaking of a Crisis* (2000), what statistics exist show that Aboriginal peoples, in general, do have a high rate of homelessness as compared to the rest of Canadian society. The Native Counselling Services of Alberta (2000) stated, “The Aboriginal homeless rate is at about 40% Canada wide” (p. 3). Golden et al. (1999), in their major report for the City of Toronto, reported that Aboriginal peoples make up 15% of the homeless population in Toronto and that “many Aboriginal Canadian youth from reserves and urban communities end up on the streets of Toronto” (p. 75). If this 15% figure is correct, it means that Aboriginal peoples are overrepresented in the homeless population by more than a factor of three, considering they make up only 4.4% of the Canadian population (Statistics Canada, 2001).

It is also important to note that the rate of homelessness is usually derived from the number of people who use shelters. However, the UNNS (2001) indicated that shelter users do not represent the entire Aboriginal homeless population, as many do not utilize the shelter system. Furthermore, the Aboriginal community is estimated to have a high rate of concealed homelessness and these numbers are not included in the official data. This category includes those in transition homes, jails and detox centres,

and those who live in overcrowded, unstable, or inadequate housing. It also includes “couch surfing,” which is when people stay at a friend or family members’ dwelling for a short period of time then move on to another persons’ home. Another category that often goes unnoticed is those who are at high risk of becoming homeless. This category includes many Aboriginal peoples who live in poor housing conditions and pay more than 25% of their income for rental accommodations. Therefore, to completely capture the Aboriginal homeless population, all of these categories of homelessness must be included (UNNS, 2001).

It is also significant to note that Aboriginal youth are the fastest growing segment within the Canadian population. In the 1996 census, Aboriginal peoples constituted 3.8% of the population, while in the 2001 census, this figure rose to 4.4%. The median age for non-Aboriginal peoples was 37.7, while Aboriginal peoples had a median age of 24.7. The birth rate for Aboriginal peoples was also one-and-a-half times higher than for non-Aboriginal peoples. This population will continue to grow because, currently, 33% of the Aboriginal population is under the age of 14, as opposed to only 19% of non-Aboriginal peoples (Statistics Canada, 2003). Similarly, Castellano (2002) found that over 50% of the Aboriginal population is under the age of 25. Thus, not only is there a high rate of Aboriginal-specific homelessness, but there may be a substantially higher rate of youth homelessness within this population, given the demographics.

Factors Associated with Homelessness

Within the literature, the most frequently cited cause of homelessness for all peoples in Canada is lack of affordable housing (Golden et al., 1999; Hulchanski, 2004; Shapcott, 2001; Toronto Disaster Relief Committee, 1998). Some authors (UNNS, 2001) have argued that personal factors, such as fetal alcohol spectrum disorder, addictions, poverty, poor health, and/or dysfunctional family relations, are the cause of Aboriginal homelessness. Other literature has stated that socio-economic status and the lack of resources on reserves are also causes of homelessness (Beavis, Klos, Carter, & Douchant, 1997).

However, UNNS (2001) argued that even what appear to be personal factors are, in fact, the effects of structural barriers. UNNS (2001) stated that the homelessness of Aboriginal peoples is rooted in “structural factors such as unemployment, low wages or lack of income, loss of housing, colonization, racism, discrimination (systemic or otherwise), patriarchy, cultural and geographic displacement, and the reserve system” (p. 2). Other authors contend that the historical introduction of foreign systems such as education, justice, health, and child protection have left Aboriginal peoples in a “cycle of economic dependency, including high rates of poverty and unemployment” (Morrissette, McKenzie, & Morrissette, 1993, p. 94).

Based on the literature outlined above, we assert that the factors associated with homelessness are connected to the omnipresent concept of colonization. Colonization did not only create the relationship between Aboriginal peoples and mainstream society, but it is also experienced personally. Thus, we emphasize that the history of colonization and its current impacts explain, in large part, why some Aboriginal peoples are homeless in their own lands. We also believe that a framework which addresses the negative impacts of colonization on Aboriginal peoples and emphasizes our strengths needs to be developed. A Eurocentric lens fails to do this as it tends to frame Aboriginal peoples as social and economic disadvantages to the rest of Canadian society while negating our political power.

Institutional Child Protection

The distinctive factor between homeless adults and homeless youth is that the latter is forced to leave home at an early age before they have a chance to fully develop into healthy adults (Cauce & Morgan, 1994; Fitzgerald, 1995; Golden et al., 1999; MacLean et al., 1999). In general, many youth that are homeless come from the care of the child protection system, such as adoptive homes, foster homes, or group homes (Cauce & Morgan, 1994; Fall & Berg, 1996; Fitzgerald, 1995; Lindsey et al., 2000; Maclean et al., 1999). According to one study, between 25% and 50% of homeless youth were previously in the care of foster homes (Lindsey et al., 2000). This may be connected to the fact that these systems are designed to care for young children (under 15), so youth encounter barriers to service because they are too old for children's services and not old enough for adult services. Therefore, they are often left with no choice but to live on the street (Fitzgerald, 1995).

The child protection system, historically a tool of colonization, continues to the present day (Anderson, 1998; Du Hamel, 2003; Hudson, 1997; McKenzie & Seidl, 1995; Report of the Aboriginal Justice Inquiry of Manitoba, 1998). Although there have been some Aboriginal child welfare agencies developed throughout Canada (Anderson, 1998; Hudson, 1997; McKenzie & Seidl, 1995), Aboriginal children are still over-represented in the child protection system (Hudson, 1997; McKenzie & Seidl, 1995; Thomas, 2003). This may be due to the restrictions placed on Aboriginal child welfare organizations. These organizations do have some control over the policies and procedures within their agencies; however, they are still usually required to comply with the federal and provincial laws and policies.

As researchers in the area of Aboriginal child welfare, Bennett, Blackstock and De La Ronde (2005) wrote,

Up to this day, provisions in both federal and provincial legislation dictate how child welfare will be governed, administered, and, often, delivered by the over 120+ Aboriginal Child and Family Services Agencies in Canada. This would not be so controversial if the provincial and federal systems were meeting the needs of Aboriginal children and youth but the evidence overwhelmingly indicates that the current legislation, policy, and practice of child welfare are not making meaningful differences in supporting the well-being of Aboriginal children and youth. The question is thus raised why Canadian governments have not recognized tribal authority that sustained child well-being for millennia (p. 45).

For anyone to take an institution, such as child welfare, that has left a challenging legacy for many Aboriginal peoples and turn it into something appropriate for Aboriginal communities is an enormous task. Yet it is obviously the goal of Aboriginal child protection services. As Hoglund (2004) advocated, both research and policies developed within an Aboriginal context by Aboriginal peoples are crucial because

Understanding how contextual mechanisms foster as well as challenge Native children's healthy social development is essential for generating informed, strengths-based research priorities and supporting Native sponsored policy and program development . . . researchers, educators, service providers, and policymakers need to look beyond Western European models of successful development to adequately understand favoured socialization and developmental processes within the sociocultural, historical, political,

legal and socioeconomic contexts of Native children’s lives and the families and communities in which Native children live (pp. 165-168).

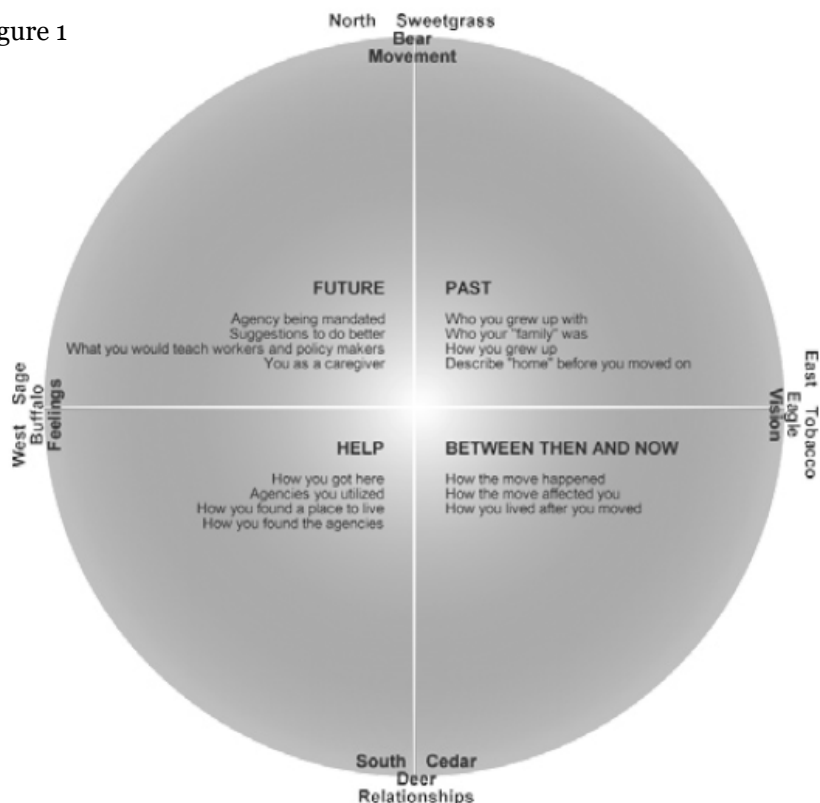
We stress that insider views are necessary in order to develop social policies that reflect Aboriginal worldviews and values. Thus, this research project explored the following questions with insiders – Aboriginal youth affected by homelessness:

- What is appropriate parenting within Aboriginal perspectives?
- What supports do Aboriginal parents, families, and communities need to raise children?
- How does prevention become a priority?
- How do we frame “neglect” within the realities of poverty?

Aboriginal Youth Research Circles

In this research project with Aboriginal youth, which we (and an Aboriginal student research assistant) designed and conducted, one research circle took place at two youth programs within Toronto that provide services to youth who are homeless or at risk of becoming so. A total of 24 youth participated. Basic information was obtained from the participants through a standard form that all of the youth filled out. Next, within the research circles, youth were invited to discuss specific areas about their past and current situations. They were free to decide for themselves which areas they wanted to contribute to. The research methodology was based on Aboriginal cultural protocols and integrated a tool known as the Medicine Wheel (Figure 1).

Figure 1



The youth were from a variety of Nations across Canada; however, the majority was of Ojibway and Cree descent. Approximately one-fourth was Ojibway and another one-fourth was Cree. There was also youth who had mixed Aboriginal heritage in their Nations, again, approximately one-fourth. About 62% of the participants were male. None of the participants identified as transgendered or transsexual. The majority of the youth reported as heterosexual. One youth reported being Two-Spirited (gay, lesbian, or bisexual). The age range spanned 10 years, from 15-years-old to 25-years-old.

The youth participants were from many diverse towns and reserve communities across Canada, from Alberta to New Brunswick. The major trend in the place of origin was that three-quarters of the participants were originally from reserve communities. The remainder was from small towns in northern areas of the country. Few participants were from large urban centres and only one was born in Toronto. The length of time they had lived in Toronto also varied, with some living here for 11 days and others for 20 years. At the time of this project, just over one-third of the participants lived with a relative. Only four youth had lived in the same place for more than one year. The rest of the 20 youth had lived at their current address for less than a year. Thus, there was a dominant trend of temporary living conditions with the youth who participated in this project.

Sixteen youth had completed grades eight through eleven. This illustrates that many of the youth had a high incompleteness rate for academic studies. This is especially significant considering that many of the participants were in their early twenties. One particular question on the information form was: What grade are you currently completing? Six youth answered that they were not completing any grade at the time and that they had not completed grade 12 (needed for a high school diploma). This shows that in this group of Aboriginal youth in their early twenties, many have not completed high school and were not in the process of doing so. Of the 24 youth, only three were currently completing a college education and none were attending university. This information demonstrates a great need for more comprehensive educational resources and greater access to education that addresses the worldviews and needs of Aboriginal youth.

Eastern Direction: Looking Back

The first topic raised with the youth was: Who did they grow up with? It was suggested to them that they talk about who their family was/is, how they grew up, and what their homes were like before they moved on. Most of the youth stated that they grew up in the care of the Children's Aid Society (CAS), which included foster homes and group homes. More than half of all of the respondents mentioned having to relocate more than once. Those that stated they relocated said they moved to and from several different families and, in some cases, these homes or families were spread across the country. Four youth mentioned being in trouble with the law, were incarcerated, or always "getting into trouble." Seven youth mentioned living in a lone parent and female-headed family. Two of the youth lived with their mother but later moved in with their father. One participant stated that he lived with his grandparents for a while. Only two youth stated that they lived in two-parent families, one of whom was later placed in the care of CAS. Hence, only one of the 24 participants had lived with both parents for a significant amount of time. Many of the participants had also moved back and forth between their biological families and foster care while growing up.

The predominant theme in the youths' profiles is that the majority were not living with their biological parents. Their responses illustrate that many of them did not have what mainstream society

considers as the “traditional” family. This in itself is not negative. What is negative is the fact that many of the youth were in the care of the state and placed in unstable homes, meaning that they resided with families or in group homes where they experienced psychological, emotional, physical, sexual and spiritual abuse, neglect, and acts of racism (e.g., one female youth was given the nickname of “squaw” in her foster home). Those who lived in lone parent families also lived with an element of instability. Many moved from home-to-home, both biological and otherwise, without consistency in their lives.

Southern Direction: Between Then and Now

Youth were invited to talk about the move from their homes into homelessness and how they lived after this move. The responses of the youth were varied. Each had a different story to tell. Some came to Toronto with their caregivers or relatives to look for work or to obtain an education. One youth was passing through Toronto, but experienced a crisis and was forced to stay. One stated that her adoptive parents were abusive, which forced her to move out on her own. She stated that the street life was easier because she could make her own rules. Although this life was preferable in comparison to her home life, it was tough living on the streets. Resources were difficult to access because of her young age. One participant stated that she was “sick of group homes . . . too many rules” and that she was constantly moving from one group home to another. Two other participants explained how they lost their apartments due to lack of funds. Some of the youth that were in care, adopted, or in group homes stated that they lived in small towns and experienced a great deal of overt racism. They had believed that they could escape this by moving to a multicultural city like Toronto. A few of the youth explained how they were just released from jail and how they were often in and out of jail. Three youth stated that they came to Toronto for opportunities; they wanted to change their lives around.

The major theme in these stories illustrates that growing up in the care of, or being involved long term with, CAS – whether that is adoptive homes, foster homes, group homes, or moving between biological and foster families – is often a profoundly negative experience. When asked about the reasons for moving back and forth between biological and foster homes, the youth explained that when a biological parent complied with the demands of child welfare, such as staying in counselling for a long enough time period or attending a substance abuse treatment program, they were able to go back to these parents. However, when the parent stopped complying, such as by starting to drink again or getting back with an abusive partner, the child would once again go to a foster home.

In a number of ways, this response on the part of child welfare authorities can be linked to looking at Aboriginal parents only through a Eurocentric lens. Often, when Aboriginal parents are placed in a position of complying with demands to get their children back into their care, intentionally or not, it is a set up for failure. For example, they may not be voluntarily participating in programs, these programs may not be relevant in terms of examining structural reasons for their situations or they may not be culturally applicable, there may not be enough emphasis on support of and resources for the parent, or the values and worldviews of Western society are being applied to Aboriginal parents, which skew assessments.

Few of the youth who participated in this project experienced a positive home life. Many participants felt that they were forced to leave their homes. This was explained as, for example, not being wanted any longer by adoptive parents because they were rebelling, getting into trouble, or questioning

the rules. Even though some expressed how difficult street life was, none of them regretted their decisions for this was better than what they left behind. Among other things, this demonstrates that interventions need to be implemented before youth feel forced to leave their homes.

Western Direction: Help Along the Journey

The next area youth were asked to discuss was how they were able to receive help from social services agencies and how they were able to find a place to live once in Toronto. Some youth explained that they asked other Aboriginal peoples they did not know where they could stay for the night. Other youth stated that their friends or family members informed them of Aboriginal agencies in Toronto. One mentioned walking by a building that had an Aboriginal logo painted on the front, so he walked in. Four youth said that they were referred to an Aboriginal agency by mainstream organizations that provide services to youth. Most of the participants agreed that they felt more comfortable at an Aboriginal agency. However, they also stated that it was good to get served by both Aboriginal and mainstream agencies. There were a few who expressed some dislike for certain Aboriginal organizations because of their experiences there regarding other peoples' behaviours, such as intoxication and violence, but they still utilized them.

For the most part, the youth expressed a great sense of community amongst themselves, both within youth programs and on the streets. They spoke about helping each other out by sharing information about resources, agencies, and service providers within Toronto that were considered to be non-judgmental of them and some of their behaviours, such as substance using. Many of the youth talked about sticking together when on the streets for greater protection from both other people on the street and the police and letting others know about safe places to sleep. When they had something to share, whether that was money, alcohol, cigarettes, or food, they tended to share it with other youth. Some of them referred to each other as brothers and sisters even though they were not related by blood. They also shared secrets, stories, emotions, and laughter.

Northern Direction: Looking Towards the Future

The participants then explored what they would do to make the system better for future youth. They talked about what they would like to teach social workers and policymakers, especially with regards to the child protection system. To put this in context for themselves, the youth chose an Aboriginal child and family services agency becoming mandated as a child protection authority as an example to discuss what they would like social workers and policymakers to know. There were mixed feelings from the youth about the agency's change from offering voluntary services to taking on the responsibility of child protection. Many of the youth felt that bringing an Aboriginal perspective to child protection was vital. Others felt that it was a negative move because, in their opinions, the Aboriginal agency was too concerned with minor issues. One youth gave the example that "[a worker from the agency] stripped my kids because they had diaper rashes." Another young mother stated that the agency forced traditional ways on her when she just wanted some emotional support. Another youth stated that other Aboriginal services were just as likely to involve child protection and related the example of an Aboriginal daycare centre calling the Aboriginal child protection agency because her child had a "running nose." Some youth felt that the Aboriginal agency is "too quick to jump on rumours." Some of the participants who made these comments about the agency also expressed dislike for mainstream CAS, saying that they often felt

like they were under “a microscope” and that they did not believe that child protection – either mainstream or Aboriginal – would be so cautious with older adults. Thus, they felt like they were being discriminated against specifically because they were Aboriginal youth.

Although some youth disagreed with Aboriginal family services agencies becoming mandated, their suggestions for change did express some common themes. One raised a great difficulty with child protection, stating that children have to be protected, but at the same time, Aboriginal families have different needs that are often neglected by these services. Next, they talked about the importance of incorporating Aboriginal culture into the lives of youth, no matter who their families are. The majority of the youth agreed that even though Aboriginal family services becoming mandated is an empowering concept, it does not work if these services have to use the same legislation as mainstream CAS. Although mandated Aboriginal child welfare agencies employ Aboriginal peoples as workers to varying degrees and incorporate some practices such as involving extended families as caregivers of children, they must follow the same legislation – the *Child and Family Services Act*, in Ontario – like all other mandated child welfare authorities. This Act is not inclusive of Aboriginal values, particularly around collective responsibilities for raising children, nor does it acknowledge the impacts of colonization or the inherent strengths of Aboriginal peoples and communities. It does not make clear distinctions between neglect and poverty nor does it include aspects of prevention which is crucial to the wellbeing of the future of our children and youth. In keeping with these points, some youth spoke about how mainstream Canadian society decides what is acceptable child rearing for Aboriginal peoples and this is where the conflict lies. Other participants expressed that there is a need for more Aboriginal policymakers to change child welfare legislation or the cycle of oppression will continue. They explained that if this is not done, then it will simply mean “putting a brown face on it” (Aboriginal control of child welfare). They further explained that this may “soften the blow” for some, but continue to oppress many.

The youths’ suggestions about the need for more Aboriginal policymakers and changing child welfare legislation are brilliant. Since the current *Child and Family Services Act* does not address the sovereignty of Aboriginal peoples, what is necessary, then, is an Aboriginal family and child services act. Such an act could address many of the concerns that the youth raised in this research project. For example, it would be developed by Aboriginal peoples according to our definitions of family, child care, and parenting. This act could clearly differentiate between poverty and neglect. It would reflect the values of Aboriginal peoples, such as collective responsibility for children, communal sharing of resources, and assisting families when they are struggling, rather than taking their children away from them. Perhaps most importantly, an aboriginal family and child services act would recognize the impacts of colonization upon all of us and focus our resources, both human and financial, on the wellbeing of everyone in our communities and on the prevention of further internalized oppression which leads to the harm of all.

The next major issue that the youth discussed was the policies governing who is allowed to be a customary care (foster) or adoptive parent and how these need to be transformed to better fit the circumstances of Aboriginal peoples. First, youth concurred that permanency planning should be key, ensuring that workers try to keep children with family members. Another point was to have more customary care homes and adoptive families in reserve communities. Overall, the youth expressed their belief that there must be more Aboriginal families willing to adopt or care for children and that the government needs to encourage and support this process through funding and legislation. Some of the

examples they introduced were that some Aboriginal families may not have a lot of money but that should not be a deciding factor in caring for children. They pointed out that many lower-income families can do a good job of raising children. Furthermore, the youth took the stand that if being poor is such a concern, then the government should provide the necessary funds to foster families. They adamantly stated that, after all, the government is the reason why so many Aboriginal peoples are living in poverty in the first place. Moreover, these youth believe that preference should not be given to two-parent families. Many Aboriginal families are headed by one parent who can raise children in a positive environment. Youth also stated that, if non-Aboriginal families are going to take in Aboriginal children, it needs to be mandatory that the children be connected to their cultures. They also believe that more effort needs to be put into keeping siblings together if families have to place their children into care. However, all of the youth were adamant that keeping families together must be of the greatest importance. One promising suggestion made to help keep families together was that there could be a group of parents that can be used as an information resource for other parents who need it during times when they struggle with raising their children.

The participants also addressed the issue of child protection workers. They suggested that workers should be Aboriginal or, if not, have intensive training on issues affecting Aboriginal peoples. They stressed the need for greater consistency in training and education for helpers and how workers need to take into account what the client wants. They want workers to realize that everyone is different and what is “normal” for an Aboriginal family may not be normal for a mainstream one. In conclusion, the theme for youth regarding the future was that for real positive change to occur, adding in a few cultural pieces is not enough, rather legislation and social policies have to be completely changed to better suit the needs of Aboriginal families.

Coming Full Circle: Analysis

The depth of analysis these young people demonstrate both in terms of their knowledge and understanding of the reasons for their homelessness and the critical lens from which they view the world is amazing. They are insightful and articulate. They call it the way they see it and no one is fooling them.

These youth were easily able to comprehend their life experiences, which were, for the most part, contact with child protection and separation from their biological families and home communities within the realities of colonization and oppression. A comment that stands out most, perhaps, is from a young man who said, “Mostly we’re taken away by child welfare because of poverty and this translates into neglect by them.” For Aboriginal peoples, poverty is a direct result of colonization which destroyed the original economic basis of our communities. In contemporary society, breaking out of poverty is, in a large part, dependent on acquiring formal education and employment. However, education has been historically genocidal and is currently alienating for many Aboriginal peoples so that 68.5% of youth do not complete high school (Hick, 2007; Report of the Royal Commission on Aboriginal Peoples [RCAP], 1996). According to RCAP, both youth and parents are adamant that education does not prepare them for life in understanding themselves as Aboriginal peoples nor does it prepare them for life in the modern world. In fact, according to this report, youth stated that they left school because they were made to feel ashamed of being Aboriginal, they experienced racism, and there was no recognition of Aboriginal perspectives in history or respect for their cultures.

Certainly, low educational attainment affects peoples' future employment and income levels. However, according to the results of a study conducted by Kunz, Milan, and Schetagne (2000), Aboriginal peoples also have difficulty finding employment because of racism in the workplace. They found that compared to white Canadians, Aboriginal peoples with university degrees are less likely to have managerial and professional jobs. In addition, they are over-represented in the bottom 20% and underrepresented in the top 20% of income earners. Even with the same level of higher education, white Canadians are three times as likely as Aboriginal peoples to be in the top 20% of income earners. These results are confirmed by Hick (2007) as well. Clearly, these studies reveal that even with university degrees, job opportunities are out of reach for many Aboriginal peoples.

Unlike the generation before them, this group of youth usually has a roof over their heads at night but they do not have homes. Thanks to Aboriginal agencies that provide services to youth, most of these young people are housed and have access to some health services. However, most struggle with poverty, have not completed high school, are transient, and, in the case of many female youth, are single mothers involved with child welfare who are often concerned that their children will be removed from them. This concern seems to come from a belief in the tendency for social service workers to "blame the victim" (Anderson, 1998; Hudson, 1997; Thomas, 2003). Even within Aboriginal child welfare agencies, internalized oppression has caused some Aboriginal peoples to believe the negative stereotypes about some members of their community and, thus, they treat them just as the dominant society does.

From a structural perspective, for the most part, Aboriginal child protection agencies continue to be mandated to operate within the framework of legislation and social policies not based on Aboriginal values and perspectives. Since these policies do not incorporate the distinct needs of Aboriginal peoples, a major focus needs to be the creation of legislation and policies that are compatible with Aboriginal worldviews in general while taking into consideration the great diversity of our Nations. In addition to this, the legislation and policies must also take into account past injustices and the effects they have on the health and behaviours of Aboriginal peoples today. To simply add in "culturally based practice" without any change to oppressive legislation is clearly detrimental for it changes little (Anderson, 1998; Hudson, 1997; Report of the Aboriginal Justice Inquiry of Manitoba, 1998).

Furthermore, mainstream legal and political discourses regarding self-government, Aboriginal rights, and treaties are grounded in Western constructions of nationhood that originate from European history and cultures. Such discourses inevitably marginalize Aboriginal worldviews in the construction of nationhood in self-government and treaty negotiations. This approach, then, continues to entrench Eurocentric-Canadian structural power imbalances rather than creating positive economic, political, and social change for Aboriginal peoples. I emphasize that until constructs of nationhood can be examined from both an Aboriginal and a Eurocentric lens equally, self-government that creates inclusive and sustainable Aboriginal communities is impossible.

The preliminary work from this research project also has many encouraging messages. These youth are greatly concerned about the next generation. When they spoke about their experiences and recommendations, they did not do so in ways that will necessarily benefit them, but rather because they hope to make contributions to the future of both their children and all Aboriginal children in general. These youth also view positive change as centring on re-structuring child welfare legislation and social policy. They identified that change simply by creating Aboriginal child protection agencies with Aboriginal workers is not enough.

Aboriginal child and family services agencies are to be commended for picking up the responsibility of child welfare and attempting to incorporate traditional knowledges into their work. However, many colonial legacies have been passed on to their shoulders, such as internalized oppression, family violence, poverty, and suicide, which they are expected to heal. They also must face unrealistic expectations placed upon them by both the Aboriginal communities they serve and mainstream society and governments (Hudson & Taylor-Henley, 1995; Bennett et al., 2005). Aboriginal peoples, including those who work in the area of child welfare, must reclaim the knowledge that prior to colonization we lived as autonomous groups and our inherent right to self-determination – which included controlling the affairs affecting our families and children – was never abdicated, despite the policies and actions forced upon us by Canadian governments (Association of Native Child and Family Services Agencies of Ontario, 2001; Bennett et al., 2005; First Nations Child and Family Task Force, 1993). Aboriginal responsibility and control must go beyond child welfare service delivery to the creation of legislation and policies that will restore traditional forms of government. This is crucial since present legislation and social policies related to child welfare are based on Eurocentric values and worldviews, thereby making them an ongoing tool of colonization. Hence, as the youth pointed out, Aboriginal peoples must become policymakers in this area. Without significant changes to social policies, the major request to keep families together and concentrate heavily on prevention, which one youth described as “eliminating poverty,” cannot possibly happen.

According to the voices of this group of youth, holistic good-health rests largely on the value of supporting families through equitable access to resources to care for the wellbeing of their children. Such resources include inclusive education that is representative of Aboriginal youth, job opportunities based on merit, and anti-colonial and anti-racist policies and legislation, all of which aim to eliminate poverty caused by colonization.

Expanding the Circle: Future Research

This paper reflects the responses of only 24 youth and so it cannot be said that they are representative of homeless Aboriginal youth in Toronto. Further research needs to be conducted. This preliminary work can be used as a template in terms of the Aboriginal research methodologies implemented and the framework for examining the structural causes of homelessness for Aboriginal youth. Thus, these templates can be incorporated into future projects involving more youth in Toronto, other cities in Ontario, and urban centres across Canada. The implications of this project provide evidence that Aboriginal research methodologies are legitimate ways of conducting research with youth, that colonization lies at the root of social ills such as homelessness, and that state intervention in the lives of Aboriginal families must end in order to realize self-determination and self-government. In order for radical social change to occur, it must become unacceptable that Aboriginal peoples are homeless in their own homeland.

A few youth workers, several Aboriginal agencies that work with homeless youth, and some of the youth themselves have indicated a strong interest in being involved with a larger research project as partners. Thus, the findings from this project are being used to submit research proposals to possible funders for future research which would include both Aboriginal students and other youth as research assistants. In this way, these youth will have the opportunity to develop research skills while making significant contributions to this work. Their goal of creating a better world for the next generation is possible.

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An Interdisciplinary Journal *Honoring the Voices, Perspectives and Knowledges of First Peoples through Research, Critical Analyses, Stories, Standpoints and Media Reviews*

A Review of the Literature on the Benefits and Drawbacks of Participatory Action Research

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Abstract

This paper reviews Participatory Action Research as a methodology. It maps the origins of Participatory Action Research and discusses the benefits and challenges that have been identified by other researchers in utilizing Participatory Action Research approaches in conducting research.

Keywords: Participatory Action Research, methodology, knowledge production

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Introduction

Aboriginal people's view of researchers in general and anthropologists in particular often extends beyond mere skepticism to contempt and distrust. In particular, the field of anthropology (and arguably others as well) is viewed by Aboriginal peoples as being largely esoteric, irrelevant, and incapable of contributing to solutions for the myriad of problems faced within Aboriginal communities (Warry, 1990).

Research findings are often cloaked in academic jargon, are often unintelligible to communities, and have largely been irrelevant to community needs. Academic reputations, so the argument goes, have been built on the backs of Aboriginal subjects and at the political and economic expense of Aboriginal communities. Aboriginal communities are now advocating research that is more collaborative and meaningful to their communities.

Awareness concerning the potential value of research varies enormously between Aboriginal communities (Warry, 1990). Warry speculated that many communities have neither the inclination nor the local expertise to generate research agendas or standards for local research (64). This is particularly true in the north, where, despite licensing by the Science Institute of the Northwest Territories, there still is, each summer, a massive influx of natural and social scientists. Inuit community inquiry groups often lack the time or the expertise to gauge the potential usefulness of the research or are unable to generate their own research agendas. Warry (1990) stated that in contrasting the North with the South, a number of southern First Nations communities routinely enter into contractual relationships before allowing researchers to enter their communities. Aboriginal leaders clearly recognize that the information needs of their communities are obvious, but they denounce the monopolistic control of academia over the research process. Specifically, when the analysis and interpretation of research findings must take account of Indigenous science, which is based on experiential and humanistic interpretation, rather than academic needs (Colorado, 1998; Warry, 1990; Stevenson, n.d.). In the quest to learn more about Indigenous Peoples and cultures, the resulting process and product of research has become a commodity – it can be exchanged with universities, colleges, and publishers for a host of values, including advanced degrees, professional reputation, career mobility, and book revenues (Richer, 1988). Indigenous Peoples themselves have rarely capitalized on the commodification of their own cultural background and knowledge. When information appropriated by researchers from Indigenous sources becomes a commodity for private ends, it inherently becomes a process of alienation (Richer, 1988) and ultimately, oppressive (Stevenson, n.d.).

Today, many Aboriginal communities will not indulge research that benefits only the researcher (Richer, 1988). Indigenous Peoples believe they have been “researched to death” and will no longer tolerate colonial intrusion by researchers (Smith, 1999; Royal Commission on Aboriginal Peoples, 1996; Richer, 1988; Flaherty, 1995). Indigenous Peoples and communities are becoming more aggressive and in some areas, particularly now in the Northwest Territories and in Nunavut, researchers are required to apply for a license in order to conduct research in the North (Stevenson, n.d.; Ward, 1996). These new research measures make it clear that Indigenous peoples now increasingly seek an equal relationship in the research process and will no longer accept researchers who do not respect and honour that equality.

Research, whether it is formal or informal, should not perpetuate the status quo. Non-intrusive methods that are most conducive to the needs of the community should be advocated for which assists in

the research process but at the same time is mindful not to continue to re-colonize participants in the process. Research methods chosen must include a process whereby members of the communities are given an opportunity to voice their opinions and be involved (but not superficially) in the research process throughout the life of any proposed project (St. Denis, 1992). Participatory Action Research or PAR has been identified as one such method that is most conducive to doing research with Aboriginal peoples and communities. Participatory Action Research is seen as a flexible method that complements the ideals held by many academic researchers in the various fields of anthropology, social sciences, history, theology, economics, philosophy, social work, community, and economic development (Fals-Borda, 1992; Frideres, 1992; Gayfer, 1992; Reimer, 1994; Cornwall & Jewkes, 1995). This paper provides a generic overview of the origins of Participatory Action Research and in doing so also looks at the various definitions as well as discusses some of the advantages and disadvantages associated with this research approach.

Origins of Participatory Action Research

There has long been a growing interest in alternative research paradigms. The search for new alternatives came from professionally trained researchers who found their paradigms inadequate to answer all the questions they had (Tandon, 1981). With the development of alternative research paradigms, common folk (such as the poor, illiterate, and rural people) began to initiate many successful development efforts (Tandon, 1981). Many of these alternative initiatives led to the creation of what would later be called Participatory Action Research. The term Participatory Action Research (hereafter referred to as PAR) is an umbrella term that includes several traditions of theory and practice. Definitions vary according to traditions and users (Brown, 1993). St. Denis (1992) notes that often authors coin their own terms to describe their methods and methodologies, even though they are basically similar to one another. Other terms that are used in the literature to describe PAR include participatory research, action research, praxis research, participatory inquiry, collaborative inquiry, action inquiry, and cooperative inquiry (Whyte, 1991).

According to two early architects of PAR (Tandon, 1981; Hall, 1975), two interrelated forces became instrumental in the emergence of PAR:

- Dominant research paradigms were seen as being insufficient and oppressive, and
- dominant research paradigms exploited a large majority of people in underdeveloped countries.

Classical or dominant research paradigms are premised upon notions of neutrality and objectivity. In the dominant paradigms' ongoing exploitation, it assigned the title of "professional expertise" to researchers, which implies that only professionally trained individuals can undertake to do research. Neutrality and objectivity became the hallmark of the research process. According to these paradigms, only professionally trained persons have the capacity to be neutral and objective (Tandon, 1981; Hall, 1975). Those considered to be professionally trained usually come from sectors of society that "have it all" (Tandon, 1981, p. 21). All of these reasons (and many others too numerous to mention) precipitated the need for finding an alternative research method that would replace the exploitative elements of the dominant research paradigms. It had to provide an avenue for those people traditionally underrepresented in society the opportunity to gain access to knowledge and action for improving their situations (Tandon, 1981; Almeida, Sanchez, Soto, Felix, & Perez, 1983).

The origins of PAR emerged out of development projects by oppressed people in Third World countries and entered English-language awareness during the 1970s (Brown & Tandon, 1983; Gayfer, 1992; Frideres, 1992; Fals-Borda, 1992). Much of PAR was driven by humanistic urges to assist the “victims of oligarchies” and their “development” policies (Fals-Borda, 1992). One of the earliest influences on PAR approaches came from the Brazilian adult educator, Paula Freire. Freire is well known for his support of the liberation struggles of colonized peoples in the rural areas of Latin America (Brown & Tandon, 1983; Jackson, McCaskill, & Hall, 1982; Hall 1981; Frideres, 1992; Gayfer, 1992; Cornwall & Jewkes, 1995; Cain, 1977). Friere’s ideas have in turn influenced many generations of adult educators in many parts of the world. It is rare to read a book, article, or thesis on literature, population, education, or social transformation that does not acknowledge Friere, directly or indirectly (Gayfer, 1992, p. 19). Budd Hall (1981) noted that “Freire was the first to articulate the connection between learning and political transformation and to validate that the work of socially aware educators and others were not marginal, but a key to transformation” (Gayfer, 1992, p. 19). Friere’s approach to adult education engaged individuals in critical analysis and organized action to improve their dismal situations (Brown & Tandon, 1983). His work affirmed that peoples’ own knowledge is valuable to community development and the research process (Cornwall & Jewkes, 1995).

Freire first came to the attention of English readers in 1969 through the Harvard University (Heaney, 1993). Today, Freire’s writings are commonly included in required bibliographies of graduate programs in adult education. His books, once banned in his native Brazil, are now used to guide the training of those in the Brazilian military and local universities (Heaney, 1993). Although PAR came later and developed independently of Freire, today Freire would be considered one of PAR’s staunchest supporters (Gayfer, 1992).

At first PAR was either ignored or roundly condemned by other researchers the world over (Heaney, 1993; Gayfer, 1992). But by the 1970s and early 1980s, PAR not only became an interesting topic of discussion but it also quickly became the subject of academic discourse in graduate programs and a favorite topic at respectable conferences around the world (Heaney, 1993). One university even established a “center” for participatory action research (Gayfer, 1992). A major advocate of PAR since 1975 has been the International Council for Adult Education (ICAE) (Frideres, 1992). ICAE is an international network of participatory researchers, which held the first international forum on participatory research in Yugoslavia in April 1980 (Gayfer, 1981). PAR as an alternative or collective approach to social investigation was introduced to readers in a 1975 issue of *Convergence* (Vol. 8, No. 2). In this issue, Budd Hall called for assistance to develop this methodology, which brought forward both an enthusiastic international response as well as blasts of hostility and criticism from the elite and dominant professional circles (Hall, 1981; Gayfer, 1992). These responses gave rise to the development of a participatory network during 1977 and 1978 as a program of ICAE. This partnership with ICAE came about because it appeared that PAR, with its emphasis on “people as experts,” shared a common premise with adult education (Hall, 1981). According to Gayfer (1981), who was the editor of *Convergence* at the time, and Hall (1981), this network was comprised of autonomous centers from Africa, Asia, Europe, Latin America, and North America, with an increased interest shown by educators in the Caribbean and Arab regions. *Convergence* provided an update on PAR in a 1981 edition (Vol. 14, No. 3) and continues to publish numerous articles on PAR discourse (Gayfer, 1992).

Although PAR had its origins in Third World countries, Third World countries are not the only countries where PAR methodology is being conducted. By the late 70s, participatory research work was well underway throughout the world. Subsequent projects brought participatory research from the developing countries to urban and rural North America and to various disciplines, including public health, sociology, economics, anthropology, history, community development initiatives, theology, philosophy, and social work (Fals-Borda, 1992; Frideres, 1992; Reimer, 1994; Cornwall & Jewkes, 1995). This awareness increased the realization of knowledge as power, an idea first espoused by Paulo Freire in his major publication *Pedagogy of the Oppressed* (Gayfer, 1992; Frideres, 1992).

The shift of PAR into North America created opportunities to work with traditionally disadvantaged peoples and social movements, such as Latin American immigrants and First Nations Councils (Hall, 1993). PAR has addressed women's issues (Hall, 1981; Maguire, 1987; Gayfer, 1992; Barnsley & Ellis, 1992) as well as the issues of peoples with disabilities (Barnsley & Ellis, 1992). PAR has also served as a tool of the Aboriginal movement in Canada, particularly with concerns surrounding health, social, and economic issues (Jackson et al., 1982).

In Canadian social work, Brant-Castellano (1986) noted its usefulness in resolving the widespread crisis experienced by Aboriginal families and communities in relation to the reform of Aboriginal Child welfare during the early 1980s. According to Brant-Castellano, PAR was initiated because the surrounding society pre-empted the community's right to work out their own solutions respecting family matters and, in attempting to help, compounded their problems (p. 52). With the help of PAR, a healing process began that was initiated by Aboriginal Peoples, and with the determination that their own knowledge would never again be overridden by outside expertise.

Activist researchers in the Tanzanian Bureau of Resource Allocation and Land Use Planning Project are considered, in the literature available, to be the first to use the term "participatory research" (Gayfer, 1992). This term was used to describe an experimental pilot project survey with 46 villages in Tanzania, as part of the self-reliance campaign on village development. Their approach scoffed at the social science research myth of objectivity and neutrality as well as the sanctity of survey methods with a simple principle: "Villagers themselves as active participants in a research plan that would ultimately motivate them to evaluate their own strengths and needs for the development of their villages" (Gayfer, 1992, p. 20). The Tanzanian experience foreshadowed some basic tenets of PAR:

faith in the capacity of ordinary people to learn, to name their reality, to become their own researchers in seeking answers to the questions of their daily lives and survival; the inquiry as a collective and educative process; participation in agenda-setting, data collection and analyses; and control over outcomes (Gayfer, 1992, pp. 20-21).

Defining Participatory Action Research

No one owns PAR nor is a step-by-step "cookbook of recipes" for doing PAR available (Gayfer, 1981; Hall, 1975). Because there are no hard and fast rules respecting how PAR should be implemented, it is a process easily adaptable to many researchers and research situations. Some of the common values underlying PAR, as identified by Hall (cited in Ryan & Robinson, 1990; Cain, 1977, pp. 11-12) include:

- The problem originates in the community itself and the problem is defined, analyzed and solved by the community.

- The ultimate goal of the research is the radical transformation of social reality and the improvement of the lives of the people involved. The beneficiaries of the research are the members of the community itself [rather than researchers].
- Participatory research involves the full and active participation of the community in the entire research process [from beginning to end].
- Participatory research involves a whole range of powerless groups of people: the exploited, the poor, the oppressed, the marginal, [including Aboriginal peoples], etc.
- The process of participatory research can create a greater awareness in the people of their own resources and mobilize them for self-reliant development.
- It is a scientific method of research in that the participation of the community in the research process facilitates a more accurate and authentic analysis of social reality.
- The researcher is a committed participant and learner in the process of research, which can lead to militancy on his/her part, rather than detachment (Ryan & Robinson 1990; Cain, 1977, pp. 11-12).

Many researchers (Hoare, Levy, & Robinson, 1993; Ryan & Robinson, 1990; Simonson & Bushaw, 1993; Readon, Welsh, Kreiswirth, & Forrester, 1993; Lammerick, 1994) have described PAR as being an integrated approach to research that involves the participation of community members. Maguire (1987), in particular, described PAR as an alternative style of research, which uses a three-part process of social investigation, education, and action to share in the creation of social knowledge with oppressed people. In more detail, Maguire described PAR as a method of social investigation of problems, involving the participation of oppressed and ordinary people in problem posing and solving. It is an educational process for the researcher as well as the participants, who analyze the structural causes of named problems through collective discussion and interaction. Maguire recognized that PAR is a way for researchers and oppressed peoples to join in solidarity to take collective action, from both a short and long term basis, toward radical social change. Maguire notes that participatory research aims at three types of change:

- Development of critical consciousness of both researcher and participants,
- improvement in the lives of those involved in the research process, and
- transformation of fundamental societal structures and relationship (Maguire, 1987, p. 29).

Barnsley and Ellis (1992) in their publication *Research for Change: Participatory Action Research for Community Groups*, defined PAR as being a “community directed process of collecting and analyzing information on an issue or situation for the purposes of taking action and making change” (p. 90). A community-directed approach means that community members assist the researcher while at the same time empower themselves in the ongoing investigation of the social reality of their community. PAR helps the participants build local skills and the capacity to increase their community’s autonomy (Maguire, 1987; St. Denis, 1992; Hoare et al., 1993).

PAR is often illustrated in the literature as involving the full and active participation of the community in the entire process from start to finish (Maguire, 1987; Barnsley & Ellis, 1992; Hoare et al., 1993; Simonson & Bushaw, 1993; Lammerick, 1994). Fals-Borda (1992) characterized PAR as “part of social activism, with an ideological and spiritual commitment to promote people’s (collective) praxis. That informally or formally, the life of everybody, as part of the PAR research is a kind of praxis” (p. 15).

Community members have a role to play in setting the agenda of enquiry; they also participate in the data collection and the analysis of documentation generated over the course of the research and more

importantly, participants have more control over the use and outcome of the whole research process. In a nutshell, PAR means doing research “with” rather than “on” people (Maguire, 1987).

At least five fields of practice have made contributions to PAR approaches: Action Research in Organizations, Participatory Research in Community Development, Action Research in Schools, Farmer Participatory Research and Technology Generation, and Participatory Evaluation. According to the literature review of PAR by Deshler and Ewert (1995) PAR has also been used in conjunction with architecture and community planning, landscape ecology design, and environmental and land use planning. The fields of practice that have contributed to PAR are discussed briefly below as an introduction.

Action Research in Organizations is extensively used in the field of organizational behavior and organizational development in industry and business organizations by management embracing human resource theories, specifically associated with the socio-technical systems perspective that has focused on the fit between technical and social systems (Deshler & Ewert, 1995). This tradition has its roots in Latin America and was strongly influenced by concepts such as critical thinking, critical consciousness, conscientization, and empowerment by Paulo Freire in the late 1960s (Deshler & Ewert, 1995). Among the major authors representing this tradition are Brown (1992); Readon et al. (1993); and Whyte (1992).

Participatory Research in Community Development is considered to be a process of combining education, research, and collective action on the part of oppressed groups working with popular educators and community organizers. The knowledge that is generated is intended to help solve practical problems within a community and, ultimately, contribute to a fairer and juster society. Its primary purpose is to encourage the poor and oppressed and those that work with them to generate and control their own knowledge. It assumes that knowledge generates power and that people’s knowledge is central to social change (Deshler & Ewert, 1995). Authors that represent Participatory Research in Community Development include Fals-Borda (1992); Hall (1975, 1981); McCall (1981); Tandon (1981); Brown and Tandon (1983); Maguire (1987); Readon et al. (1993); and Barnsley and Ellis (1992).

Action Research in Schools advocates that teachers should control the educational research agenda and participates in conducting inquiries to test the worth of educational knowledge (Deshler & Ewert, 1995). Some of the authors identified with Action Research in Schools include Simonson and Bishaw (1993) and Husen (1988).

Farmer Participatory Research and Technology Generation is also known as Participatory Technology Development. Mainly agricultural researchers and other instrumental rural development workers developed this approach gradually as an alternative to the traditional “transfer of technology” or “top-down” approach to agricultural research and extension. It emerged from farming systems research and emphasizes the participation of farmers in technology generation, testing, and evaluation to increase or promote sustainable agricultural production and natural resource management (Deshler & Ewert, 1995). Another form within this tradition is Participatory Rural Appraisal, a process that involves villages in a situation analysis that can lead to further participatory documentation of local knowledge and agriculture and natural management experiments. The acknowledgement of the value and importance of Indigenous or local knowledge accompanied the formulation of participatory technology generation (Deshler & Ewert, 1995). Major authors associated with this approach include Schensul (1987) and Cornwall and Jewkes (1995).

Lastly, Participatory Evaluation as described by Deshler and Ewert (1995) emerged out of responses to concerns that program evaluations were being under-utilized and that participation on the part of stakeholders would increase their use. Reflection on the relationship of program evaluation practice as a way of serving the public's interest led to participatory evaluation that could serve democratic ideals of social justice and equity. A similar recognition occurred in the evaluation of international programs of community health, rural development, literacy, agriculture, and natural resource management that involving people who are on the receiving end of development in evaluations is likely to assure the most efficient allocation of scarce resources and early identification of ineffective or wasteful use of those resources. This tradition emphasizes that people on the receiving end are ultimately the best judges of whether or not benefits have been produced. Among the major authors representing this approach are Uphoff (1992) and Reimer (1994).

The Challenges of Participatory Action Research

While participatory methodologies seem to be all the rage these days, many researchers (Hall, 1981; Conchelos & Kassam, 1981; Pigozzi, 1982; Simonson & Bushaw, 1993; Cornwall & Jewkes, 1995) have expounded upon some of the possible negative elements and pitfalls associated with PAR. While conventional research strategies have been identified as being inadequate, researchers (Tandon 1975; Hall, 1981; Conchelos & Kassam, 1981; St. Denis, 1992; Reimer, 1994; Cornwall & Jewkes, 1995) agree that PAR, while preferable, is not a simple alternative.

Some academics, most notably Cornwall and Jewkes (1995), have noted that when engaged in PAR that “working with local people is far from easy” (p. 1673). Some of the factors that make it difficult for researchers to conduct participatory research include the fact that not everyone within the community will want to partake in participatory research. Add to this the fact that local people may be skeptical about the perceived benefits of the research and as such, may not want to invest their time and energy into any research project. In relation to this, Cornwall and Jewkes (1995) noted that community participation often carries more significance for outsiders than it does for those within the community. Even if there is interest by community members in the research project, there may be the added barriers of time as participation in any research related activity is time-consuming. Most individuals, especially those living within oppressed economies, are too busy trying to secure the basic necessities of life to participate in research activities (Cornwall & Jewkes, 1995).

Cornwall and Jewkes (quoting Madan [1987]) reminded researchers that participating communities are “made” rather than “born.” Further, that involvement by the community members may not always be continuous or predictable. Participants can experience task exhaustion and the composition of the research group(s) can fluctuate over time. Researchers must be careful to tread softly between the need to generate sufficient interest for the research project and at the same time avoid raising false hopes within the community. They also suggest that the limitations of the research should be honestly identified at the outset so that the establishment of trust within the community is not compromised. Trust can be compromised if participation leads to frustration for participants if they think benefits might be available through participation but then find that knowledge about benefits in no way translates into or guarantees access to benefits (Pigozzi, 1982). St. Denis (1992) warns that if people do not understand the research being conducted and/or do not have the opportunity to negotiate a direction for the research to take; they will be reluctant to participate in the research. She further postulates that community people are not

academics, and they will not take seriously or get involved in a research project that they do not understand. Even the concept of research as something that can benefit the community, in of itself may be an alien concept to the community (St. Denis, 1992).

Hall (1981) recognized early that there are some dangers for participants under PAR. Hall noted that social science researchers often gravitate toward participatory research as a way to get people to agree to a position, an action, or a policy, which others (e.g. social workers, adult educators, etc.) feel is important to their purposes. These purposes are not necessarily the same purposes of the participants or communities. In this way, PAR can be used as an effective and manipulative “tool” for getting the predominant views of the state into the heart and minds of those that oppose the predominant views (Hall 1981; St. Denis, 1992). A good example of such an approach is the consultation approach the Department of Indian Affairs in Canada endorsed through the much-anticipated revision of the *Indian Act* by Minister Nault’s promotion of the First Nations Governance Act. In such instances, PAR is used as a coercive instrument, which governments can use to subtly brainwash those who resist the dominant position.

Researchers who utilize participatory methods must be very careful to recognize that no two groups of peoples or communities are ever homogenous. Within groups and/or communities, there exists a multitude of interrelated axes of differences, including wealth, gender, age, religion, health, ethnicity, and power (Cornwall & Jewkes, 1995). Researchers, as a result, must be cognizant of competing, contested, and changing versions of what constitutes “community needs” and/or “values.” Added to this is the need to be aware that different definitions will emerge depending upon which interest group is consulted and accordingly to the way in which these groups or communities interpret the researchers’ intentions (Cornwall & Jewkes, 1995).

In utilizing PAR methodologies, researchers can be caught in a catch-22 situation depending upon whom they align themselves with upon initial contact with communities and/or groups. Research has been noted to be more easily facilitated if it is organized through the medium of dominant stakeholders or “leaders,” who are often most able to mobilize resources, interest, and articulate concerns about the research project. However, the problem with utilizing these individuals may mean, “inviting manipulation of the research according to the agendas of the powerful” (Cornwall & Jewkes, 1995, p. 1673). On the other hand, working outside the power structures can weaken both the potential impact of the project at a wider level, as well as invite continued marginalization of the people and goals of the project (Cornwall & Jewkes, 1995).

PAR can also bring other unintended negative consequences to those who participate. Participants may become alienated from their community by virtue of their association with the research project. For instance, heightened awareness by a marginal group of its oppression can increase unhappiness (Cornwall & Jewkes, 1995). In the extreme opposite, participants might come to view themselves as, or align themselves with, the elite. Some projects have resulted in the creation of a participating elite among the local people. That is, participants come to believe that his or her newly gained skills or knowledge somehow make them superior to non-participating members within their communities (Pigozzi, 1982). Pigozzi (1982) noted that in one participatory situation, those participating in the research project “considered non-participants as stupid, at best” (p. 11). Researchers must be conscious of these kinds of attitudes that which, when cultivated under the participatory process, can foster factionalism within a community.

Factionalism sometimes exists irrespective of the introduction of participatory research activities. For instance, Pigozzi (1982) pointed out that within some participatory relationships (especially in Third World countries), there already exist class structures (whether they be real or perceived) which researchers should be aware of. Researchers must be aware of the local constraints that enable class systems to exist. And further, that the participatory process can be affected by such factors as class tensions, factionalism, and ethnicity, which can have a direct impact upon participatory research. In acknowledging that these factors have relevance, researchers might benefit from understanding how these factors might be affected by project activities and vice versa (Pigozzi, 1982, p. 10). To bring home this point, Pigozzi (1982) highlighted a story about rickshaw pullers and how participation contributed to factionalism rather than eradicating unfair structures that previously existed:

Within the cooperative program of the Comilla Project rickshaw pullers were one of the disadvantaged groups. Each puller rented a rickshaw at a high daily rate, which he paid to the owner from his daily earnings. A group of pullers asked help in forming a cooperative. Each contributed a portion of daily earnings to the cooperative so that each member could eventually own a rickshaw. It worked. Within the relatively short period of time, each puller had become his own master through following simple cooperative principles (p. 10).

As successful as this story sounds, Pigozzi states that it failed to capture the negative outcomes that resulted from this participatory endeavor. The rickshaw pullers, becoming themselves owners, ended up repeating the very same exploitative cycle all over again. By hiring out their newly acquired rickshaws at high rates to other pullers less fortunate than themselves, they perpetuated the same exploitative mentality (Pigozzi, 1982, p. 10). Pigozzi (1982) stresses that it is important researchers recognize what participatory research and the education associated with it can do to participants and what its limitations are (p. 11).

There are other parties that have direct involvement in participatory activities. The role of these third parties has remained silent in most of the literature on PAR. However, some scholars (Hall, 1981; Conchelos & Kassam, 1981; Cornwall & Jewkes, 1995) have identified their concerns with the role of third parties in PAR. Third parties can include funding and sponsoring agencies as well as government officials and its bureaucracy. Funders of research projects can play a major part in wielding influence over the research project and process. For instance, Hall (1981) noted influence can be exercised by utilizing funding policies to expand procedures that regulate certain groups within society and he cites two examples such as immigrants and Aboriginal peoples. Intervention and influence are especially predominant in situations where the research is funded by government sources. In such situations, the researcher is rarely given complete discretion to carry out research in the manner he or she sees fit. The third party may intervene in a variety of ways from demanding practical results of a certain sort at a certain time or demand project documentation at awkward moments and points of time during the life of the research project. Thus, the results generated by the research can ultimately run the risk of becoming a programmed product of the third party or sponsoring agency rather than being owned by the researcher and the participants of the research project (Conchelos & Kassam, 1981).

It is important to note that the participatory process has political dimensions attached to it as well. Participation, especially when it is linked to decision-making, is political because change through

participation often demands change in the distribution of power (Pigozzi, 1982). Under such circumstances, Pigozzi (1982) elucidated that,

those who are threatened by a redistribution of power have, in their own best interest, responded in predictable ways. Usually they try to prevent loss of power (or resource control) by making it difficult to operate or continue research or development projects that facilitate the confrontation of power structures by the disadvantaged (p. 12).

Thus, researchers who advocate participatory methods must be cognizant and aware that the response of the rich and/or powerful might not always be one of accommodation to the project, the researcher, or the participants in the project. Again, Pigozzi (1982) cites an extreme example of non-accommodation by the local elite to attempts by the powerless to lessen the gap between the rich and the powerless. In this example, 15 peasant participants were killed when a project-meeting center was burned down. The fire was attributed to a coalition of local elites who allegedly were threatened by the power that the cooperating participants might be able to wield (p. 13). Pigozzi concludes that participatory projects that are political by virtue of their goals may run into difficulties imposed from the outside during implementation. However, Pigozzi also states that participatory projects need not always have such dire effects to be problematic. He states that if participation is supposed to enhance benefits in some way, then the very absence of outcomes and benefits can be considered to be a negative result of participation (p. 13).

It is primarily through the participatory venue that researchers have been provided with insights and views that they ordinarily would not have access to or know about. One of the earliest proponents of PAR, Budd Hall (1981) had this to say about PAR: “It would be an error to assume that naive or uncontrolled use of participatory research results in strengthening the power of the powerless, for experience has shown that power [under PAR methods] can easily accrue in those already in control” (p. 15). As a result, researchers have gained more power for themselves within the academic status quo and this has fed ideological control by giving more power to the institutions that researchers do research for (Hall, 1981, p. 15). Moreover, most academic researchers are ill prepared to do participatory research simply because they have been taught to consider themselves and Western scientific knowledge as superior (Colorado, 1988; Cornwall & Jewkes, 1995). Within this milieu, research is given artificial neutrality. Training instills in researchers notions of “objectivity” and the “purity” of science that numbs them to the political realities of life in the real world of those they conduct research on and/or with (Colorado, 1988; Cornwall & Jewkes, 1995). On the other hand, it has also been highlighted by some academics (Cornwall & Jewkes, 1995) that the participants drawn from local communities, like academics, carry their own biases, prejudices, and beliefs into participatory research. While their local knowledge and connectedness into local networks can enhance communication and commitment, in some contexts it may be inappropriate to engage local people in certain types of participatory research projects. Cornwall and Jewkes (1995) highlighted an example of research being done in Uganda on HIV/AIDS, where it was necessary to employ non-local individuals to collect sensitive data so as not to further stigmatize the local people who had contracted HIV/AIDS (p. 1674). In this project, it was necessary to shelter the privacy of these people from the community members who did not have the HIV/AIDS virus/disease.

Another disadvantage highlighted by Reimer (1994) as to community impressions of PAR, relate to the inherent relationship outside researchers have with local individuals that are hired to assist in the research process. Individuals that are hired under the rubric of “co-researcher” may have ambivalent

feelings about their role in the research process. He or she may know that his or her role encompasses more than just interpreting for the principal researcher. However, to other community members, he or she may not be seen as being a “researcher” simply because he or she has not received the formal education or training to become a “researcher.” As a result, those community members who have not yet had direct participation in the research project will see these individuals as merely “helpers” rather than legitimate “co-researchers.” Reimer (1994) points out that the history of colonialism within the research enterprise and the relationship of research dynamics is impossible to eradicate. Much work remains to be done to “decolonize” and “de-mystify” social science research being done particularly in Aboriginal communities (Reimer, 1994).

Conclusion

This piece has attempted to define PAR and map its origins. It has outlined advantages and disadvantages as identified in the prevailing literature that has evaluated PAR as a primary research method. As highlighted there are benefits coupled with weaknesses in choosing PAR as a method of doing research. PAR attempts to undo the monopoly over knowledge production by universities (Hall, 1999) and within the hands of Aboriginal peoples, in particular, it can be used as a powerful tool among many methods that empower and reflect ways of knowing, being, and doing that are culturally endemic to the diverse Aboriginal societies in Canada. This article merely offers readers and Aboriginal communities as well as researchers an opportunity to choose for themselves whether the advantages as outlined above outweigh the disadvantages or vice versa. While PAR as a research method has been around for close to 35 years, its use in the Aboriginal context of research is still relatively uncultivated. However, there are many research initiatives undertaken by Aboriginal communities and researchers which have since taken advantage of this powerful approach.

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An Interdisciplinary Journal *Honoring the Voices, Perspectives and Knowledges of First Peoples through Research, Critical Analyses, Stories, Standpoints and Media Reviews*

Conversational Method in Indigenous Research

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Abstract

In reflecting upon two qualitative research projects incorporating an Indigenous methodology, this article focuses on the use of the conversational method as a means for gathering knowledge through story. The article first provides a theoretical discussion which illustrates that for the conversational method to be identified as an Indigenous research method it must flow from an Indigenous paradigm. The article then moves to an exploration of the conversational method in action and offers reflections on the significance of researcher-in-relation and the inter-relationship between this method, ethics, and care.

Keywords: conversational method, knowledge transmission, Indigenous research

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Introduction

Indigenous knowledges comprise a specific way of knowing based upon the oral tradition of sharing knowledge. It is akin to what different Indigenous researchers, the world over, identify as storytelling, yarning, talk story, re-storying, re-membering (Absolon & Willett, 2004; Bishop, 1999; Thomas, 2005). In this article, I refer to this same approach as the conversational method. The conversational method is a means of gathering knowledge found within Indigenous research. The conversational method is of significance to Indigenous methodologies because it is a method of gathering knowledge based on oral storytelling tradition congruent with an Indigenous paradigm. It involves dialogic participation that holds a deep purpose of sharing story as a means to assist others. It is relational at its core. In exploring the conversational method, this article first sets the context through a theoretical discussion of Indigenous methodologies as a paradigmatic approach. It then proceeds to a concerted focus on conversation as a method. To highlight the practical application of the conversational method, I offer a commentary on two research projects I have carried out using this method. The article concludes with a reflection on the implications arising from the inter-relationship between method, ethics, and care when using the conversational method.

Why a focus on method? In reflecting upon research methods generally, Wilson (2001) pointed out that there are methods that are “useful from an Indigenous perspective” and some which “are really built on the dominant paradigms, and they are inseparable from them” (p. 177). In making this claim, Wilson’s argument supports the notion that Indigenous methodologies are a paradigmatic approach based upon an Indigenous philosophical positioning or epistemology. Thus, it is not the method, per se, that is the determining characteristic of Indigenous methodologies, but rather the interplay (the relationship) between the method and paradigm and the extent to which the method itself is congruent with an Indigenous worldview. From this perspective, one could argue that the focal discussion of Indigenous methodologies ought to be a deep concentration of worldview or paradigm. As an Indigenous academic situated within a western university setting, I cannot argue the political and pedagogical significance of this point. Yet, locating my professional identity as that of a research instructor in first Social Work then Education, I am often engaged with matters of method. In further reflecting upon the experiential aspect of Indigenous approaches to learning and knowing, I recognize that our doing is intricately related to our knowing. We need only to look to the importance of protocol within Indigenous communities to recognize that it matters how activities (i.e., methods) are carried out. Protocols are a means to ensure that activities are carried out in a manner that reflects community teachings and are done in a good way. The same principle ought to apply to research.

As Indigenous methodologies (and its methods) are relatively recent to western research methodological discourse, presenting ideas herein is meant to contribute to a critically reflective participatory dialogue of what it means to bring old knowledges as Indigenous into places that are new to them as academic research. It is a critically reflective “think piece” inspired by reflections upon my experience with research involving Indigenous research frameworks.

Manu Aluli Meyer (2001) proposed there is an abundance of “10-dollar words” (p. 101) within academia. Given this particular, and oft perilous, situation defining terms can never hurt. This article includes reference to four specific terms: paradigm, ontology, epistemology, and methodology. The term paradigm as used within a research context includes a philosophical belief system or worldview and how

that belief system or worldview influences a particular set of methods. A paradigm is both theory and practice. Ontology is a theory or set of beliefs about the world (Mertens, 2005; Strega, 2005). The term epistemology is defined as knowledge nested within the social relations of knowledge production. It has been a term used by Indigenous researchers to express Indigenous worldview or philosophy (Ermine, 1995; Meyer, 2001; Wilson, 2008). It most closely approximates the term of “self-in-relation” as put forth by Graveline (2000, p. 361). Lincoln and Guba (as cited in Mertens, 2005) described methodology as the process of gathering knowledge by stating that “the methodological question asks, ‘How can the knower go about obtaining the desired knowledge and understandings?’” (p. 8).

Indigenous Methodologies as Paradigmatic Approach to Research

Because Indigenous methodologies are relatively emergent within western qualitative research (Absolon & Willett, 2004; Kovach, 2005), it is useful to explain what exactly is meant by the claim that Indigenous methodologies are a paradigmatic approach. Within a paradigmatic approach to research, the paradigm influences the choice of methods (i.e., why a particular method is chosen), how those methods are employed (i.e., how data is gathered), and how the data will be analyzed and interpreted. As Neuman (2006) reminded us, a paradigm is a basic orientation to theory and thus, impacts method. Within this approach, significant attention is paid to assumptions about knowledge. This is differentiated from a more pragmatic approach (or applied research) which is “not committed to any one system of philosophy and reality” (Creswell, 2003, p.12). In a paradigmatic approach to research, be it Indigenous or otherwise, methods ought to be congruent with the philosophical orientation identified in the research framework to show internal methodological consistency. If a researcher chooses to use an Indigenous methodological framework, the methods chosen should make sense from an Indigenous knowledges perspective.

In clarifying a paradigm itself, discussion of both form and substance are important because they influence each other. In research design, the academic community has adopted an organizational language that gives form/structure to aid in defining knowledge assumptions. Such definitions are commonly expressed through the language of ontology, epistemology, and methodology (Creswell, 2003; Neuman, 2006). The expectation is that a researcher will define the ontology, epistemology, and methodology according to his or her perspective and then clearly articulate that particular positioning (of course, what appears as a straightforward and definitional task gets deep and messy fast).

The organizational form becomes akin to a series of boxes to be filled with labels marked ontology, epistemology, and methodology. Lincoln and Guba (as cited in Denzin & Lincoln, 2003) expanded upon traditional definitions of research paradigms and suggest that a paradigm must include seven considerations: ethics, accommodation, action, control, truth, validity, and voice; boxes within boxes. These categorical definitions further assist the researcher in clarifying, and hopefully making visible, the belief system guiding the research. Metaphorically, I see a paradigm as similar to a nest holding chicks/hatchlings within it. For example, in a research project which incorporates an Indigenous methodology, the paradigm (nest) would be Indigenous knowledges with specific contextual knowledge assumptions emerging from a particular tribal knowledge base. Thompson’s (2008) doctoral research is a case in point. She identified her research as incorporating an Indigenous methodology, as shared among many Indigenous peoples, but based upon the contextual specifics of her Tahltan tradition.

In their writing, Indigenous researchers have, to a certain extent, engaged in conversation on paradigm as form. In articulating the theoretical assumptions of the theory of Tsawalk, which underlies oosumich, a Nuu-chah-nulth research method, Atleo (2004) differentiated knowledge assumptions from knowledge organizing systems. He pointed out that the theory of Tsawalk does not necessarily challenge the organizational form (or language) of paradigm and methodology itself but rather that the theory of Tsawalk holds knowledge assumptions alternative to that found within existing physical sciences (Atleo, 2004). In this sense, he is referencing the substance of a paradigm. In her research on Native health, Stewart (2009) articulated the relational assumption underlying research methodology. She stated that from an Indigenous research perspective the relational is viewed as an aspect of methodology whereas within western constructs the relational is viewed as bias, and thus, outside methodology. As with Atleo, Stewart has not contested the paradigmatic structure per se and is focusing specifically on paradigmatic substance. However, Stewart can be interpreted as having stated that within Indigenous methodologies the categorical units (ontology, epistemology, and methodology) are not simply more elastic but shapeshift to accommodate a worldview outside of western tradition. While certain western research paradigms frown upon the relational because of its potential to bias research, Indigenous methodologies embrace relational assumptions as central to their core epistemologies.

One could argue that Lincoln and Guba's (as cited in Denzin & Lincoln, 2003) seven considerations of a research paradigm (i.e., ethics, accommodation, action, control, truth, validity, and voice) described above, can accommodate the relational assumption of Indigenous research. However, the relational assumption of Indigenous methodologies seeks equal focus to that which connects the parts as much as the parts in and of themselves (whether it is two, four, or eight considerations). It is the oft ephemeral and non-discrete moments that form a lasting inter-relationship of the hatchlings/chicks in the nest that offer knowledge in understanding the chicks themselves, the chicks as a family/community, the nest itself, and the world outside of the nest. For some, this is experienced as the spiritual aspect of Indigenous knowledges. Indigenous scholars (Castellano, 2000; Deloria 2004; Little Bear 2000) have effectively utilized this especially western-influenced knowledge organizing system to bring forward Indigenous worldviews. As a result, Indigenous knowledges have arrived in mainstream post-secondary research contexts. The nuances and complexities of an Indigenous paradigm may not be fully understood (or viewed as legitimate) by all members of the academy, but few would openly contest, at least in public spaces, that an Indigenous paradigm exists.

When using the term paradigmatic approach in relation to Indigenous methodologies, this means that this particular research approach flows from an Indigenous belief system that has at its core a relational understanding and accountability to the world (Steinhauer, 2001; Wilson, 2001). Indigenous epistemologies hold a non-human centric relational philosophy (Deloria, 2004; Ermine, 1995) and while tribal groups hold differing relationships with place, as evident in local protocol and custom (Battiste & McConaghy, 2005), there is a shared belief system among tribal groups (Littlebear, 2000). This distinctive Indigenous paradigmatic orientation is a theory of how knowledge is constructed and as such it guides assumptions about what counts as knowledge (Kirby, Greaves, & Reid, 2006) and offers guidance for research methods. Such methods include sharing knowledge based on oral history and storytelling tradition (Hart, 2002; Henderson, 2000; Smith, 1999) and are collectivist (Deloria, 2004). It assumes that knowledge is transferred through oral history and story (Archibald, 2008) and that knowledge is co-created within the relational dynamic of self-in-relation (Graveline, 1998). The relational dynamic between self, others, and nature are central.

An Indigenous paradigm welcomes a decolonizing perspective. One could (and ought to) argue that a decolonizing theoretical perspective is necessary within Indigenous research given the existing social inequities that Indigenous peoples continue to experience. A decolonizing perspective is significant to Indigenous research because it focuses on Indigenous-settler relationships and seeks to interrogate the powerful social relationships that marginalize Indigenous peoples (Nicoll, 2004). Interrogating the power relationships found within the Indigenous-settler dynamic enables a form of praxis that seeks out Indigenous voice and representation with research that has historically marginalized and silenced Indigenous peoples (Smith, 1999). However, paradigmatically speaking, a decolonizing perspective and Indigenous epistemologies emerge from different paradigms. Decolonizing analysis is born of critical theory found within the transformative paradigm of western tradition (Mertens, 2005). It centres the settler discourse, whereas an Indigenous paradigm centres Indigenous knowledges. While a decolonizing perspective remains necessary and can be included as a theoretical positioning within research, it is not the epistemological centre of an Indigenous methodological approach to research.

An understanding of the relational nuances of an Indigenous paradigm is critical to moving forward with an Indigenous methodological approach. Further, it is central in understanding why the conversational method, which is inherently relational, is congruent with Indigenous methodologies.

The Conversational Method

The conversational method aligns with an Indigenous worldview that honours orality as a means of transmitting knowledge and upholds the relational, which is necessary to maintain a collectivist tradition. Story is a relational process that is accompanied by a particular protocol consistent with tribal knowledge identified as guiding the research (Kovach, 2009; Thompson, 2008). Indigenous scholars within and outside the Canadian context have referenced the use of story, through conversation, as a culturally organic means to gather knowledge within research (Bishop, 1999; Thomas, 2005).

Reflecting upon story as a method within research, Wilson (2001) suggested that story is congruent with the relational dynamic of an Indigenous paradigm. He goes on to say that when you consider the relationship that evolves between sharing story and listening, “it becomes a strong relationship” (p. 178). Thomas (2005) utilized a storytelling methodology in her graduate research on the experiences of individuals who attended Kuper Island Residential School. In reflecting why she chose stories as a method for her research, she reminisced on the stories her grandmothers passed along to her, how these stories shaped Thomas’s core being, and that such stories were “cultural, traditional, educational, spiritual, and political” (p. 240). Thomas goes on to state that storytelling has a holistic nature that provides a means for sharing remembrances that evoke the spiritual, emotional, physical, and mental. In reflecting upon story as a dialogic method that evokes the relational, Maori researcher Russell Bishop (1999) introduced the notion of “collaborative storying” (p. 6), which positions the researcher as a participant. As both parties become engaged in a collaborative process, the relationship builds and deepens as stories are shared.

In a presentation at the Fourth International Congress of Qualitative Inquiry, the University of Illinois, Bessarab (2008) presented on yarning as a method. In her presentation, she shared that yarning is a Noongar term for having a conversation or talk. She goes on to say that there are different forms of yarning which include social yarning, research yarning, collaborative yarning, and therapeutic yarning.

She identified research yarning as that which is directed around a particular area of curiosity with a specific purpose in mind. From a Native Hawaiian perspective, Kahakalua (2004) commented on the flexibility inherent within a conversational method that aligns with the Native Hawaiian epistemology: “Many of these conversations were informal, conversational interviews – what Hawaiians call talk story” (p. 24). Certainly, the conversational method is not unique to Indigenous methodologies. It can be found within narrative inquiry. As Barrett and Stauffer (2009) stated, narrative is viewed as story and is seen as a “mode of knowing” that is involved in knowledge construction and has recently been accepted as a “method of inquiry” (p. 7). Thus, the conversational method is found in western qualitative research. However, when used in an Indigenous framework, a conversational method invokes several distinctive characteristics: a) it is linked to a particular tribal epistemology (or knowledge) and situated within an Indigenous paradigm; b) it is relational; c) it is purposeful (most often involving a decolonizing aim); d) it involves particular protocol as determined by the epistemology and/or place; e) it involves an informality and flexibility; f) it is collaborative and dialogic, and g) it is reflexive. The following two research projects illustrate how these characteristics work in tandem with a conversational method to form an Indigenous approach to research.

Two Research Projects Using the Conversational Method

The remainder of this article focuses on two qualitative research projects that I conducted using a conversational method for gathering data and are situated within an Indigenous research framework. The first study presented (Project One) was completed in 2006; the second study (Project Two) is currently in the data analysis phase. After presenting the studies, I will offer a reflection on implications arising from using this particular method.

(Project One) Searching for arrowheads: An inquiry into approaches to Indigenous research using Plains Cree ways of knowing

Purpose

Project One was completed in 2006. This research explored the challenges facing Indigenous doctoral researchers of engaging Indigenous knowledges in their research methodology. This study explored whether this group was applying cultural knowledge into their research methodology and if they felt that there was a distinctive methodological approach that could be described as Indigenous. This study sought further clarity into the characteristics of Indigenous methodologies, including choice of method congruent with an Indigenous paradigm.

Research question

To prompt conversation on this topic there were three main research questions posed: a) How do Indigenous researchers understand cultural aspects of Indigenous research; b) how do Indigenous researchers incorporate cultural knowledges into their research methodology; and c) what are the challenges that Indigenous researchers face in integrating Indigenous ways of knowing within western research methodologies?

Sampling and participants

Criterion sampling was used. Criteria included Indigenous individuals who have carried out research at a doctoral level within the fields of Education and Social Work, representation of participants

who conducted human subject research for their doctoral studies, and representation of participants who had recent graduate school experience. The participants in the sample included three in-progress Ph.D. candidates, one participant just prior to defense, and two participants who completed their studies. Four participants were of Cree ancestry, one was Anishnaabe, and one was Maori. Three participants were in the field of Education and three were in the field of Social Work. Three were men and three were women. With this sample, all participants were given the choice to waive confidentiality and all did.

Methodology

The methodology for this study was a mixed qualitative approach that utilized an Indigenous methodology based upon Plains Cree epistemology for gathering knowledge and interpretation and a non-Indigenous approach of thematic analysis for organizing data. It incorporated a decolonizing theoretical lens. A conversational method, congruent with Plains Cree epistemology, was utilized. The conversational method employed is best described as a dialogic approach to gathering knowledge that is built upon an Indigenous relational tradition. It utilized open-ended and semi-structured interview questions to prompt conversation where participant and researcher co-created knowledge. It was the symbiotic relationship between the Indigenous epistemology, method, and interpretation that qualifies it as an Indigenous methodology (Kovach, 2009). Congruent with Plains Cree tribal epistemology, relational accountability, and respect for local protocol, this method involved a small gift and tobacco to show acknowledgement of the relationship and respect for the insights being offered. This signified a commitment by the researcher that the research will be used purposefully (Kovach, 2009).

Findings

Findings were presented in two forms. First, the findings were presented as condensed stories which provided context and voice of the participants. To make meaning, each condensed story was followed by a reflective narrative by the researcher indicating key teachings received from the conversations and stories. Secondly, through a qualitative coding process, the findings were thematically analyzed. Though different processes were employed, the reflective narrative and the thematic grouping emerged with similar findings. The study found that an Indigenous methodology includes evidence of a tribal epistemology, integration of a decolonizing aim, acknowledgement of preparations necessary for research, space for self-location, a clear understanding of purposefulness and motivation of the research, guardianship of sacred knowledges, adherence to tribal ethics and protocol, use of Indigenous methods (as conversation and story), and giving back (Kovach, 2006).

(Project Two) A pilot study of support required by non-Indigenous faculty to integrate and enhance Indigenous knowledges within course content at the College of Education, University of Saskatchewan

Purpose

Project Two is currently active. Recent provincial curricular reform in Saskatchewan is moving toward the integration of an Indigenous perspective throughout kindergarten to grade-12 (K-12) and has recently integrated mandatory Treaty education throughout the K-12 curriculum (Saskatchewan Ministry of Education, 2009). In part, this move is a means to improve high school completion rates among Indigenous students, a concern that has been documented in the literature (Kanu, 2005, Wotherspoon, 2006). Research shows that a pedagogical approach toward integrating Indigenous perspectives that is

beneficial to Indigenous students in the K-12 school system requires an anti-racist and decolonizing knowledge of Indigenous worldviews, community, and cultural norms (St. Denis & Schick, 2005; Weenie, 2008). Given the move toward mandatory integration of Indigenous perspectives, as in Saskatchewan, it is anticipated that post-secondary teacher education programs will have the responsibility of preparing teacher candidates to competently integrate Indigenous perspectives into their teaching practice. Through their instructional choices and actions, teacher educators powerfully influence the extent to which teacher candidates' teaching practices uphold Indigenous culture and work to decolonize. Adequately preparing teacher candidates to confidently integrate Indigenous perspectives in their teaching is dependent upon the Indigenous academic community and the involvement of the non-Indigenous faculty. This cannot be done solely by Indigenous post-secondary education faculty nor should this group own the full responsibility for this task. Without the involvement of non-Indigenous faculty, many of whom teach core courses in pre-service teacher training programs, movement forward will be stymied.

Research question

This research question asked non-Indigenous faculty within the College of Education, University of Saskatchewan, the following questions: a) how did they understand Indigenous knowledges and support of Indigenous knowledges; b) how did they see themselves as being a facilitator and/or support to Indigenous students and non-Indigenous students who wish to explore Indigenous knowledges in course work; c) what supports, materials, and resources did they find useful, as faculty, in nourishing Indigenous knowledges in their classrooms; d) what did they require from Indigenous faculty, non-Indigenous faculty, and administration; and e) what did they see as personal and systemic challenges to integrating Indigenous knowledges into course content?

Sampling and participants

Criterion sampling was used. Participants were selected with the goal of seeking a participant sample from the College of Education, University of Saskatchewan, with representation from faculty who currently instruct undergraduate and/or graduate courses. Because the study was asking for specific insight into non-Indigenous faculty experience, this particular group was the focus. Prospective participants were recruited through a letter of invitation from the researcher, inviting participation in the research. The letter of invitation was circulated by email to faculty members through a College listserve. In the research design, the goal was to have four-to-six participants in the study. However, the response was double and in the spirit of inclusivity, all participants who wished to participate were involved. Eleven faculty members participated in the study.

Methodology

As with Project One, this research design is based upon a mixed qualitative method approach including Indigenous methodology (Wilson, 2001), born of place, based on a Plains Cree worldview (Kovach, 2009) for gathering and interpreting data and grounded theory for data organization. As with Project One, a conversational method congruent with an Indigenous paradigm was used. This project incorporated a bi-cultural theoretical perspective for interpreting and making meaning of the participant stories. This included a decolonizing theoretical lens to analyze the power dynamic inherent in the research curiosity. In conjunction, an Indigenous relational theoretical approach was used to offer a relational analysis given that the research curiosity has as a focus on western culture's relational intersection with Indigeneity.

Preliminary findings

This project is at the data analysis phase with preliminary findings suggesting several intersecting relational aspects (self, colleagues, content, students, institution, and community) influencing the integration and enhancement of Indigenous knowledges into the core curriculum. The goal of this research is to provide insight on this research question from this group, then to develop recommendations of how to support non-Indigenous faculty in enhancing and integrating Indigenous knowledges in the core curriculum in a way that works to decolonize.

Discussion

In reflecting upon the use of the conversational method within an Indigenous methodological approach for the above research projects, it is helpful to identify several similarities and differences between the two projects. Identifying the similarities of each is useful in illustrating how a conversational method used within an Indigenous paradigm can adapt to the beliefs and values of that particular paradigm. By articulating the differences of the conversational method in two unique contexts, one can see the flexibility of this method in accommodating the particulars of any given research project.

A consistent similarity in both projects was the rationale of using a conversational method because it served a belief about knowledge as a “self-in-relation” (Graveline, 2000, p. 361) process. This included an Indigenous holistic sensibility about what self-in-relation means. Using a conversational method within a focus group, Lavellee (2009) offered an interpretation of a holistic approach, “In a research setting, although both the focus group and the sharing circle are concerned with gaining knowledge through discussion, the principles behind a sharing circle are quite different. Circles are acts of sharing all aspects of the individual. . .” (p. 29). In preparing for both interviews and inviting participants, all participants were from a larger Indigenous academic community to which I belonged. I had either met or had already known the individuals that I interviewed and would continue to have collegial relationships with the participants engendering a clear sense of “relational accountability” (Wilson, 2008, p. 97). Dialogue was an effective method to co-create knowledge in the relational context of a conversation. Engaging in conversation with individuals who knew me and whom I knew created a certain level of trust and reciprocity within the dialogue. The majority of participants had a sense of me as a researcher, including my perspective on colonialism and its impact on Indigenous peoples. While there were semi-structured questions developed to guide and prompt questions, there was flexibility for both the participants and researcher to participate in the form of a dialogue. It was, as Bessarab (2008) stated, a form of yarning. In both projects, there was room for the research participants to tell their story on their own terms (Thomas, 2005). Interspersed as the researcher, I also shared my story. At times, this meant that the conversation veered away from the prompt questions. In both instances, participants had opportunities to approve transcripts and remove or revise any information they did not feel comfortable including in the transcript. Because the methodologies in both projects were grounded in Plains Cree knowledge, the protocol of gifting was in place to acknowledge the teachings that were shared. It also signified a relationship of responsibility on part of both the researcher and participants. Other similarities also existed in both projects. Both groups of participants in the two different projects were part of the academic community and both groups of participants chose the sites and times for interviews. In each context, the conversational method, congruent with an Indigenous paradigm, honoured core Indigenous research values of respect, relevancy, reciprocity, and responsibility.

While the two projects shared similarities, there were a couple of contrasts that are worth mentioning as they impacted decisions about analysis. For Project One, the research participants were all Indigenous, whereas, in Project Two, all of the participants were non-Indigenous. While both groups belonged to the academic community, the participants in Project One were members of the larger Indigenous academic community with only two out of six participants employed by the same university at the time of the interview. In Project Two, all of the participants were faculty members of the same College of Education in one university. In Project One, participants were given the option of waiving confidentiality, of which all did. In Project Two, confidentiality was maintained. In Project One, the research participants' stories were presented in two ways. The first was through providing a condensed presentation of the participants' stories followed by reflective analysis by the researcher. This provided for a more Indigenous contextual presentation of knowledge. Given that the research was inquiring into the nature of Indigenous knowledge, and given that Indigenous knowledge is "personal and particular" (Battiste & Henderson, 2000, p. 36), a contextual presentation of findings was appropriate. Secondly, the knowledge gathered in Project One was thematically grouped. This allowed for a succinct (though non-contextual) analysis of findings. In Project Two, the knowledge gathered through the conversational method was solely thematically grouped using grounded theory. A reason for using grounded theory was to build a theory on infusing Indigenous knowledges into western core academic curriculum. A further reason for this approach was to aggregate the data as a means of ensuring all identifying information was removed.

In considering the similarities and differences of each project using the same data gathering method, I would like to reflect on some insights I gained along the way. This is presented in less of an academic analysis and more along the lines of "signposts on the research journey," as it relates to employing a conversational method congruent with an Indigenous paradigm.

The use of a conversational method within an Indigenous research framework has several implications for the researcher-in-relation. For the conversational method, the relational factor – that I knew the participants and they knew me – was significant. In each case, I had known or met the participants prior to the research. With this method, the researcher must have a certain amount of credibility and trustworthiness for people to participate in the research. With more trust, there is the likelihood of deeper conversations and consequently, the potential for richer insights to the research question. The conversations were dialogic, relational, and reflective. As a result, I found that I had to work to be an active listener. As an active listener and participant in the research, the process felt less extractive and one-sided (even with the general rule that research is inevitably an extractive process). Because I was a co-participant, my own self-knowledge deepened with each conversation. After the conversations, in reading through the transcripts and post-conversation notes, I was able to identify areas that were of concern to me which I was not fully cognizant of prior to the research. The conversation itself helped to deepen my relationships with the research participants who also comprised my collegial community. In all cases, participants shared stories from their lives resulting in a highly contextualized and powerful source of knowledge. In receiving the gift of story, I was ever mindful of the responsibility inherent in research and the reciprocity it entails.

In reflecting upon the conversational method, there is a direct inter-relationship between this form of method, ethics, and care. With respect to research conducted in an Indigenous community, there

are specific ethical guidelines that include, but are not limited to: a mutually respectful research relationship; that the research benefit the community; that appropriate permission and informed consent is sought; that the research is non-exploitive and non-extractive; and that there is respect for community ethics and protocol. As a means to ensure ethical conduct in research involving Indigenous communities, there have been several guideline documents developed. Such guidelines include the Canadian Institute of Health Research (2007) *Guideline for Health Research Involving Aboriginal Peoples*; the principles of Ownership, Control, Access, and Possession that are applied to research in Aboriginal communities (Schnarch, 2004); and the *Draft 2nd Edition of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* (Chapter 9) (Interagency Advisory Panel on Research Ethics & Interagency Secretariat on Research Ethics, 2009). These provisions offer guidelines to ensure respect, reciprocity, and transparency for all aspects of a research project. Method is one aspect of the research that carries with it its own ethical considerations.

In reflecting on the conversation as a method, Haig Brown (1995) made this important point: “Perhaps because it is only rarely that people have the full attention of another adult human being; the interviews often became very intimate This sense of intimacy may lead the study participant to take some risks” (p. 30). In concluding this article, I offer several reflections on the ethics of using a conversational method in research. Some may apply to some research contexts and not others, but I believe they are important considerations particularly for research in areas as social work, health, and education. Preparation for the research is important when using the conversational method. Within Indigenous methodologies, the preparation may take many forms including western traditional preparation of research that includes a review of the literature, decisions about design, and so forth. However, within Indigenous methodologies, preparation also includes interpersonal and relational preparation (e.g., participation in ceremonies, visiting the community, etc.). In using a conversational method, that is inherently relational, the preparation is critical to preparing the researcher and prospective participants. Reciprocity, so integral to Indigenous methodologies, begins at the preparation phase (not completion) and it is here where there can be discussions of how the research (and researcher) will give back to the community.

Preparation is particularly important when the research involves sensitive inquiries, such as child abuse or family violence studies. Individuals may become emotionally triggered. If it is indeed a sensitive topic, the researcher needs to be aware of the supports in the community and how to support research participants if the need arises. In both Project One and Project Two, the topic did not elicit strong deep-seated emotional responses, but this method (particularly if there is a level of trust) has the potential to evoke strong emotions. In situations where the topic is sensitive, a pre-research discussion could help to prepare research participants. It is also a good opportunity to review consent forms. If emotions do arise in the research, the researcher needs to be prepared to respond accordingly. This may mean turning off the audio-tape, sitting with the participant, and being knowledgeable of support services in the community to suggest to the participant. Again, depending upon the research context, it is important to be knowledgeable about professional codes around disclosure of child abuse and neglect and to inform participants if it might be an issue.

In addition to supporting others, it is important to bear in mind that as the researcher you may be triggered. Self-care is important, which means taking the time needed between interviews and having

one's own support system in place. Research with Indigenous peoples is holistic for both researcher and participant: One respects self and others by being prepared. This was important for me in both Project One and Project Two. Because each project dealt with colonialism, I often had to have quiet time by myself between interviews to process the feelings that emerged for me as a result of the discussion. The conversational method evokes stories, our own and others. As Lynne Davis (2004) stated, "Stories cement together generations of collective memory, embodying the historical, spiritual, social, and spatial" (p. 3). Stories have the power to holistically engage. Allowing time to process stories is a way of respecting self and others. It is respectful and ethical. It was important to have general support systems in place while conducting research; this is a part of preparation and care.

Prior to concluding this article, I would like to add a brief note about analysis. The conversational method (whether it is in one-to-one discussions or research circles) has the means to generate highly contextualized stories. In using a conversational method that is guided by an Indigenous paradigmatic approach, I struggle in decontextualizing and fragmenting the data. However, in situations where confidentiality is not waived, it can be difficult to present highly contextual data while maintaining confidentiality. Further, to thematically group stories works to fragment data. In this process, the researcher maintains the power in determining the analysis, whereas in presenting a story as data the research participant's story is intact and speaks for itself. Within Indigenous methodologies, the organization of data for purposes of analysis requires ongoing conversation.

In concluding this article, my final thought references back to the inter-relationship between paradigm and method. If the conversational method is to serve an Indigenous methodology (or Indigenous research framework), that has at its core an Indigenous paradigm, then the researcher needs to consistently reflect back upon the inter-relationship between the philosophical values of an Indigenous paradigm and the method being used. So long as both paradigm and method are front-and-centre (and congruent), the researcher will be effective in serving the research and the research community, which includes Indigenous peoples.

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An Interdisciplinary Journal *Honoring the Voices, Perspectives and Knowledges of First Peoples through Research, Critical Analyses, Stories, Standpoints and Media Reviews*

The Occasional Evil of Angels: Learning From the Experiences of Aboriginal Peoples and Social Work

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Abstract

This paper explores how the propensity of social workers to make a direct and unmitigated connection between good intentions, rational thought, and good outcomes form a white noise barrier that substantially interferes with our ability to see negative outcomes resulting directly or indirectly from our works. The paper begins with outlining the harm experienced by Aboriginal children before moving to explore how two fundamental philosophies that pervade social service practice impact Aboriginal children: 1) an assumption of pious motivation and effect and 2) a desire to improve others. Finally, the paper explores why binding reconciliation and child welfare is a necessary first step toward developing social work services that better support Aboriginal children and families.

Keywords: social work, residential schools, child welfare, Jordan's Principle, Touchstones of Hope

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What's the Harm?

Herwitz (2003) argued the first step in reconciliation is to understand the harm in a way that cannot be rationalized or abided. This is a fundamental first step for social work. We must learn from our professional past in order to avoid replicating past mistakes with Aboriginal peoples and other groups. Elder Wilma Guss (2004) suggested that those who did the harm do not have the right to define it or define the solutions to redress it – the definition of harm and the solutions to the harm are the first property of those who experienced it. The following historical summary of the harms is provided to contextualize a later discussion of possible factors eroding effective and respectful social work with Aboriginal peoples.

Aboriginal peoples have lived on the lands now known as Canada for thousands of years (Muckle, 1999). These diverse and complex societies embrace different linguistic, cultural, political, and spiritual systems which reflected their distinct ecological settings. Despite their diversity, Aboriginal peoples share a common belief in the interdependence of all living, spiritual, and physical forms; a preference for communal rights; and high regard for knowledge handed down in a sacred trust from one generation to another (Auger, 2001). These beliefs influenced all ways of knowing and being, including systems for caring and educating children and youth (Auger, 2001; Sinclair, Bala, Lilles, & Blackstock, 2004). No society was ever without its challenges and each community had laws and responses to help children who were receiving inadequate care. These responses included placement of the child with other community members, conflict resolution, and redistribution of community resources to ensure parents had what they needed to care for their children (Blackstock, 2003). Unlike today's social work practice, placement outside of the home never resulted in a complete severance of parental responsibilities to the child – parental roles were simply redefined so that the parent could safely and properly support their child to the degree they were able (Auger, 2001). To my knowledge, no Aboriginal language in Canada has a word for child removal or apprehension as we understand it in contemporary child welfare law.

Aboriginal concepts and systems of care sustained generations of Aboriginal children until the arrival of the British and French on the Eastern shores in the late 1400s and early 1500s. At the time, both colonial powers were feudal monarchies interested in expanding their respective empires with limited compromise or respect for the “savages” who lived on the new lands (Royal Commission on Aboriginal Peoples [RCAP], 1996). Although the earliest of contact was described as mutually beneficial as Europeans traded survival information and trade access for goods, it soon changed as European motivations shifted to settlement and resource extraction. Colonial powers initiated efforts to eradicate the Indians² through the intentional introduction of diseases such as smallpox and tuberculosis, removal of Indians from their traditional lands, imposition of restrictions of Indian movements, reckless harvesting of natural resources and, upon confederation, the regulation of Indians and lands reserved for Indians by the federal government's *Indian Act* (RCAP, 1996).

Deaths from disease, starvation, and willful murder related to colonization resulted in the complete eradication of some Indian communities such as the Beothuck of Newfoundland and an overall 80% (approx. 400,000) reduction in the Indian population from the time of contact until 1871 (RCAP,

² The term “Indian” used in this article is used to describe Aboriginal peoples who are defined as Indian pursuant to the *Indian Act*.

1996). This loss of life was most significantly experienced by Aboriginal children who, along with being the most vulnerable to death by disease, also experienced the profound grief and loss associated with losing so many members of their family and community.

This harm was compounded by Canada's introduction of compulsory attendance at residential schools designed to assimilate Indian children and thereby eliminate what senior government officials termed "the Indian problem."³ These schools, run by Christian churches and funded by the federal government operated from the time of Confederation until 1996 when the last one closed in Saskatchewan (Department of Indian and Northern Affairs Canada, 2003). The *Indian Act* authorized Indian Agents to remove every Indian child aged 5-15 years from their parent's care and place them in, often distant, residential schools. The schools themselves were poorly constructed using the cheapest possible material and workmanship and thus they were prolific incubators for the spread of tuberculosis and smallpox. In fact, Duncan Campbell Scott, Superintendent of Indian Affairs for the first three decades of the 20th century estimated that up to 50% of Indian children died in the schools from disease or maltreatment (Milloy, 1999). The federal government was advised of the problem by Dr. P. H. Bryce, Indian Affairs Medical Officer, as early as 1907 but their efforts to rectify it were inadequate and lacked any sustained effort. In fact, the lack of government action motivated Bryce to publish his findings in magazines and newspapers hoping that the public would become enraged and force the government into positive action. Sadly, despite Bryce's best efforts, the reports were met with silence and had little effect on government policy and practice (Milloy, 1999). This inaction prompted Queens Council S. H. Blake to note a year later that "in that the government fails to obviate the preventable causes of death it brings itself in unpleasant nearness to manslaughter" (Milloy, 1999, p.77).

There was child maltreatment as well. Throughout the history of residential schools, dating back as early as 1896, Indian Agents and others were advising the federal government of life-threatening incidents of physical abuse, emotional abuse, neglect, and servitude (RCAP, 1996; Milloy, 1999). Even after several deaths were reported due to child maltreatment, the federal government and the churches failed to implement measures necessary to protect Indian children (Milloy, 1999). Residential schools began closing in the mid-1940s with the last federally run school finally closing its doors in 1996.

There is very little evidence that the voluntary sector, including human rights groups, did anything significant to disrupt residential schools or the colonial policies of government overall (Blackstock, 2009). Even though children's aids societies were operating in Ontario since the early 1900s (Sealander, 2003) and thus logically must have been aware of Bryce's frequent public statements about the preventable deaths of children in the schools – there is no record of children's aid ever intervening. Even as reports of abuse and neglect at the schools mounted across the country, I know of no records suggesting children's aid organizations took note of the reports or did anything meaningful to intervene. A joint submission to the Senate and House of Commons in 1946, the Canadian Association of Social Workers (CASW), and the Canadian Welfare Council (CWC) indicates that social workers were well aware of the residential schools (Special Joint Committee of the Senate and House of Commons, 1946). The CASW and CWC joint submission suggested that Aboriginal peoples should be assimilated into Canadian

³ Duncan Campbell Scott, Superintendent of Indian Affairs for the first three decades of the 20th Century.

society and although shortcomings with the residential schools were noted, the CASW and CWC stated that “we feel they [residential schools] have a place in a well-rounded system of Indian education, particularly in so far as they meet special needs” (Special Joint Committee of the Senate and House of Commons, 1946, p. 158). Even if one argued that the CASW and CWC did not, for some reason, know about the prolific and preventable deaths from tuberculosis and other factors at the time of their testimony, it was clearly outlined in other parts of the report where their own evidence is reproduced and yet there is no evidence that CASW or CWC took up any meaningful campaigns to address the problems.

To be fair, CASW and CWC did successfully advocate with the federal government to ensure child welfare services were provided to Indian children on reserves⁴ but this advocacy was not accompanied by a persistent campaign to close the residential schools themselves. In fact, social workers were active participants in the placement of Aboriginal children in the residential schools as late as the 1960s (Caldwell, 1967; RCAP, 1996).

The professional oversight bodies did not effectively monitor the quality of child welfare services mainstream social workers began providing on reserves. This lack of invigilation, accompanied by a systemic ignorance of the impacts of colonization often resulted in the mass removals of Aboriginal children and their placement in non-Aboriginal homes – often permanently (Caldwell, 1967). This pattern of mass removals became known as the “60’s scoop.” It was not unusual for so many children to be removed that a bus would be hired by child welfare workers to transport them out of the reserve (Union of British Columbia Indian Chiefs, 2002).

Upon completing his investigation into the impacts of 60’s scoop practice on Aboriginal communities in Manitoba, Judge Edwin Kimmelman said these mass removals amounted to “cultural genocide” (Balfour, 2004). Some provinces and territories responded to Kimmelman’s concerns by setting temporary moratoriums on the adoptions of Aboriginal children in non-Aboriginal homes but little was done to redress the poverty, social exclusion, and impacts of colonization that resulted in these children being removed from their families in the first place.

In the early 1980s, the federal government began to respond to First Nations demands to operate their own child welfare programs to stem the tide of children leaving the community. These programs, known as First Nations child and family service agencies, operate pursuant to provincial legislation and are funded by the federal government (MacDonald & Ladd, 2000). Although the agencies have made substantial gains in ensuring that services are culturally based and children are given the best chance to stay in their communities, they express concern regarding inequitable funding, and the imposition of provincial legislation and standards that have substantially failed Aboriginal children (Blackstock, 2003). A national policy review conducted in 2000 confirmed First Nations concerns that the current funding structure from the federal government does not provide sufficient resources for children to stay safely in their homes – although there is no funding cap on resources for children removed from their homes (MacDonald & Ladd, 2000). A more recent and detailed analysis found that the funding inequality is in the order of 109 per annum (Loxley et al., 2005; Auditor General of Canada, 2009). This means that at home child maltreatment prevention services, which are broadly available to other Canadian children, are

⁴ Lands set aside by the Crown for the use of Indians pursuant to the *Indian Act*.

not provided to First Nations children on-reserve resulting in an astronomical over-representation of Status Indian⁵ children in care (Blackstock, 2009). Child in care data from three provinces indicates that 0.67% of non-Aboriginal children were in child welfare care as of May 2005 as compared to 10.23% of Status Indian children. Overall, Status Indian children were 15 times more likely to be placed in child welfare care than non-Aboriginal children (Blackstock, Prakash, Loxley, & Wien, 2005).

As *Maclean's* magazine (2004) noted,

the numbers of Status Indians taken into care has jumped by 71.5% between 1995-2001 – something experts put down to the general level of poverty and relative under funding of First Nations child welfare agencies – the situation can only fuel racial inequality and discord. In a verdict shared by adoption advocates across the country, ACC [Adoption Council of Canada] chair Sandra Scarth calls the overall situation “appalling” (Ferguson, 2004, para. 6).

By 2007, the federal government had done little to redress the drastic funding shortfalls prompting the Assembly of First Nations and the First Nations Child and Family Caring Society of Canada to file a complaint with the Canadian Human Rights Commission alleging that the federal government's conscious underfunding of child welfare amounted to racial discrimination within the meaning of the *Canadian Human Rights Act*. The federal government has not actively disputed the central claim that child welfare funding is inequitable and yet has pursued a plethora of technical objections in an apparent effort to derail or delay the hearing of this important case on its merits (Blackstock, 2009). Although this case was broadly covered in the Canadian press and the engagement of social workers is growing, there has been only modest support from non-Aboriginal social work organizations.

Responding to the Harm: The Search for Social Work

One would think that responding to the needs of First Nations children and families would be a national priority for social work – the reality is that they still are not. Whilst social work authorities, academics, and professional bodies acknowledge the over-representation of Aboriginal children, they typically devote very limited financial resources or sustained effort to redress it. For example, in 2004 a provincial child welfare authority allocated only 20% of its family support budget to Aboriginal families despite the fact that Aboriginal children composed over 80% of all children in care (Flette, 2005). Another province only placed 2.5% of Aboriginal children in care with culturally matched homes despite a statutory obligation to do so (British Columbia Children's Commission, 1998). Additionally, although several non-Aboriginal social work regional and national umbrella organizations will identify Aboriginal children as an organizational priority, an examination of programs, budgets, and outcomes rarely reflect any significant and sustained focus that is proportionate to the scope of the problem. From a research perspective, investment in national Aboriginal child welfare research is modest, representing approximately \$350 thousand in 2004 whereas the cost of keeping Status Indian children on reserve in care cost the federal government over \$300 million. By 2009, the reality was even bleaker with an approximate investment of \$100 thousand nationally whilst the child welfare expenditures for First Nations children on reserves had grown to well over \$400 million due to rising rates of children in care.

⁵ The term “Status Indian” refers to a person who is registered or is entitled to be registered pursuant to the *Indian Act*.

There are, of course, promising exceptions where social workers and social work organizations have meaningfully worked with First Nations to redress the over-representation of children in care but these continue to remain the exception. These positive examples need to be recognized and supported – but they should spur us on to further progressive action and not reinforce a professional slumber.

Despite the indications that social work requires courageous invigilation of its impacts on Aboriginal families, mainstream social work largely considers itself to have taken the steps necessary to insulate itself from its egregious actions of the past. We talk about the residential school and 60's scoop eras as if they were safely packed away to ensure they do not shape current practice. But is this true? Have we as social workers really learned from our past mistakes?

The following sections explore how professional notions of improvement, professional piety, mandates and borders, knowledge, and culturally appropriate services may have contributed to social work's largely poor history with Aboriginal peoples in Canada. This list is not exhaustive and is meant to inspire broad-based conversation to promote professional learning.

Both Sides of Improvement

The notion of improving other people is endemic to social work. It is both a source of moral nobility and trepidation. It implies an ability to define accurately another's deficit, to locate its importance in his/her life and assumes the efficacy of external motivations and sensibilities to change. As interventions with Aboriginal children by non-Aboriginal helping professionals testify, it is a delicate balance between freedom and dignity of individuals and societies at one end and cultural arrogance and oppression on the other.

Research suggests that social workers should avoid drumming up solutions to “Aboriginal issues” by themselves and instead invest in a relationship where the right of Aboriginal peoples to make the best decisions affecting them is affirmed and supported. The wisdom of this approach is documented in research by Chandler and Lalonde (1998) who found that although First Nations children in British Columbia have one of the highest suicide rates in the world, more than 90% of the suicides occurred in 10% of the First Nations communities. In fact, some First Nations reported a zero percent suicide rate over the 13 years prior to the study. Chandler and Lalonde (1998) wanted to know what differences between communities that could account for such wide variation in suicide. Findings indicate that First Nations communities with a low suicide rate or no suicide rate had substantial community-based decision making as represented in community-based service such as child welfare, health, education, and fire and police services. Moreover, women in government and advanced stages of self-government were also factors. The work of Cornell and Kalt (1992) compliments Chandler and Lalonde's findings in that they found that communities with sustained socio-economic development also had highly developed community decision making authorities. They argued that effective capacity building falls after decision making has passed to Aboriginal peoples. This finding challenges the assumption that Aboriginal peoples must build capacity to have decision-making capacity passed to them.

As Chandler and Lalonde (1998) observed, in many cases Aboriginal communities already have systems in place that prevent youth suicide that are so effective youth suicide rates are substantially lower than in non-Aboriginal communities. What is needed is to ensure that other Aboriginal communities have access to the information and resources needed to implement their own solutions.

This does not mean that non-Aboriginal social service providers get to walk away. As many Elders have said, “we did not get here alone and we are not leaving alone.” It does mean shifting the philosophy of our current social work practice away from one of solution holder and service deliverer to one where Aboriginal peoples make the best decisions for themselves. Non-Aboriginal peoples must play a critical and active role in making space for those decisions and ensuring adequate resources are available to implement them.

As the following section argues, it will also require a critical analysis of other factors influencing the profession such as the assumption of pious motivation and effect.

Understanding the Occasional Evil of Angels

The assumption of piety in social work blinds us from considering the need for anything along the lines of a Hippocratic Oath. The concept that we can do harm or even do evil rarely appears on the optical radar screen of professional training, legislation, or practice in anything other than a tangential way through procedural mechanisms such as codes of ethics. This is particularly true for those of us who work with children – believing that those who want to do good, trained to do good – could do harm to children is astonishing and upsets our sensibility of the world. Talking about it even seems too much as it breathes life into its possibility so often we are silent.

On the rare occasions when there are discussions of harm in social work, and helping professions more broadly, they are predominated by inaccurate assumptions that incidents of harm will be obvious, that it is done by others, social workers will act out against it, and when it does occur we will learn from it. It also wrongly assumes incidents are singular rather than systemic and that codes of ethics, professional training and standards, and anti-oppressive social work paradigms prevent its insurgence and persistence.

When evidence surfaces that harm did arise directly from the actions or inactions of social work or other helping professions we often default to rationalizing the occurrence as exceptional, using one of these predominant arguments: 1) they acted based on the sensibilities of the day – we know better now; 2) they did not know about the harm; 3) it was outside of their mandate, and; 4) if the harm is so appalling that it cannot be rationalized as coming from a place of good intentions, they were immoral or bad individuals who are exceptions to the group. We have also developed systemic approaches such as the emphasis on culturally appropriate services that whilst holding great promise for supporting Aboriginal families – have also been misused as a means of limiting critical systemic analysis and professional action. This section deconstructs these rationalizations to try to understand why social workers, and others, have demonstrated very limited, if any, sustained activism against the multiple harms experienced by Aboriginal children.

Sensibilities of the day

Some rationalize the lack of social work efforts to stop residential schools by noting that child abuse just recently surfaced on the societal radar screen as a problem deserving attention. The argument goes that “we had different standards back then – no one talked about child abuse” and thus it went unnoticed. But as John Milloy (1999) noted, the reports of child abuse at residential schools were made by people of the period who, given the sensibilities of those times, found the treatment of these children

unacceptable. And yet, despite having received the reports, government officials typically did little to stop the abuse, and in some cases deaths of children.

Today we have a significant evidence base to suggest that Aboriginal children and young people face pervasive risk in a way not experienced by other Canadians and yet our professional response has been lukewarm (Blackstock, Clarke, Cullen, D'Hondt, & Formsma, 2004; Blackstock, 2009). We are now the people of the period who should find such disproportionate risk unacceptable – but our professional actions are not, in my view, in keeping with the crisis before us. It is as if we have edged our collective tolerance for the risks experienced by Aboriginal children upwards to a degree where it is difficult to imagine what threshold needs to be reached for the profession to take action in a meaningful way.

We did not know

Another way to rationalize the mediocre response of social work to residential schools is to argue that information on the deaths and abuses were, not until recently, widely known. As John Milloy (1999) noted, this argument is weak as there was significant information on the abuse and deaths of children in residential schools and this information was available to governments, academics, and the public media. The availability of this information failed to inspire progressive action to redress the abuse and murders at residential schools.

The Royal Commission on Aboriginal Peoples (RCAP) (RCAP, 1996) found that social workers knew about residential schools and routinely served on admissions committees adjudicating child welfare placements in residential schools. In addition to serving on placement committees, social workers actually placed substantial numbers of Aboriginal children in the residential schools. As RCAP noted, “residential schools were an available and apparently popular option within the broader child care system” (RCAP, 1996, Chapter 10, p.21). According to Caldwell (1967), child welfare placements accounted for over 80% of the admissions in six residential schools in Saskatchewan. Caldwell’s reports outline a number of shortcomings in the residential school program but even he, a social worker by training, does not recommend the closure of these schools. Caldwell did, however, go further than most other social workers of his time by at least recommending improvements to the residential school system.

The temptation to believe “if we had only known – we would have acted differently” may provide some false comfort but in the case of social work – it did know and acted as it acted – largely in complicit support of the residential school system.

The application of the “if we only knew we could act differently” has very little merit in today’s context as well. Even with the multiple sources of information documenting the relationship between structural risks such as poverty, substance misuse, poor housing, and child maltreatment (Trocmé, Knoke, & Blackstock, 2004; Auditor General of Canada, 2009; Blackstock, 2009) active efforts by social workers and others to prioritize, protest, and redress the harms experienced by Aboriginal children continue to be inadequate and piecemeal.

We continue to confine our assessments of child risk to the family which fetters our ability to identify risk factors that impact the child, but are sourced outside the sphere of influence of their parents and we have done little to address the longstanding inequitable child welfare funding provided to First Nations children on reserves (Blackstock, 2009; Office of the Auditor General of Canada, 2009). In missing these structural risks, we set a situation in play where Aboriginal parents are held responsible for

things outside their control and we deprive Aboriginal families of the same access to services as other Canadians to redress risk to children.

We are needed

So, if information on its own is not enough to mobilize social workers, is it possible that by entrenching in the idea that social workers are positive agents for social wellbeing, we have unintentionally built a barrier that rebuffs or rationalizes information suggesting we are perpetrating harm? Take for example the assumption that social work is in the best position to respond to child maltreatment and neglect in Aboriginal communities. Increasing evidence suggests that Aboriginal communities, when provided with adequate supports, develop the most sustainable socio-economic improvements for children and yet as a profession, we continue to believe, almost at the exclusion of other options, that we are the best response. This should be a touchstone question for our profession but it is rarely asked, instead, we are busy developing programs and services to offer abused and neglected children and families instead of providing communities and families with the resources to implement their own best solutions (Blackstock & Trocmé, 2005).

Mandates and borders

Another way of rationalizing the harm is to say it was outside of the mandate of the various helping professions or organizations to intervene. Take the case of Jordan River Anderson, a First Nations boy from Norway House Cree Nation who was born with complex medical needs in 1999. His family placed him in child welfare care – not because he was abused or neglected but because that was the only way the provincial and federal governments would provide the money needed for Jordan’s special needs (Lavallee, 2005). In a policy that baffles common sense, the federal government will not provide adequate supports for special needs children on-reserve – unless they are in child welfare care. Shortly after Jordan’s second birthday, doctors agreed to allow him to return home, however, as Noni MacDonald and Amir Attaran (2007) of the Canadian Medical Association Journal noted, “bureaucrats ruined it.” Jordan was a First Nations boy whose family lived on-reserve and unfortunately, provincial and federal governments do not agree on which level of government is responsible for payment of services for children on-reserve. The standard practice by both levels of government has been to defer or deny First Nations children government services that are routinely available to other Canadian children until the dispute can be resolved, with little consideration of the child’s safety or wellbeing. For Jordan, provincial and federal bureaucrats argued over every item related to his at home care while he stayed in the hospital at about twice the cost (Lavallee, 2005). Days turned into weeks, weeks turned into months, and Jordan saw the seasons change outside of his hospital window. All the while, bureaucrats would be meeting somewhere, likely feeling good about doing “something about Jordan’s situation” while privileging their respective government’s desire to not pick up the tab. It seems that they became ethically blind to Jordan’s fate, and sadly Jordan died waiting at five years of age having never spent a day in a family home.

This sad example shows just how easy it is for something as insignificant as a mandate to overshadow the precious life of a young boy. This astounding story is not unique. A recent study found that in 12 sample First Nations agencies there were 393 jurisdictional disputes in the past year alone between governments around children’s services (Blackstock et al., 2005). Government’s put their needs ahead of children’s needs far too often. Jordan’s passing prompted the development of Jordan’s Principle

which is a child first principle to resolving government jurisdictional disputes. Although it is supported by over 1,900 individuals and organizations, including growing numbers of social work organizations and governments, the reality is that as of December 2009, no provincial, territorial, or federal government in Canada has fully implemented it and I continue to receive reports of First Nations children who are being denied lifesaving and wellness government services available to other children because of jurisdictional wrangling.

I have often wondered what the provincial and federal officials involved were thinking when they allowed Jordan to languish in the hospital. I have decided to believe that they were not evil people and yet their collective actions had devastating consequences for Jordan. I have no good answers as every rationale I come up with that would help me understand what the bureaucrats were thinking seems so very small in the face of Jordan's needs.

Mandates are both a necessary act of pragmatism and a cop out. They are pragmatic because no profession or institution can manage it all and a cop out because it should not support inaction in the face of gross and demonstrated immorality. Perhaps part of the reason that good people can do such immoral things in the name of mandates is explained by the work of Zygmunt Bauman (1989) who argues that too often our personal morality is usurped by our need to comply with what is deemed morally good by institutions we affiliate with or work with. He argues that there is a reason why whistleblowers are the exception – because they accomplish what is too rare – to break through the institutional moral code calling for company or professional loyalty to act on the basis of their moral conscience. In social work, we talk about social change but not as honestly about how our bureaucracies often prefer conformity versus courageous conversation and innovation in child welfare (Blackstock, 2009). Social change is what we do externally – but not as often internally.

The power of mandates and borders can also be more subtly shaped by interfaces between our national, professional, and personal ideology and assumptions which locate harm outside of what has already been deemed to be good. This partially explains why Canada, considered a bastion of human rights, was able to sign the Universal Declaration on Human Rights in the same year it operated residential schools, did not recognize Indians as people under the law, and invited South African apartheid delegates to learn about its Indian pass system without any public protest by human rights organizations or institutions. It also partially explains why the British Columbia government was able to run a referendum on Aboriginal treaty rights in 2002 while refusing to educate the public on the treaty process. This, the first referendum on minority rights, was held with only moderate intervention by human rights groups and only modest disapproval of the federal government. As this example illustrates, too often, nongovernment organizations (NGOs) and human rights organizations do not think to look within Canada for human rights transgressions; instead, they focused abroad. As Aziz Choudry explained “many social justice campaigns, NGOs and activists in these countries operate from a state of colonial denial and refuse to make links between human rights abuses overseas, economic injustice and the colonization of the lands and peoples where they live” (Choudry, 2001, para. 5).

It is easier to believe some other society is perpetrating human rights abuses than to believe that your own country and society is – because that frames the accountability on a more personal level to do something or own the responsibility of remaining silent and still. There are few things more courageous than to stand up to people or a government that you respect and care for – especially for interest outside of oneself. P. H. Bryce did it and should be celebrated as one of the great Canadian heroes.

Evil: A domain of the well intentioned?

Another rationalization hinges on the propensity to believe that if we as social workers are well intended our actions, regardless of consequences, are substantially absolved from moral responsibility. As Zygmunt Bauman (1989) noted, the idea that evil is obvious and is the league of crazy individuals serves to absolve us all of being evil and affords false security that we will know it when we see it. As a child protection worker, I have seen evil in its many faces and it has rarely been obvious or predictable. It is more often grey than black and white. It can be multi-dimensional, rationalized, and normative and carried out by many instead of one. It often has benefits for someone and the benefits can seductively legitimize the costs experienced by another. As John Milloy (1999) noted, the motivations of staff at the Department of Indian Affairs and those of the churches were not always evil in the way they understood them to be – they used words like “civilizing,” “integrating,” and “educating” to describe what they were doing. RCAP echoes Milloy’s findings, having noted that,

politician, civil servant and, perhaps most critically, priest and parson felt that in developing the residential school system they were responding not only to a constitutional but to a Christian “obligation to our Indian Brethren” that could be discharged only “through the medium of children” and therefore “education must be given its foremost place” (RCAP, Chapter 10, p. 3).

This created a moral cushion that blinded them to the end result of their actions which some of their contemporaries such as P. H. Bryce and S. H. Blake found repugnant if not criminal.

This moral cushion was strengthened by limited acts that workers would carry out to redress the harm. These acts were often perfunctory and unmonitored but it served to liberate them from the moral responsibility to do something. For example, upon hearing reports of child deaths and maltreatment, staffers would often issue edicts saying it was not to happen again but nothing was done to ensure these edicts were followed up – even in the face of substantial evidence that the abuse was continuing.

These cushions have served to comfort thousands of Canadians, including those active in human rights, the voluntary sector, and academia that either contributed to the harm or stood silently in its wake. Some lived proximal to the residential schools, some read P. H. Bryce’s article in *Saturday Night Magazine*, others saw the graveyards on residential school grounds or the buses collecting children from reserves to be placed in foster homes and yet, except for some courageous instances, there was silence.

Evil happens in degrees – there are those who beat children to death, those who issued edicts without following up, and those who lived next door and said nothing (Neiman, 2002). Are they all accountable? If so – how, and why? To what standard of courage and compassion should we hold social workers – are we willing to support them when they identify acts that upset our sensibilities or are we as a society willing to tolerate their silence in the face of atrocities. These are difficult questions that have remained underground in social work and need to be unearthed if we are to deconstruct our past reality in a way that makes obvious the thinking that fuels colonization.

Culturally Appropriate Services: A Step Forward?

In the absence of recognition of Aboriginal child welfare laws, a subsidiary movement has been underway to deliver “culturally appropriate” services. This sounds good – it feels like we are moving in the

right direction as a profession but the problem is that very few of us really understand what being culturally appropriate means. This is due in part to the fact that few services are analyzed for their cultural value underpinning in order to determine what program elements are culturally predicated and on what culture. Too often services are proclaimed culturally neutral, often by those for whose cultures are embodied in the service, in the absence of any thorough analysis or search for perspective from other cultural groups. In the absence of this analysis, social workers can wrongly assume that nothing needs to be changed in the fundamental elements of the service – it just needs to be made “culturally appropriate” by adding in Aboriginal symbols or ceremonies. I am open to debate on this issue but in my own experience I have yet to see a Euro-Western program of any stature deconstructed from a value perspective by Aboriginal and non-Aboriginal peoples and then reconstructed on an Aboriginal value base.

What we do know is that this movement toward culturally appropriate services has gained increasing authority as governments amended their internal operational guidelines as well as contract service guidelines to require child welfare service providers to ensure Aboriginal children receive culturally appropriate services. As a result, large numbers of organizations began redefining their services as culturally appropriate. However, as there was an absence of guidelines and monitoring bodies for culturally appropriate services, what began as an earnest attempt to better support Aboriginal children has largely degenerated to a movement that gains culturally ascribed organizations social capital and funder recognition without having to critically evaluate the cultural efficacy and relevance of their programs. I argue that the focus on culturally appropriate services takes attention away from the real need to affirm Aboriginal ways of knowing and caring for children. After all, the basic assumption underlying culturally appropriate services is that one can adapt a mainstream model for application to Aboriginal children – without compromising the basic integrity of the service – including the values and beliefs that drive it. As Aboriginal values and beliefs respecting children are very divergent from Euro-Western understanding marrying the two into a coherent and effective program for Aboriginal children would be difficult. This difficulty has been well recorded by Aboriginal child welfare agencies who describe the problems inherent in delivering child welfare services to Aboriginal children within the realm of Euro-Western legislation. Until there are effective evaluation and monitoring mechanisms developed to measure the efficacy of culturally appropriate services we need to be vigilant about the usage of such terms and any conclusions we may draw between said services and the wellbeing of Aboriginal children.

Reconciliation and Social Work

After the Prime Minister’s apology for the wrongs done by the Government of Canada during the residential school era, reconciliation between Aboriginal and non-Aboriginal Canadians sounds like just the thing social work should be involved in – and it should. But not before it courageously engages in reconciliation itself. This means that social work must look in the professional mirror to see its history from multiple perspectives, including that of those who experienced the harm. We must look beyond our need to not feel blamed so we can learn and change our behavior. It sounds trivial to write about the power of blame and shame among social workers but I have seen its power. I have seen many bright and compassionate non-Aboriginal social workers raise walls of rationalization and distance to insulate themselves from it. As the doers of good, we have not been trained to stand in the shadow of our harmful actions so we ignore or minimize them. It is a privilege to put up those walls – to be able to insulate

yourself from what happened. When Aboriginal people put up the wall they are left alone to deal with the harm. When social workers put up the wall they can pretend the pain does not exist at all and go about doing their daily business. The problem is that putting up the walls does not change the reality – Aboriginal peoples lost in colonization and social work did too.

Social work misplaced its moral compass and in doing so perpetrated preventable harms to Aboriginal children. It denied itself the opportunity to learn from Aboriginal cultures and make a meaningful contribution to the safety and wellbeing of Aboriginal children. As social workers, we must understand that our failure to engage in an internal process of reconciliation has immobilized our strength and efficacy.

It is not enough to issue a statement on Aboriginal peoples from time to time or tinker with services if what social workers really want is justice, respect, and equality for Aboriginal children and young people. We must courageously redefine the profession using reconciliation processes and then move outwards to expand the movement into society. In 2005, over 200 Aboriginal and non-Aboriginal experts in child welfare came together to develop a process for reconciliation in child welfare and five principles to guide the process known as *Reconciliation in Child Welfare: Touchstones of Hope for Indigenous children, youth and families* (Blackstock et. al., 2006). The reconciliation process is described as having four phases: truth-telling, acknowledging, restoring, and relating and having five principles to guide the process: self-determination, holistic approach, structural interventions, culture and language, and non-discrimination. The touchstone principles are constitutional in nature in that they are intended to be interpreted by both Aboriginal peoples and social workers within the context of the unique culture and context of different Aboriginal groups. To be effective, entire systems of child welfare need to engage in the process and embed the principles in all aspects of the work. To date, a number of First Nations and provincial/state child welfare authorities in the USA and Canada have begun implementing the Touchstones of Hope framework but social work more broadly has done little to embed the process in its own work.

Conclusion

So although there has been some marginal progress, the lived experience of Aboriginal children and youth in Canada continues to be predominated by social exclusion, discrimination, and oppression. The significant body of evidence regarding the disproportionate risk faced by Aboriginal children has been inadequate to motivate the actions needed to move them out of the categories of marginalized, at risk, and vulnerable. Nor has it promoted substantial internal reflection within social work or other helping professions on what our role has been in perpetrating the harm and our concordant responsibility to understand and reconcile the harm. There is a need to affirm and support traditional ways of helping that have sustained Aboriginal communities for generations.

I look forward to a time when talking about justice for Aboriginal people is no longer an unusual or courageous conversation but is instead one that is encouraged and recognized by all Canadians as being important and necessary to affirm our national values of freedom, democracy, justice, and equality. A time when the conversation of reconciliation is just as likely to be initiated by non-Aboriginal people as by Aboriginal people themselves. It is only when we, as Canadians, share what Michael Walzer (1983) described as “collective consciousness.” In creating common understanding of culture, history, and

language, through conversation and political action, a veracious challenge to inconsistencies in our professional social work values and concepts of justice becomes possible ensuring that democracy, freedom, and equality become the real experience of every Canadian – not just a privileged few standing on one side of a one way mirror of justice (Blackstock, 2003).

To get there we must collectively make loud the legislation, values, regulations, systems, and actions that perpetuate colonization and its concordant impacts on Aboriginal children and their families, including those harmful and colonial philosophies and practices that are embedded in social work itself. It means understanding the harm from those who experienced it, it means setting aside the instinct to rationalize it or to turn away from it because it is too difficult to hear – or we feel blamed. It means having conversations about some of the basic values and beliefs that shape our concepts of what social work is. It means working with, versus working for, Aboriginal peoples. It means understanding that good intentions and conviction are not enough. It is about what we do in our actions that is most important. It is about embedding the reconciliation process set out in the Touchstones of Hope document throughout the social work profession.

Most of all it means not standing still – or moving just a little – it means social work takes the long journey of reconciliation. And as we walk and grow tired of the journey let the images of children like Jordan River Anderson flash across our consciousness and urge us firmly forward.

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An Interdisciplinary Journal *Honoring the Voices, Perspectives and Knowledges of First Peoples through Research, Critical Analyses, Stories, Standpoints and Media Reviews*

Contemporary Practice of Traditional Aboriginal Child Rearing: A Review

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Abstract

There is a dearth of literature available on traditional Aboriginal child rearing. This review paper explores Aboriginal child rearing to determine if traditional practices are still in use, how these may differ from mainstream child rearing and may have been modified by mainstream influences and colonialism. Traditional Aboriginal parenting is discussed in the context of colonialism and historic trauma, with a focus on child autonomy, extended family, fatherhood, attachment, developmental milestones, discipline, language, and ceremony and spirituality. This review was completed using the ancestral method, i.e., using the reference list of articles to find other relevant articles and more structured literature searches. In light of the high number of Aboriginal children in foster care, this research may serve to highlight the role that historical issues and misinterpretation of traditional child rearing practices play in the apprehension of Aboriginal children. It may also assist non-Aboriginal professionals when working with Aboriginal children and their families.

Keywords: Aboriginal, child rearing, residential schools, parenting

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Introduction

The quality of parenting has a significant effect on the physical and emotional health of children throughout their development. When inadequate parenting results in unhealthy family relationships, and deteriorates to the point where it is neglectful or abusive, children in Canada are generally placed into the care of child welfare agencies. The National Household Survey (NHS) of Aboriginal Peoples in Canada found that, in 2011, while Aboriginal people represented 4.3% of the total population of Canada, almost half (48.1%) of the 30,000 children in foster care in Canada were Aboriginal (Statistics Canada, 2011). In 2011, 3.6% of Aboriginal children were in foster care in contrast to 0.3% of non-Aboriginal children. Trocme, Knoke, and Blackstock (2004) noted that Aboriginal families are led by significantly younger parents who have experienced more maltreatment when they themselves were children. These parents' histories of abuse, especially the abuses experienced in residential schools, may have negatively affected their capacity to parent and are likely responsible for overrepresentation of Aboriginal children in the foster care system in Canada (Trocme, Knoke, & Blackstock, 2004). Historical trauma and, possibly, significant misinterpretations of traditional Aboriginal ways of parenting may play a role in these apprehensions.

Cheah and Chirkov (2008) noted that there is little research on Aboriginal parenting and Aboriginal child development. Much of the scant past research on Aboriginal families has focused on the "deficient," non-mainstream parenting which was practiced by Aboriginal parents (Red Horse, 1997), while espousing a kind of pan-Aboriginalism or over-generalizations about Aboriginal people. Loppie (2007) stated that there is no universal Aboriginal paradigm, but does concede that despite geographical, language, and social structure differences, there are shared values that are philosophically different from Euro-North American cultural norms. Thus, while researchers must be careful in making generalizations about Aboriginal child rearing, they should also understand cultural literacy pertaining to Aboriginal practices is essential for professionals who work with Aboriginal families.

Colonialism, historical and intergenerational trauma as inflicted by the residential school system, has doubtlessly affected traditional child rearing techniques. The Truth and Reconciliation Commission Interim report (2012), noted that residential school survivors specifically asked for support to both regain and teach traditional parenting values and practices as a means of improving their parenting skills. Thus, it would be useful to look at how colonialism has affected Aboriginal parenting and to examine any available scholarly information relating to Aboriginal ways of parenting in order to better understand, and potentially remedy, the significant overrepresentation of Aboriginal children in foster care. In this paper, historical factors are examined to provide a background to contemporary Aboriginal child rearing and to highlight how traditional practices may have been altered. Child autonomy, extended family, and Aboriginal fatherhood in particular characterize the parenting of Aboriginal children. In addition, distinct ways of addressing attachment, developmental milestones, discipline, language, and finally spirituality and ceremony will be discussed, as these are facets of Aboriginal parenting that may have been or continue to be misinterpreted by mainstream professionals.

Method

The literature on Aboriginal ways of parenting is relatively scant, but what little exists covers a broad range of Aboriginal cultures, most notably: Australian communities, the Sami,² and many nations from the United States and Canada. The existing research is grounded in diverse disciplines including sociology, nursing, anthropology, social work, psychology, and occupational therapy. The current literature review was done using both key word searches (e.g., Aboriginal, child rearing) in many different scholarly areas and using the ancestral method, i.e., using the reference list of articles to find other relevant articles and more structured literature searches. The reviewed articles span 19 years from 1993 to 2012.

Historical Factors

Colonialism and its impact on parenting

Aboriginal cultures around the world share a history of colonialism which has likely had a significant effect on parenting practices. In Canada, colonialism, through an insidious assimilation process, has gradually pared away the identity of Aboriginal children and youth who subsequently became parents themselves (Simard & Blight, 2011). Colonialism regarding the Inuit in Canada, for example, caused profound changes in the former's lives due to language suppression, residential school enrolment, and loss of self-determinism (McShane, Hastings, Smylie, Prince & The Tungasuvvingat Inuit Resource Centre, 2009).

Critical examination of the effects of colonialism on current Aboriginal child rearing practices is important, as colonialism has brought with it dysfunctional behaviors, beliefs, and values (Dorion, 2010). Dysfunctional values have come to be part of modern child rearing in many Aboriginal communities both on- and off-reserve (Dorion, 2010). For example, colonialism may have caused traumatic bonding and/or the inability to express love (Chansonneuve, 2005). Colonialism, residential schools, racism, and poverty have marked family relationships in a multitude of destructive ways that are only beginning to be understood (Neckoway, Brownlee, & Castellan, 2007). Thus normative, unidimensional ways of assessing the quality of parenting may be quite inadequate in these contexts, and may need to be replaced by a more multi-dimensional and ecologically-oriented approach.

Intergenerational transmission of trauma

The social-historical context created by colonialism includes both acute and chronic stressors, resulting in symptoms related to Post-Traumatic Stress Disorder (Evans-Campbell, 2008). However Evans-Campbell contended that Post-Traumatic Stress Disorder classification is of limited use to Aboriginal people because it does not address intergenerational trauma, the compounding effect of multiple stressors, only focuses on the individual (and not the family), and its definition does not incorporate the ways historical and present-day traumas interact or are interpreted. Historical trauma is collective, compounding, and although the abuses of colonialism were perpetrated over many years and generations, these abuses still continue to impact individuals, families, mental health, and cultural identity (Evans-Campbell, 2008).

² The Sami are internationally recognized as an Indigenous peoples residing in present-day Norway.

Aboriginal children have inherited the significant traumas that their ancestors were forced to endure. These traumas were caused by government policies purposefully designed to disrupt cultural practices and family relationships (Sarche & Whitesell, 2012). Brave Heart (1999) has written extensively on historical trauma in the Lakota people in the United States and noted that the impairment of traditional parenting styles was one of the intergenerational effects of this trauma. Wesley-Esquimaux and Smolewski (2004) wrote that historical trauma caused symptoms such as domestic violence because historical trauma corrupts adaptive social and cultural patterns. The maladaptive behaviours, in turn, may be passed on to the next generation as socially learned patterns of conduct which children internalize. It is important for researchers in the areas of child development and parenting to understand these historical effects of trauma, which may directly affect risk for both psychopathology and negative health outcomes (Galliher, Tsethlikai, & Stolle, 2012), and, by extension, parenting.

Residential schools

One of the most devastating components of colonialism, and one that caused extensive trauma, was the residential school system. In the late 19th century in Canada, the government instituted Sections 113 to 122 of the Indian Act, which legally took away the rights of Aboriginal parents to their children and instead gave the government control (Chansonneuve, 2005). Taking Aboriginal children away from their families and enrolling them into residential schools was encouraged by the government whose stated purpose was to assimilate Aboriginal children (Lafrance & Collins, 2003). Approximately 130 residential schools were run jointly by Christian churches and the federal government from 1892 to 1996, and 30% of Canadian Aboriginal children spent the majority of their childhoods in those institutions during that period (Chansonneuve, 2005). As just one example of the suffering these children experienced, Fournier and Crey (1997) reported that deaths in Residential schools in the early 1900s ranged from 11% (Alberni School, British Columbia) to 69% (File Hills in Saskatchewan) mostly due to tuberculosis. One-third of Aboriginal children lost the experience of traditional family life, many attained adulthood not having had any model of parenting (Lafrance & Collins, 2003), and many experienced much trauma.

Boarding schools (as residential schools were called in the United States) separated children from their community's social structures (Fitzgerald & Farrell, 2012) including family. Within the Lakota nation, children who were sent to boarding schools only learned punitive discipline as a means to parent, and were thus put at risk of becoming a generation of uninvolved, non-nurturing parents (Brave Heart, 1999). They learnt how to parent primarily in the way that they themselves were parented (Lafrance & Collins, 2003). The Truth and Reconciliation Commission of Canada (2012) reported that clearly, the greatest impact of the residential schools was the breakdown of family relationships because these children were denied parenting knowledge and skill transmission. Lisa, an Aboriginal parent in Canada, who confessed to abusing her children, noted that she "never learned any parenting skills, not at residential school, not with the childhood [she] had" (Fournier & Crey, 1997, p. 131). Anecdotal stories from residential schools survivors showed that residential schools impacted generations of their families in very significant ways, resulting in the inability to express love or nurturance, a loss of communication, emotional abuse and traumatic bonding, and having children taken into foster care (Chansonneuve, 2005). It was not just the children who attended residential schools who were affected. Descendants of children raised in boarding schools recounted experiencing childhood neglect and abuse themselves and, when they became parents, had feelings of parental inadequacy and feeling confusion about how to

parent in healthy ways (Lafrance & Collins, 2003). Residential schools interrupted and corrupted traditional child rearing by separating Aboriginal children from their parents, extended family, and culture, and by raising them instead within punitive and often abusive institutions.

Traditional Aboriginal Child Rearing: Is it Still Practiced?

Aboriginal child rearing has ostensibly been significantly disrupted by colonialism. One question that arises is why some aspects of traditional Aboriginal parenting are still being practiced while other aspects have disappeared. Few studies have examined this query (Javo, Alapack, Heyerdahl, & Ronning, 2003). Cheah and Chirkov's (2008) research, established that present-day Aboriginal mothers still emphasized the importance of family, respect for Elders, and maintained cultural values significantly more than European-Canadian mothers. As well, Javo, Ronning, and Heyerdahl's (2004) study showed that Indigenous Sami child rearing practices differ from the dominant Norwegian culture even following a long period of assimilation. Ryan (2011) asserted that many studies from contemporary Australian Aboriginal urban, regional, and remote communities suggest that Aboriginal parents have retained unique traditional child rearing behaviors, expressions of sensitivity, sociability, emotional self-regulation, self-expression, and competence. Likewise, van de Sande and Menzies' (2003) evaluation of Ojibway parenting programs proposed that there continues to be significant distinctiveness in ideas on how to raise Ojibway children, in spite of generations of influence by the mainstream culture. Many explanations have been offered as to why so many Aboriginal cultures are still thriving in spite of government policies designed to systematically eradicate them. A spiritual and genetic explanation was provided by Simard and Blight (2011) who maintained that cultural memory is carried inside Aboriginal DNA and has waited to be awakened to inspire connection to the spirit. Simard and Blight contended that the rich cultural makeup and knowledge systems of Aboriginal peoples in Canada have survived over 500 years of colonialism. Another way that traditional child rearing practices were maintained is that not all Aboriginal children went to residential schools as some parents resisted this. Although these children stayed with their family, other forms of colonization still likely affected the transmission of child rearing practices. It does appear that traditional child rearing methods, although perhaps altered by colonialism and trauma, are still being widely practiced and transmitted by Aboriginal peoples.

Traditional Child Rearing in Contemporary Practice

Child autonomy

Research showed that Aboriginal communities continue to exhibit many distinctive values related to child rearing. One such value is respect for the child. Aboriginal children are openly recognized and respected as persons and are thus encouraged to make their own decisions about how they wish to explore their environment (McPherson & Rabb, 2001 as cited in Neckoway et al., 2007). The concept of child autonomy implies allowing children the freedom to make their own decisions which leads to independence (Javo et al., 2003). This is a quality that the Sami also saw as essential for survival and hardship endurance (Javo et al., 2003). Indeed, in order to encourage independence, Sami parents nurtured exploration and risk taking in their children despite the possibility of danger (Javo et al., 2003). The Sami balanced this independence with emotional responsiveness and affection; it seems that the more Sami parents valued independence and autonomy, the more affectionate and physically close they became with their children (Javo et al., 2003). Further, Javo et al. (2003) found the western value of time

organized around a clock was recognized by the Sami, but that they still tried to adhere to their cultural value of allowing their children to eat and sleep, to decide when and what they eat and when, how long and with which family member to sleep according to the child's own rhythm (Javo et al., 2003; Javo et al., 2004). The modern Sami still value child autonomy although they also recognize and made concessions to western values, such as time.

The concept of autonomy was honoured by Aboriginal people from Canada, Australia, and the United States as well. Sheperd (2008) found that Aboriginal parents from Canada more often than Euro-Canadian mothers, allowed their children to decide how much to explore their environment. The Inuit in Canada also viewed autonomy and independence as vital to parent and child interactions and as such, Inuit parents looked for indications from their children to guide their own responses (McShane et al., 2009). Australian Aboriginal children also traditionally self-directed their skill development, including relatively dangerous activities like knife handling and climbing trees (Kruske, Belton, Wardaguga, & Narjic, 2012) and this early independence was encouraged for children by setting few limits (Nelson & Allison, 2000). Allowing children to make their own decisions may not, in itself, be an indication of neglect, as often perceived by non-Aboriginal people (Ryan, 2011). Similar to the Sami, in Australian Aboriginal remote communities, children were not expected to follow routines and were allowed to eat when hungry and to sleep when tired (Kruske et al., 2012). The Alaskan Yup'ik allowed their children the freedom to move around the home before coming back to the mother to eat the bites of food that were offered (MacDonald-Clark & Boffman, 1995). The Yup'ik had no fixed feeding schedule for their children but instead, fed the children when they were hungry (MacDonald-Clark & Boffman, 1995). Furthermore, McShane and Hastings (2004) commented that Indigenous children in the United States are raised in a world that is more adult-centred than that of other Americans, and were thus more encouraged to develop adult skills such as showing responsibility for self-care to ensure survival. The prevalent focus on child autonomy was tied in with the Aboriginal preference for non-interference which can be expressed by Aboriginal people through a resistance to giving instruction, correcting, coercing, or trying to persuade another to do something (Neckoway, 2010). In many Aboriginal cultures, autonomy is an ideal based on independence (and thus survival) but is counterbalanced by strong affection for the child.

Extended family

Even though risk-taking and independence were encouraged, extended family was traditionally greatly involved with Aboriginal children. Australian Aboriginal children, for example, were highly regarded and valued members of their extended family network (Kruske et al., 2012). Inuit children were also given much affection, attention, and tenderness and seen as the centre of attention for their immediate and extended family (McShane et al., 2009). The Navajo culture was both matrilineal and matrilineal and as such, maternal grandmothers and aunts were very involved with young children as are other family members (Hossain et al., 1999). In Anishnaabe (Ojibway) communities, family included the nuclear family, the extended family, the community family (connected by a treaty), a Nationhood family (all Anishnaabe people, regardless of province or country), clan family (such as Deer or Turtle Clan: a spiritual aspect of family), and a cultural family (linked to Anishnaabe ceremonial practices) (Simard & Blight, 2011). There are many levels of family in Anishnaabe cultures. A fundamental and traditional value of Aboriginal peoples is that of kin, the interconnection of family and non-family community members who were involved in children's socialization (McShane & Hastings, 2004). In the research, Aboriginal extended families were highly valued, interconnected and structured.

Neckoway et al. (2007) noted that bonds between an Aboriginal child and adults (including many caregivers) in these extended families were multi-layered and not dyadic (between two people only). Aboriginal parents from Australia commented that in an Aboriginal family, siblings and extended family members had a designated role in raising the children (Nelson & Allison, 2000). Furthermore, Koorie women from Australia, who were not the biological mother to the child, actively mothered; this concept of allomothering set the Koorie apart from mainstream child rearing (Atkinson & Swain, 1999). In many Indigenous nations in the United States, grandparents have historically played an important role in socializing, providing physical care, and training for their grandchildren (Fuller-Thomson, 2005). In this context of allomothering, the mother could afford to be less vigilant because she knew that others in her extended family and community were also attending to the child (Neckoway et al., 2007). Extended family can have extensive roles in child rearing in some Aboriginal cultures. This is important to acknowledge when professionals are working with and assessing Aboriginal families. Professionals should ask families which individuals interact and care for the child and never assume that it would only be the mother.

Aboriginal fatherhood

One area that has received very little attention in the literature is traditional Aboriginal fathering. Javo et al. (2004) studied gender differences in Sami parenting, specifically the similarities in patterns of response in Sami mothers and fathers. In Ryan's (2011) study of urban Nunga and Koorie mothers in Australia, the researcher observed that men's roles in their children's lives was missing. Similarly to many other Aboriginal communities, because of policies introduced by the state, Koorie men's supportive family roles changed as they were offered only menial and erratic jobs which ultimately resulted in prolonged absences and shortened life spans (Atkinson & Swain, 1999). Ball (2009) remarked that by 2020, if no effective interventions take place, half of the rapidly growing population of Aboriginal children will still be growing up without a father. In Ball's study of Aboriginal fathers from Canada, many men acknowledged that they did not know how many biological children they had, while several admitted that they had at least one child that they were not, nor had not, ever been involved with. This was a familiar pattern for many men who had grown up either without a father, or with an abusive father or father figure, including, in some cases, abusive priests in residential schools. Many men in Ball's study reported that actively parenting their own children brought up painful childhood memories of abuse or family violence, a parent's death, being taken away to residential school, or going into foster care. Eighty-six percent of the men in Ball's study talked about their experiences of what Ball themed a disruption in the transmission of intergenerational fathering. Aboriginal fathers may not be involved in parenting because of historical trauma and government policies resulting from colonialism.

Other issues affected research on Aboriginal fathers. Hossain (2001) considered off-reservation Navajo fathers to be a hard to reach sample because they were scattered over the southwest region of the United States and also, because traditionally, Navajo did not encourage outsiders to research their family patterns. Hossain's 2001 study and Hossain et al.'s 1999 study both used western assessment tools which were not validated for use with Aboriginal peoples, and samples that included only Navajo fathers who were not living on-reservation. Nonetheless, both studies showed that Navajo men had higher levels of family involvement compared to other cultures and spent more time with infant caregiving, with fathers spending 60% of the time the mothers did. Aboriginal fathers may also be understudied because of cultural values. Fathering in Aboriginal communities remains an under-researched area with much diversity and numerous interesting questions remaining to be answered.

Attachment

Mainstream Attachment Theory posits that how sensitively parents respond to their child when the child is distressed will likely affect the child's expectations for subsequent relationships, world view, and ultimately social and emotional health (Ainsworth, Blehar, Waters & Wall, 1978). However, there is diversity in the manifestations of attachment behaviours across cultures and Aboriginal cultures are no exception. Carriere and Richardson (2009) commented that "connectedness" may be a better description of Aboriginal attachment as it looks more broadly to an individual's total environment and not just to one or two central caregivers. Attachment in Aboriginal cultures may present somewhat differently from the mainstream in the areas of extended family response, secure base, and distress response.

When looking at extended family response, Kruske et al. (2012) looked at 15 northern Australian Aboriginal families' experiences with their infants in the first year of life. These researchers found that all participating family members felt an obligation to respond when an infant cried or whimpered and that not to respond and letting a baby cry was considered cruel and was frowned upon (Kruske et al., 2012). If another family member responded, this might be interpreted, within traditional Attachment Theory, as insensitivity by the mother because it might signal that the mother-infant dyad was not synchronous (Neckoway et al., 2007). Neckoway et al. (2007) commented that, when assessments were conducted with tools based in western Attachment Theory, it may appear that Aboriginal mothers were less sensitive and that the child may not have a healthy attachment to her mother. As well, the dynamic between child and adults may move in both directions. Extended family may respond to an infant but also, the infant or toddler may seek out alternative caregivers (even for breastfeeding) or peers (Ryan, 2011). This dynamic might be misunderstood as an indiscriminate attachment by western-trained researchers (Ryan, 2011).

Other attachment concepts, such as security, may also look different in Aboriginal cultures. Bowlby's concept of secure base in attachment stated that an infant will use one or two primary caregivers as a safe place to explore from and retreat to (Waters, Crowell, Elliot, Corcoran, & Treboux, 2002). In Aboriginal cultures, the circle of caregivers may go well beyond one or two individuals. In the central and western desert regions of Australia for example, older children were encouraged to look out for other children and siblings (Ryan, 2011). Aboriginal children may seek other caregivers, have other caregivers respond to them, may be routinely cared for by an older sibling or peer, and thus, may have many caregivers providing them with a secure base.

One assessment tool that is commonly used to assess parental sensitivity in the parent-child interaction is the Nursing Child Assessment Screening Tests (NCAST) (Barnard, 1986). The Feeding Scale (for birth to 12 months) and the Teaching Scale (for birth to 36 months) of the NCAST both assess the primary caregiver's sensitivity to cues, response to stress, both social-emotional and cognitive growth fostering, the clarity of cues, and the infant's responsiveness to the parent (MacDonald-Clarke & Boffman, 1995). The scales have been normed on non-Aboriginal, African American, and Hispanic populations. MacDonald-Clarke and Boffman (1995) used the NCAST to study the interaction between mother and infant (93% of the dyads were mother-infant) in Alaskan Yup'ik. Generally, the Yup'ik had similar overall scores on both the Feeding and Teaching scales as other groups, but some subscale scores differed. In both the Feeding and Teaching scales (with different aged infants/toddlers), the Yup'ik scored significantly higher than the norm in parental sensitivity to child cues. As a result, 93% of the infants/toddlers in this study did not ever become distressed (MacDonald-Clarke and Boffman, 1995). It

would have been interesting had the researchers also assessed another adult or sibling who also cared for the infant to see if high sensitivity was also shown by other caregivers. Another researcher, Ryan (2011), found that minimization of distress was a cultural norm in Aboriginal peoples from northern Australia who appear to address distress in infants before it happens. One has to wonder whether a faulty interpretation of minimizing, if not fully understood in its cultural context, may result in inaccurate assessments of attachment when evaluating a caregiver's response to distress (Ryan 2011).

Another cultural norm for select Australian Aboriginal peoples is the discouragement of negative emotion as the latter may be seen as disrespectful of Elders (Ryan, 2011). Ryan noted that this squelching of negative emotion could be construed by non-Aboriginals as promoting avoidant attachment, i.e., resulting in the child's not being responsive to the mother when the mother is present, and not showing distress when the mother leaves and a stranger is present (Berk & Roberts, 2009). The child may be repressing distress signals because this is what they have been taught and if this occurred during an assessment such as the NCAST, the results might be confusing.

Aboriginal connectedness may thus differ from mainstream attachment manifestations in the areas of extended family response, the notion of secure base, and distress. Thus, mainstream Attachment Theory may not fully reflect an Aboriginal infant's socialization experience, which is embedded in the parenting practices shared by many Aboriginal communities (Neckoway et al., 2007).

Developmental milestones

Aboriginal cultures may understand developmental milestones differently than other groups. For instance, the Inuit looked at each child individually and then tailored their approach to developing autonomy and respecting the distinct ability of that child, instead of assuming identical levels of development for all children of the same age (McShane et al., 2009). In Kruske et al.'s (2012) study, Aboriginal parents from Australia did not attribute as much importance to the age of their infants as mainstream Australian families did. These researchers inferred that because there are differences in exposure to skill development and parental cues and encouragement, that children from remote Aboriginal communities may meet developmental milestones at different ages than mainstream children. Within Inuit and Aboriginal families from Australia, children were not compared to other children the same age; rather, they were allowed to have their own path for development of milestones. When western assessment tools are used to assess Aboriginal children, these children may appear to be delayed in their skill development because the yardstick used to measure Aboriginal child development is mainstream western child development and thus, Aboriginal children are deemed to fall short. This in turn may be a contributing factor when children are placed in foster care.

Discipline

Discipline was another family value that has been studied in the context of Aboriginal versus mainstream parenting. In many Aboriginal communities, it appeared that parents did not readily use physical punishment with their children. In a study of Indigenous children from two southern California counties, Dionne, Davis, Sheeber, and Madrigal (2009) found that the disciplining of children was used cautiously with forethought and patience. Strict discipline was seen as very strong "medicine," whereas positive play, affection and praise, or "good medicine" might be used more frequently so as to strengthen the child. In Cheah and Sheperd's (2011) study, Aboriginal mothers were less likely than European-

Canadian mothers to force the child to behave appropriately, threaten with negative consequences, or use punishment when responding to proactive aggression in their children. The Aboriginal mothers in that study were more likely to respond to aggression in their children with goals that teach values, societal rules, or important life lessons which could benefit the child (Cheah & Sheperd, 2011). One Indigenous culture that reported the use of physical discipline was the Sami, where mothers described more slapping and use of threats than mainstream Norwegian mothers (Javo et al., 2004). Sami mothers also used more threatening with supernatural beings, tricking, and teasing of the child than did mainstream families (Javo et al., 2004). Interestingly, the Inuit used interpersonal games (which may be perceived by outsiders as teasing) but this type of “teasing” was used to provide practice for the children in how to use appropriate emotions in specific interpersonal situations (McShane et al., 2009). Thus Indigenous parents seemed to focus more on each child’s individual abilities and to generally use much less physical discipline.

Language

How children are spoken to and expected to speak may be another feature of parenting that differs from Aboriginal to mainstream cultures. There are prevailing misconceptions about culture and language differences among Aboriginal peoples that can at times be perceived to be deficits in both communication and parenting (Ball, 2009). Adolescent Aboriginal mothers who identified with their Aboriginal culture were found to have low verbal initiation, low responsiveness, and low spontaneous conversations with their children (McDonald Culp & McCarthick, 1997). In a study of Alaskan Yup’ik, it was found that Yup’ik parents scored lowest on engaging in social play and praising the child or making positive comments about the child (MacDonald-Clark & Boffman, 1995). These researchers did note that the communication between Yup’ik mother and child depended largely on nonverbal cues which the mother-child dyad handled very well. Although Aboriginal adults may speak less to their children, there is evidence that there is more unspoken body language being used between child and adults.

Crago, Annahatak, and Ingiurwik’s (1993) study of Inuit language socialization was a two-year long ethnographic study which looked at the language patterns of two older Inuit mothers (who had been born in igloos, never gone to school, and only spoke Inuktitut) and two younger Inuit mothers (who had only ever lived in houses) and also interviews with another 20 Inuit women (both older and younger) in northern Quebec. What these researchers found were three cultural language practices called *aqausiit* (traditionally sung or chanted rhythmical verses sung in a parent-child dyad with each dyad having a unique song), *nilliujuusiq* (a form of affectionate talk that the women used with their children which sometimes included a string of nonsense syllables) and *piarujuusit* (a specialized, consistent across households, vocabulary of “baby words” which have phonologically simpler roots used both to and by the children). *Aqausiit*, at the time of the study, was only used by a few of the younger and older women while *nilliujuusiq* seemed to be used more extensively. The majority of older women in one of the communities commented that they knew a child had learned language not by the child’s speaking ability, but rather, by the child’s understanding of directives. The study also revealed that an Inuit child’s ability to understand and to follow directions is a culturally valued behaviour. One major difference between the older and younger Inuit women is how they valued silence in children. The younger Inuit women did speak more to their children and tried to elicit language from them and explained that they did this because this was valued by non-Aboriginal people and in schools. On the other hand, the older Inuit women commented

that the younger women did not seem to know how to eat silently with their children. Traditionally, children were often ignored when they asked questions because Inuit children were not encouraged to have conversations with adults. This study gives the kind of background cultural information on parenting values that allows professionals and non-Aboriginal people to understand why language may be less central in the interactions between Aboriginal children and their parents. The latter study also shows how traditional values are changing and what may be causing these changes. Having an understanding that more non-verbal language may be used and also understanding different cultural values (e.g., not encouraging questioning from children) need to be understood by professionals who may view the lack of verbal language as a deficit in Aboriginal parents.

Spirituality and ceremony

There is mention of Aboriginal spirituality and its connection to child rearing in the literature, although it is somewhat sparse. Red Horse (1997) noted that naming ceremonies organized kinship obligations in terms of meeting the child's physical and emotional needs. As the children got older, there were more ceremonies which increased their spiritual and community responsibilities. Simard and Blight (2011) noted that Spirit is the foundation from which all other developmental areas (spiritual, mental, emotional, and physical realms) stemmed, providing the child's cultural identity. The fact that in Aboriginal theories of child development, such importance is attributed to the Spirit is another difference between Aboriginal and non-Aboriginal approaches to child rearing.

Discussion

While Aboriginal child rearing practices may have been modified because of historical events such as colonialism, residential schools, and foster care – and traditional parenting may have been corrupted by this history – many aspects of traditional Aboriginal child rearing continue to be apparent in the ways in which Aboriginal families organize their family life. Thus, it is important to consider the cultural, social, and historical realms of Aboriginal communities when assessing Aboriginal children, especially in the context of child protection, as identifiable differences may exist between the parenting norms in Aboriginal communities and those of mainstream groups. A better understanding of these differences is hampered by the dearth of research on Aboriginal child rearing, especially when considering the diversity of Aboriginal cultures. Thus, it is imperative that more comprehensive examinations of parenting and child development in diverse Aboriginal cultures be undertaken, so as to more usefully inform decisions made by professionals in the areas of child welfare and child and family mental health. When professionals have a better understanding of the cultural differences in child rearing that can occur in Aboriginal families, they will be better equipped to make decisions to ensure the safety and wellbeing of the child, and to tend to the cultural needs of not only the youth, but their families and communities.

Limitations

One of the main limitations of this review is the lack of nation-specific research. Another research gap exists around Aboriginal fatherhood and extended family. A future research consideration would be to look at whether differences exist when assessing attachment with Aboriginal mothers and then with the infant's other caregivers. Other future research endeavors could be to begin documenting traditional Aboriginal child rearing practices from Elders and Grandmothers.

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An Interdisciplinary Journal *Honoring the Voices, Perspectives and Knowledges of First Peoples through Research, Critical Analyses, Stories, Standpoints and Media Reviews*

Historical Trauma, Race-Based Trauma, and Resilience of Indigenous Peoples: A Literature Review

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Abstract

This literature review examines the various responses to trauma suffered by Indigenous peoples as a result of governmental policies geared toward assimilation. Both traumatic and resilient responses are demonstrated at the individual, family, and community levels. Much of the research that has been done in the United States to develop theories around historical trauma and race-based traumatic stress may also be applied to Canada's First Nations due to similar histories of oppression and colonization. Overall, the research finds that self-government and a connection to culture and spirituality result in better outcomes for Indigenous peoples.

Keywords: Indigenous peoples, resilience, trauma, self-government, culture, spirituality

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Introduction

The focus on negative outcomes facing Indigenous peoples may mask the diversity of responses to the challenges facing Aboriginal, First Nations, and American Indian persons. Both resilient and negative outcomes for Indigenous persons are well documented but negative outcomes seem to get more attention in the media, which may contribute to both overt and more subtle forms of discrimination. This is for a number of reasons: The disparities between Indigenous and non-Indigenous peoples in countries like Canada, the United States, and Australia when regarded as a whole are so striking that effective arguments for change in policy need to highlight these disparities to demonstrate the need for policy changes (Armitage, 1995; Cornell, 2006). As a consequence, the literature becomes fragmented between those who are trying to bring to light the devastating impacts of colonialism and those that focus on resilient peoples, communities, and Nations. This paper will seek to bridge the literature that attempts to explain the disparities between Indigenous and non-Indigenous peoples while taking into account the enormous cultural variation among tribes and Nations. Trauma models should be expanded and diversified to take into the historical and current day experiences of Indigenous peoples. Some types of trauma that can be applied to Indigenous peoples include intergenerational trauma, historical trauma, and race-based trauma. Given the enormous challenges faced by many Indigenous cultures to survive, resilient responses to trauma are especially notable and take many forms. Resilience models that are found at the individual, family, and community levels will be explored in more detail.

Disparities Between Indigenous and non-Indigenous Peoples

The United Nations' *Human Development Report 2006* found that if the Aboriginal population in Canada were taken out as a sub-group they would rank 48th out of 174 countries for their level of overall development and 71st for education, whereas the rest of Canada consistently ranks in top 5 (United Nations, 2006). Canada has been admonished by the United Nations Economic and Social Council who expressed serious concern over the significant disparities between Canada's First Nations and non-Aboriginals with regards to access to water, health, education, and housing (United Nations, 2006). Almost 50% of off-reserve Aboriginal children under the age of six live in low-income families, compared to 18% of non-Aboriginal children and 57% of Aboriginal children that live in large urban centres are living in low-income families (Statistics Canada, 2008). When using the community well-being index, which takes into account education, income, housing, and labor force participation, among the "bottom 100" Canadian communities, 92 are First Nations. Only one First Nation community ranks among the "top 100" Canadian communities in 2001. Inuit communities are typically distributed towards the middle of the community well-being index range (Beavon, 2006).

In addition to these more commonly used measures of well-being, some sub-groups of Aboriginal peoples are inflicted with very high rates of suicide, drug and alcohol dependence, and the resulting high rates of out-of-home placement of children (Assembly of First Nations, 2007; Kirmayer, 1994; Trocmé et al., 2005). The *Regional Longitudinal Health Survey*, in their sample of over 20,000 First Nations people from 10 regions across Canada, found that over 15% of those surveyed had attempted suicide in their lifetime and 30% had thought about suicide. Furthermore, 16% of the respondents consume five or more drinks of alcohol at least once a week (Assembly of First Nations, 2007). Although this paper cannot adequately cover the history of discriminatory policies targeted towards Aboriginal people by the Canadian government, a short summary below will help shed light on the differences between Aboriginal

and non-Aboriginal people described above and the resultant need for more research on both traumatic and resilient responses to these policies.

Assimilation and the Canadian Government

Before the arrival of European settlers, all of the First Nations governed themselves and had their own economic systems for ensuring that the needs of members of the nation were met (Duran & Duran, 1995; Milloy, 1999). In some Nations, the potlatch ceremony allowed for families that had greater success in hunting, fishing, or cultivation in a particular season to share with families that had less success. Although Nations differed one to the next, it was uncommon for tribes to claim specific pieces of land as their own. Instead, it was generally believed that land belonged to everyone and was not a possession to be claimed. European settlers with ambitions of making money off the land decided that they would claim it for themselves, despite international laws, which stated that the first people to find and inhabit land had ownership over it. The settlers used a clause in the law that allowed them to override this rule if the persons occupying the land were found to be too “savage” and thus forced many Nations to confine themselves to portions of land that the imperial government deemed suitable (Royal Commission on Aboriginal Peoples, 1996). These portions of land were often far removed from other populations and above the frost line, making it difficult to grow food and establish businesses. The government wanted Nations to prove that they could be self-sufficient and contribute by “European standards” such as farming, industry, and other business models of production, but this went against the way they had been supporting themselves since time immemorial and furthermore, most reserve lands were unsuited to agriculture or other economic enterprises. The *Indian Act* of 1876 and all of its amendments had as an explicit goal to control every facet of life on reserves and the agents that monitored Aboriginal peoples on reserves severely limited trading and other economic enterprises with neighboring Aboriginal and non-Aboriginal communities (Royal Commission on Aboriginal Peoples, 1996).

In order to further goals of making Aboriginal people follow European values, the *Bagot Commission Report* of 1842 and the *Davin Report* of 1879 were turning points in the history of residential schools. Both of these documents described a process whereby removing native children from their parents and schooling them outside of their communities would help the children to adapt to European values and Christian belief systems. The model was suggested based on schools that had already been opened in the United States for similar purposes. The *Davin Report* was based on observations of boarding schools in the United States and four that were already in operation in Ontario. The report made it clear that day schools were not adequate for assimilating children and that ongoing contact with their family members would only enable them to maintain their cultural values, beliefs, and language – precisely what the government wanted to destroy (Royal Commission on Aboriginal Peoples, 1996). By 1890, dozens of schools, which were partnerships between the federal government and churches, were in full operation. Residential schooling thus became mandatory wherever it was available and school officials removed children from their homes if they did not come willingly (Milloy, 1999). The schools were chronically underfunded from the outset, leading to unsanitary conditions, health epidemics, and hundreds of child deaths. Milloy (1999) recounts that in many instances, inspectors found raw sewage in sleeping and eating quarters of the children and that despite being reported to the authorities, little change occurred. Reports of inadequate standards of clothing and food were also common and demands by parents to return their children home to live in better conditions went unanswered. Underfunding also

meant poorly trained and underpaid staff that used harsh physical discipline of children, often leading to physical abuse. Residential schools started to close down throughout the 1960s and 1970s, although the last one in Saskatchewan did not close until 1984. Widespread sexual abuse came to public awareness in the late 1980s when adult survivors began coming forward (Milloy, 1999; Royal Commission on Aboriginal Peoples, 1996). Given the lack of parental role modeling and widespread physical and sexual abuse while attending residential schools, generations of survivors have likely lost the capacity to engage in nurturing social interaction with young children that promotes attachment and intimacy (Wesley-Esquimaux & Smolewski, 2004).

The “sixties scoop” is a widely-used term that refers to a period of time when thousands of First Nations children were removed from their parents and placed them in non-Aboriginal homes. Many scholars refer to this time period as a continuation of the residential school system because removal of Aboriginal children from their homes and communities continued, only under a different pretense. The justifications for removing children from their homes were largely due to cultural differences in parenting practices that were misunderstood as neglect by non-Aboriginal social workers or due to poor living conditions caused by governmental underfunding of housing and essential services on-reserve (Royal Commission on Aboriginal Peoples, 1996). Despite the gradual expansion of First Nations run child welfare organizations, the overrepresentation of Aboriginal children in out-of-home care continues to this day due to funding formulas dictated by the Department of Indian and Northern Affairs that provide funding to child welfare organizations based on a head count of children in placement. This leaves little flexibility in the ability of organizations to provide prevention services that keep children and families together (Blackstock, Prakash, Loxley, & Wien, 2005; Royal Commission on Aboriginal Peoples, 1996). Thus, Aboriginal children continue to be placed and adopted by non-Aboriginal families, which, in turn, further disconnects them from their communities, languages, livelihoods, and cultures (Ball, 2008). The *2003 Canadian Incidence Study of Reported Child Abuse and Neglect* found that Aboriginal children continue to be reported to child welfare authorities more often, have their files substantiated and kept open more often, and are brought into care more often than non-Aboriginal children. The primary reason for intervention is what social workers call “neglect” and is often closely tied to poverty, addictions, and structural issues such as poor housing conditions (MacLaurin et al., 2008).

On March 31, 1998, the Canadian federal government provided a one-time grant of \$350 million to the Aboriginal Healing Foundation, which was given an eleven-year mandate, ending March 31, 2009. According to their website, the Foundation was intended to encourage and support, through research and funding contributions, community-based Aboriginal directed healing initiatives which addressed the legacy of physical and sexual abuse suffered in Canada’s Indian Residential School System, including intergenerational impacts. By admitting that widespread abuse and neglect occurred in the residential school systems, the government took one step in the direction of reconciliation, but by limiting the scope of the healing foundation to victims of physical and sexual abuse, it fails to take responsibility for the perverse nature of the schools in the first place. The impact of having attended residential school began the moment that the *Davin Report’s* intent was to “take away the Indian in the child.” Removing thousands of children from their caregivers, prohibiting cultural practices, cutting off children’s hair, and prohibiting contact between children and parents for long periods of time was in and of itself hugely traumatic (Brubaucher, 2006; & Royal Commission on Aboriginal Peoples, 1996). The Foundation only recognizes children that were victims of overt physical or sexual abuse but does not consider the

emotional impact of denying children of their cultures and families as abuse. Furthermore, the residential schools settlement offers token amounts of money to any current survivor of a residential school, but not to family members of survivors if they are deceased, thereby failing to recognize any form of intergenerational trauma.

This is not to say that the children who were victims of abuse and neglect while in government care do not deserve special mention. In addition to the trauma inflicted on all children who were removed from their homes to attend residential schools, these experiences were greatly compounded by acts of child abuse and neglect. With the recognition of the widespread abuse that occurred, it is hopeful that the Canadian public will become more cognizant of the devastating impacts of colonialist policies that continue to this day.

Although these policies have irrefutably contributed to existing disparities between Indigenous and non-Indigenous peoples across the globe, Aboriginal scholars have cautioned against non-Aboriginal scholars attempting to find “linear causalities” between specific events or situations and poor outcomes for some Native people or communities (Fleming & Ledogar, 2008). Instead, they assert the need for a more holistic and integrated understanding of what has led to these differences. Some scholars have drawn on literature from other cultural groups – such as studies on intergenerational trauma among Holocaust survivors - to explain the community level consequences of certain traumas (Brave Heart, 1998; Evans-Campbell, 2008). At a family level, widespread abuses suffered in residential schools most probably have led to intergenerational cycles of abuse and neglect that persist to this day (Evans-Campbell, 2008). In addition, daily assaults of racism and discrimination, referred to by some scholars as “microaggressions,” likely exacerbate the impact of other traumas (Carter, 2006; Whitbeck, Adams, Hoyt, & Chen, 2004a). The following section will explore the need for a more holistic understanding of trauma and conclude with an examination of the many varieties of resilient responses to trauma.

Trauma and Post Traumatic Stress Disorder

Some groups of trauma researchers have called for both an expansion of what is considered trauma and for an alternative diagnostic or screening tool that does not label individuals as pathological or mentally ill (Brave Heart, 1998; Carter, 1999; Danieli, 1998). The *Diagnostic and Statistical Manual of Mental Disorders* defines Post Traumatic Stress Disorder (PTSD) as,

The person has been exposed to a traumatic event in which both of the following have been present: (1) The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others (2) the person’s response involved intense fear, helplessness, or horror (American Psychiatric Association, 2000).

In order to expand this definition, alternative types of trauma have been put forward by researchers and communities including intergenerational trauma, historical trauma, and race-based or insidious trauma (Brave Heart, 1998; Carter, 1999; Danieli, 1998). The common thread amongst these three theories is that historical factors interact with current day stressors and can result in either problematic or resilient outcomes in individuals, families, and communities.

Intergenerational Trauma

Most of the literature on intergenerational trauma refers to the work that has been done with the offspring of survivors of the Holocaust. The Holocaust has been seen as a relevant comparison to policies against Indigenous persons in Canada, the United States, and Australia that were genocidal in intent and in effect (Brave Heart & deBruyn, 1998). Grubich-Simitis (1984) worked with hundreds of descendants of Holocaust survivors and began to form a clinical impression that many suffered from “transposition” or acting out the uncompleted mourning processes of their parents, who had not been able to adequately mourn the many losses they suffered during the Holocaust. Some clients appeared to be simultaneously living in their own realities and in the fantasy life of one of their ancestors and feeling just as vulnerable to persecution as someone living during this time period. It is not difficult to see the parallel between these observations and specific historical moments for groups of Native peoples. Brave Heart & deBruyn (1998) recall the Massacre at Wounded Knee in 1890 where hundreds were killed and their bodies were thrown into mass graves. In 1881, there was a governmental ban placed on traditional burials, spirit keeping, and “wiping the tears,” therefore grief was compounded and became pathological resulting in elevated rates of suicide, whereby the living are “unconsciously motivated to join the deceased.”

Several studies have attempted to empirically demonstrate the intergenerational transmission of trauma, parenting deficits, and other difficulties. Felsen and Erlich (1990), in their study of 25 second-generation Holocaust survivors and 24 control subjects who were also Jewish but whose parents had no direct experience of the Holocaust, found that there are certain character organization traits found with the descendants of survivors including a lower sense of self-worth and an unwanted identification with their mothers. The authors attribute the latter characteristic to the greater responsibility for meeting emotional needs that are generally attributed to the mother and the mother’s difficulty in meeting the children’s needs due to being overly critical of herself as a survivor (survivor’s guilt). The subjects all indicated an over-identification with their mother and rated themselves as being self-critical, a highly undesirable identification by all subjects.

Bar-On et al. (1998) criticized the underdevelopment of theories that explain the transmission of trauma from one generation. The authors assert that in contrast to clinical descriptions of second-generation survivors, most empirical studies to date have failed to find significant differences between descendants of Holocaust survivors and control groups. They proposed that a more fully developed theory will aid in understanding some of the more subtle findings between experimental and control groups and used attachment theory to guide their analyses in three studies based in Canada, Israel, and the Netherlands. Several important factors disrupted the process of mourning in Holocaust survivors, including time gaps in ascertaining the status of loved ones, the uncertainty of the exact time, date, and location of death, and the abandonment and betrayal experienced by children who lost parents. These children then grew up with a disrupted attachment and may have inadvertently passed this on to generations to come, treating children as adults that were capable of providing emotional comfort and support (Bowlby, 1951). The studies found what appeared to be disruptions in healthy attachments. In the Netherlands study, children of Holocaust victims ($n = 30$) were more “parentified,” or felt more responsibility for taking care of their parents than the control group ($n = 30$) whose parents were Jewish but not war victims. In the Canada study, responses of 57 adult children of Holocaust survivors were analyzed and found that overall, children were preoccupied with their parent’s sadness and tried to please

them by only bringing home good marks or avoiding asking questions about the Holocaust. Furthermore, these respondents did not feel entitled to happiness because their parents were not able to be happy. The Israeli case study of one man found that it was difficult for him to tell a coherent story that linked his past and their present because he felt obliged to move beyond the experiences of his parents as a symbol of the future, and yet were so wrapped up in the past because of untold secrets and memories that he always felt were present for his parents (Bar-On et al., 1998).

Once again, parallels between second-generation Holocaust survivors and the experiences of many Indigenous people are evident. Survivors of residential schools were often separated from their parents for years at a time. They likely felt abandoned by their parents and wondered why they did not come and take them away and save them from those that stole them from their communities. When these children became parents, they were likely preoccupied with memories of their traumatic pasts (of being abandoned or abused) and may have expected their children to provide them with the comfort and security that they did not get growing up in an institutionalized setting. Furthermore, this pattern of parenting will carry across several generations – until children have caregivers that have models of healthy and nurturing care, they will be forever robbed of breaking this cycle.

Historical Trauma

Brave Heart (1998) was the first to apply the concepts of intergenerational trauma to the Lakota people, naming it historical trauma. She related that because the Lakota have an extended sense of family, their grief is also expanded to include larger numbers of deceased. Traditional outward signs of grief included cutting one's hair and sometimes one's body, symbolizing the loss of the part of oneself. At the end of the mourning period, called "spirit keeping" (usually one year), the Lakota would "release the spirit" and "wipe the tears" to resolve the grief and allow the mourned to come back and participate in society. Brave Heart (1998) argued that with the 1881 ban on traditional practices, Lakota grief was inhibited and compounded. She wrote that,

Lakota grief differs from the process described by Freud and Pollock – the degree of decathexis is different because the Lakota seek continued involvement with the spiritual world after the death of their loved ones, this makes them further predisposed to pathological grief because even partial decathexis (the ability to disengage from another spirit emotionally) is limited.

In 1890, a massacre occurred against the Lakota people killing thousands, in what is referred to as the Wounded Knee Massacre. The bodies of the dead were thrown into mass graves and the survivors were left to deal with the aftermath without being permitted to grieve or bury the bodies in a way that allowed them to release the spirits. Brave Heart (1998) believed that this was the beginning of an overreliance on alcohol and elevated rates of suicide, which were ways of coping with unresolved feelings. She tested her hypotheses on 45 service providers during a four-day psychoeducational intervention which was designed to initiate the resolution of grief. She employed a pre-and-post-test using the Lakota Grief experience questionnaire, self-reports at the end of the intervention, and a follow-up questionnaire after six weeks. The findings of the study included the following: 1) Education about historical trauma led to an increased awareness of the impact and associated grief of the traumatic Lakota history, 2) sharing the effects with other Lakota people in a traditional context provided cathartic relief, and 3) grief resolution was initiated for individuals, including a reduction in grief effects, a more positive identity and

a commitment to individual and community healing. Differences between men and women were found, suggesting that men were at an earlier stage of grief resolution (denial and trauma fixation) at the pre-test stage than women who were living with more guilt and shame. At the end of the intervention, women blamed themselves less and had lower grief scores, whereas men as a group felt more sadness, grief, anger, hopelessness, shame, and guilt. However, men's joy and pride simultaneously increased by 50% (Brave Heart, 1999).

Denham (2008) used the concept of historical trauma in his ethnographic fieldwork with a four-generation family living in Northern Idaho. His research consisted of seven formal interviews with the family patriarch and informal observations of family interactions. Denham contended that this family honours their ancestors by the passing of narratives from one generation to the next in a sharing fashion. The way that the past is framed, however, is where other families may differ one from the next. The Coeur d'Alène family reframes their narrative in a strengths-based approach which focuses on their assets despite the adversities they have endured. Denham wrote that because trauma memories are different than other memories – in that they lack a cohesive plot – they are capable of shattering one's sense of self. This self then requires someone to help them make sense of what has happened to them so they are able to overcome resulting obstacles. By passing a resilient narrative from one generation to the next, this family helps future generations make sense of their past and gives them strength and knowledge to overcome discrimination and to educate others that are more ignorant than themselves. The author concluded that historic trauma needs to be separated from responses to trauma, which can be both pathological and resilient (Denham, 2008).

Abadian (2006) made a similar argument as Denham (2008) in her presentation at the *Healing our Spirits Worldwide* conference. She argued that cultural renewal can be as dangerous as it can be rehabilitative. She referred to the Lakota people's historical attempts to renew culture that ended tragically – as in the 1890 Massacre of Wounded Knee. Furthermore, other so-called cultural renewals, such as Hitler's attempts to renew the "great Aryan nation" or Serbia's attempt at cultural resurgence have all ended horribly and have been toxic to survivors. Abadian argued that cultural renewal requires paying attention to the stories that one tells themselves in relationship to others and who is responsible for the way things currently are. She referred to these stories as meta-narratives – and asserted that toxic cultural renewal is an outcome of toxic cultural narratives. In turn, these cultural narratives are the outcome of past traumas. The first step in the regeneration of healthy and affirming cultures is the telling of life-affirming and healthy narratives. She drew on the example of a young child who was sexually abused by an extended family member. Because the child only has "pre-operational thinking" (Piaget, 1928), or believes that everything that happens is as a direct result of what they have done, they come to believe that any harm that occurs is their fault. This child thus goes through his life believing he is damaged, unlovable, and unworthy of healthy relationships. These post-traumatic narratives tend to be habitual, frozen in the past, self-referential, and self-reinforcing.

In the same way, entire communities can pass on unhealthy narratives to future generations. Healthy traditional communities were able to deal with trauma through the sweat lodge, rituals to support those left behind by loved ones, and through the adoption of orphaned children as a regular practice. But when entire communities experience the same traumas for generations, the very mechanisms that helped them to cope become destroyed in the process. The whole group becomes frozen in time and the collective

narratives become post-traumatic. Abadian (2006) pointed to religious doctrine as another example of toxic narratives that get passed on through time and that label people as “better than” or “worse than” anyone else based on their commitment to religion. She called these beliefs falsely empowering and argued that doctrines of Christianity, Judaism, and Islam emerged from their own historical traumas and have carried these forward and traumatized millions of people worldwide into believing that any one person can be more important or worthy of God’s love. Cultural renewal thus requires a cleansing of the elements of post-traumatic subcultures that no longer serve people and communities and keep them stuck in a traumatic past.

Evans-Campbell (2008) suggested that the concept of historical trauma could be applied to all colonized, Indigenous peoples. The author argued that the diagnoses such as PTSD do not address multi-generational traumas; as the focus is too individualized and does not take into account the social aspects of reactions to trauma, nor does it address the way that historical traumas may interact and compound currently experienced traumas such as intrafamilial abuse, suicide of family members, and daily racism and discrimination. She suggested that the criteria for historical trauma should include the following: 1) Many people in the community experienced it, 2) the events generated high levels of collective distress (demonstrated both empirically and narratively), and 3) the events were perpetrated by outsiders with a destructive intent – often a genocidal intent, making them particularly devastating. Instead of focusing on the individual impact of trauma, Evans-Campbell proposed a multi-level framework for understanding overlapping causes. She argued that trauma is best understood as impacting at three levels: the individual, the family, and the community. At the individual level, trauma manifests itself in mental and physical health problems - PTSD, guilt, anxiety, and depression. At the family level, symptoms may include impaired communication and stress around parenting (or attachment problems seen in children). The entire community may suffer from the breakdown of traditional culture and values, the loss of traditional rites of passage, high rates of alcoholism, physical illness (obesity), and internalized racism (Duran & Duran, 1995).

Whitbeck et al. (2004a), in conjunction with tribal elders from nine reserves in both Canada and the United States, developed two scales: the Historical Loss Scale and the Historical Loss Associated Symptom Scale Latent construct in an attempt to empirically capture the impacts of historical trauma. The first scale consists of 12 items, each of which lists a type of loss identified by focus groups of elders. These include loss of: land, language, culture, spiritual ways, family and family ties, self-respect, trust, people through early death, children’s loss of respect for elders, and traditional ways. The Historical Loss Associated Symptom Scale is also made of 12 items and specifies symptoms identified by focus group members and other participants. These include sadness, depression, anger, anxiety, nervousness, shame, loss of concentration, isolation or distance from other people, loss of sleep, rage, feeling uncomfortable around white people, fear or distrust of the intentions of white people, feeling as though it is happening again, and feeling like avoiding places or people. Both items have high internal reliability, with Cronbach’s alpha scores of .94 for historical loss and .90 for historical loss associated symptoms. In a subsequent study of 452 American Indian parents of children 10-12 years old, almost three-quarters of the sample met the criteria for lifetime alcohol abuse and of those, 15% met the criteria for 12-month alcohol abuse. Historical loss mediated the effects of perceived discrimination, suggesting that historical loss and the resolution of these losses have impacts on alcohol abuse. The authors cautioned that this is exploratory work done only with one Nation, but that the scales may be adapted to reflect the losses and symptoms of other groups as well (Whitbeck, Hoyt, Chen, & Adams, 2004b).

Clinicians that work with Indigenous peoples around manifestations of trauma should also be aware of culturally appropriate treatment models. Duran and Duran (1995) argued for a shift in the counselor's worldview when working with Indigenous populations. The authors related that based on their experience working with several different tribes in the United States, most Indigenous peoples' belief systems about mental health and healing are very different from euro-centric viewpoints. For example, the concept of time is generally used by western mental health counselors to set goals for treatment. For Indigenous peoples, it may not be a length of time that is required to heal, but rather the intensity in which they engage in the process. Dancing intensely during a traditional ceremony may provide as much cathartic relief as discussing problems over a longer period of time. Furthermore, western notions of well-being such as employment, income levels, and ownership of property are not necessarily applicable to standards that Native peoples aspire to. Traditionally, capitalist models were not part of Native culture and instead ceremonies to share the wealth among members of tribes or clans were an important way of creating balance and harmony in communities. Standard notions of functioning and well-being should be continually questioned and modified depending on what goals the person has for themselves (Duran & Duran, 1995).

Although the transmission of trauma from one generation to the next may explain some of the current mental health problems and other disparities between Aboriginal and non-Aboriginal people, it is likely only one piece of the story. There are several other compounding factors that need to be examined in order to begin to have a holistic understanding of the disparities.

Race-Based Trauma and Discrimination

Carter (2007), in his major contribution article, proposed that race-based traumatic stress injury should be recognized as an "emotional or physical pain or the threat of emotional or physical pain stemming from racism in the form of harassment, discrimination or discriminatory harassment (aversive hostility)." Racial encounters can be interpersonal, institutional, or cultural. The trauma resulting from an event should be determined by the severity of the individual's reaction to the event (and the cluster of symptoms that accompanies it), because severity may be a consequence of the cumulative effects of racism throughout the person's life. The event that causes symptoms to manifest may be less serious than other events, but the additive factor causes the person to feel they cannot take any more. Carter asserted that although race-related stress has been studied, trauma researchers do not generally consider racism in the diagnosis of PTSD. Carter also argued that discrimination can stem from historical policies and can infiltrate into current day myths and misconceptions about people of color or ethnic minorities. Histories of colonization and oppression cannot be separated out from everyday acts of racism and discrimination.

Bryant-Davis (2007) responded to and expanded on Carter's argument for the recognition of race-based trauma. She argued that clinicians and those who work with the public need to be sensitized to the multiple and overlapping types of trauma that people experience in their lifetimes and should specifically assess ethnic minorities for instances of race-based trauma. The author feels that it is irresponsible to try and avoid issues of race and discrimination due to the counselor or psychologist feeling uncomfortable with the topic. She also wrote that race-based trauma should not be pathologized, but that any kind of trauma will inevitably lead to victim blaming by a public that is not educated or sensitized. Therefore, it is not enough to keep race-based trauma separate from the *Diagnostic and Statistical Manual of Mental Disorders*; work on educating the public needs to be done at multiple levels

to support traumatized persons. There is some ambivalence in Bryant-Davis' argument because she nevertheless found the work of trauma experts helpful in using the same cluster of symptoms when assessing race-based trauma as PTSD. She asserted that attention should be paid to reports of intrusive thoughts, hyperarousal, numbing, intense emotional reactions, difficulty concentrating, difficulty with memory, feelings of destructiveness towards self or others, and psychosomatic reactions (Bryant-Davis, 2007; van der Kolk, McFarlane, & van der Hart, 1996).

A handful of researchers have attempted to measure the relationship of perceived discrimination with other mental health outcomes such as depression, suicide attempts, and alcoholism among American Indians (Walls, 2007; Whitbeck, 2002/2004a). Whitbeck (2002), in concert with an advisory committee comprised of American Indian elders and tribe members from one Nation, developed an 11 item scale to measure how often respondents had been insulted, treated disrespectfully, hassled by police, ignored, recipients of a racial slur, threatened with physical harm, suspected of doing something wrong, treated unfairly, expected not to do well by whites, discouraged to achieve an important goal, and treated unfairly in courts as a consequence of their American Indian minority status. The response categories ranged from one (never) to four (always). The authors found that the scale has high internal reliability (Cronbach's alpha of 0.90). The studies found that discrimination was correlated with higher alcohol use and suicide attempts and protective factors such as involvement in traditional activities disappeared when respondents had suffered from high levels of perceived discrimination. Thus, discrimination may lead to a broader range of symptoms than those officially recognized by a diagnosis of PTSD, as Bryant-Davis (2007) suggested.

Both race-based trauma and historical trauma are only beginning to be recognized as legitimate frameworks by which to address mental health problems with Native peoples. Although Carter (2007) made an important argument against pathologizing a trauma that is a result of society's ignorance, official recognition of suffering by the American Psychiatric Association would go a long way towards sensitizing the thousands of clinicians that work with ethnic minorities and Indigenous peoples on a regular basis.

Resilient Responses to Trauma and Discrimination

Fleming and Ledogar (2008) provided a summary of resilience models and argued that although early models of resilience-focused on the individual's ability to succeed despite adversity, there has been an ongoing search by researchers to find models that reflect resilience at not only the level of the individual, but also the family, community, and cultural levels. Research completed on resilience in Indigenous communities has examined both individual factors that contribute to positive outcomes, and, more recently, community-level variables that may prove beneficial for large numbers of people within the community. Because the causes of many problems were widespread governmental policies and practices that affected whole nations of peoples, it is logical to study resilience at a community level – even if many of the problems have now spread to families and individuals.

Resilience as Self-Government

There is strong evidence to believe that Aboriginal quality of life would increase with the greater expansion of self-governed nations. Chandler and Lalonde (1998/2004) found that of 196 First Nations communities surveyed in British Columbia, 111 had not a single suicide. Self-government was the greatest protective factor against suicide and all markers of cultural continuity (land claims, education, health

services, cultural facilities, police and fire services, women in government, and community-run child welfare services) were associated with lower suicide rates. In communities that had only one or a few of these services, the rates of associated suicide were as great as six times that of the overall population.

Cornell (2006), as part of the Harvard University Economic Development Project, argued that Australia, New Zealand, Canada, and the United States have much in common - including the fact that all four countries are predominantly European-settler societies, English-speaking, have legal and political systems that share a primarily English heritage, and also share a particular pattern of relationships with Indigenous peoples. In all four countries, European settlement often violently dispossessed Indigenous peoples, but Indigenous peoples remain today on remnant lands and have all engaged to one degree or another in movements for Indigenous self-determination. Furthermore, Cornell (2006) asserted that the central governments have tended to be more willing to address issues of Indigenous poverty than issues of Indigenous self-determination.

Overall disparities between Indigenous and non-Indigenous persons mask the fact that some Nations are outperforming not only other Indigenous communities but also non-Indigenous communities. Tribes and Nations in the United States that have successfully implemented self-government in one facet or another have seen reduced reliance on social assistance, reduced unemployment, the emergence of diverse and viable economic enterprises on reservation lands, more effective management of social services and programs (including language and cultural components) and improved management of natural resources (Jorgenson, 1997/2000, & Krepps, 1992).

Cornell and Kalt (2007) described two approaches to economic stimulation in American Indian nations. The authors wrote that the standard approach that began in the 1920s has five main characteristics:

- (1) decision making is short term and non-strategic;
- (2) persons or organizations other than the Native nation set the development agenda;
- (3) development is treated primarily as an economic problem;
- (4) Indigenous culture is viewed as an obstacle to development and
- (5) Elected leadership serves primarily as a distributor of resources.

The approach doesn't always have all five of these elements but in general, it has been wrought with corrupt leadership, an economy highly dependent on money from the federal government, and ongoing poverty and an impression of incompetence that undermines future attempts to regain sovereignty of their Nation. In contrast, the Nation-building approach sees Native nations make all the decisions, governing institutions adhere to Indigenous political culture, and decision making is strategic and long-term. In many communities, governing institutions are the remnants of colonialism and the electoral system is based on the British model. When Cornell and Kalt referred to governance structures that adhere to Indigenous culture, they are referring to structures that have meaning and significance for that particular tribe or Nation and therefore, will inevitably be less prone to corruption and failure (Milloy, 1999).

Examples of prosperous Nations in the United States are the Citizen Potawatomi in Oklahoma, the Mississippi Choctaw, and the Salish and Kootenai. All three Nations built themselves up from minimal assets and reliance on federal money to being fully self-governed – in some cases with their own Supreme Court system – and with diversified economies consisting of banks, golf courses, casinos, farms, and retail food chains. The Citizen Potawatomi Nation funnels their profits into services for citizens including health

and wellness, early childhood development programs, and an award-winning small business development program. Unemployment is virtually non-existent, the community members are healthier mentally, physically, and culturally. Cornell and Kalt (2007) asserted that these experiences are applicable to Indigenous peoples across Australia, New Zealand, Canada, and the United States, but also caution that self-determined Indigenous governance in these countries is likely to be diverse, and that a single form of self-governance is unlikely to work across groups or across countries.

Resilience as Cultural and Spiritual Renewal

A small number of researchers have begun to work with tribe members to develop tools that measure traditional spiritual commitments or cultural connection and the relationship to resiliency among Indigenous populations. Although there are distinct interpretations of these concepts that vary by tribe and culture, American Indians and the First Nations of Canada share a history of massacre, colonialism, and high rates of out-of-home placement of children. Whitbeck et al. (2004a) were the first to employ the term enculturation using three separate measurements: traditional spirituality, traditional activities, and cultural identification. *The Healing Pathways Project* used these measures for their three years lagged sequential study on four American Indian and five First Nations reservations (Walls, Johnson, Whitbeck, & Hoyt, 2006; Whitbeck, et al., 2004b). In one set of analyses, 746 youth aged 10-12 were asked about suicidal thoughts and behaviors, discrimination, negative life events, alcohol use, depressive symptoms, delinquency, anger, self-esteem, and enculturation. Enculturation and traditionality were negatively associated with suicidal behaviors, whereas discrimination and negative life events were positively associated with suicidal behaviors (Walls, 2007). This combination of three measurements appears promising for several reasons: It was developed in consultation with tribal members and elders, the measures contain many cultural components specific to both Native American and First Nations people, and the traditional activities component, although not exhaustive, includes a large variety of traditional activities (19 in total) that span across cultures. In addition, the incorporation of elements that measure beliefs, actions, and identification is a more holistic way of capturing cultural connection.

A cross-sectional survey of 1,456 American Indian Tribal members aged 15-54 years old used a cultural spiritual orientation scaled and found that those who were more culturally or spiritually oriented were half as likely to report a history of attempting suicide than those with a low score (Garrouette, 2003).

Anderson and Ledogar (2008) provided a summary of 15 studies that have been completed in Canada that examine protective factors among youth across a wide range of issues including suicide prevention, tobacco use, risky sexual behavior, prenatal health, and domestic violence prevention. Some of the different constructs used to measure contribution to resiliency were: spirituality, sense of coherence, history of abuse, knowledge of consequences, pride in one's heritage, self-esteem, subjective norms, agency or self-efficacy, level of distress, involvement in traditional ways, church attendance, level of support, parental care, parental monitoring, parental attitudes, influence of peers, and community influence. Associations were found between resilience and mastery, self-esteem, low levels of personal distress, and pride in one's heritage. Although these were the only associations that were found to be significant, the authors asserted that limitations, such as small sample sizes in many of the studies, may have contributed to the lack of association. Nevertheless, a common finding across these studies is that belief in traditional culture and values and participation in cultural practices provides some kind of a

buffer against adversity and risk-taking. The very element that governmental policy sought out to destroy has turned out to be vital to the physical and emotional well-being of Indigenous peoples.

Future Directions

Research that has been done thus far clearly supports the theoretical frameworks of intergenerational, historical, and race-based trauma. Furthermore, the notion of culture, be it at an individual, family, or community level is clearly a protective factor for many Indigenous people. The developments in the theoretical literature on historical trauma as first described by Brave Heart (1998) are gaining some recognition, but more measures are needed to test the construct of historical trauma among a greater variety of cultural groups in order to confirm its applicability to different cultures. Whitbeck et al. (2002/2004) have begun to examine the interplay between a number of factors that both contribute to and undermine resiliency, including perceived discrimination, enculturation, historical trauma, historical loss, alcohol use, and suicidality.

What continues to be lacking is the ability to study resiliency of Aboriginal or Native American people living in urban and isolated rural areas. Like other cultural groups, enormous differences may be evident from one generation to the next and depending on whether someone has ever lived on a reserve community or not. Most of the studies examining the relationship between resiliency and community well-being are done with people living on-reserve. How can some of the positive findings from the studies cited above be translated into work with Aboriginal peoples living off-reserve? One area of future research may be to work with families that reside in communities or cities with a greater access to cultural resources (such as urban Native friendship centres) or with ongoing connections to friends or family members living on-reserve to see how their level of involvement with such resources serves as a protective factor against the increased stressors of living in a city, including discrimination, negative stereotyping, and greater levels of financial stress.

No scale or measure can be thought to measure the countless losses suffered by Aboriginal peoples in Canada and Indigenous peoples across the globe. The one time grant of \$350 million to be spread over 11 years from the Canadian federal government is a first step in addressing the multiple losses endured by Aboriginal peoples. However, this money, without any kind of permanent structure or ongoing funding will not likely scratch the surface of the multiple and competing needs of generations of Aboriginal peoples affected by institutional racism and discrimination. Furthermore, only the measurable act of attendance in residential schools is being compensated. The loss of lands, gender roles, traditional family patterns, and governance structures (to name only a few of the losses) are in no way being recognized as contributing to the suffering that continues for many Indigenous peoples. Although more Canadian research would further the argument, there appears to be no legitimate reason against further stalling by the government to settle land claims and reestablish the inherent right of First Nations to self-govern. If this transition is done properly (i.e., First Nations led, respecting traditional governance structures, etc.) self-government would likely decrease disparities between Aboriginal and non-Aboriginal peoples, and result in healthier individuals, families, and communities.

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Healing Through Culture for Incarcerated Aboriginal People

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Abstract

Statistically, Aboriginal people in Canada are over-represented in prisons throughout the country. While representatives from the Canadian government recognize that the Aboriginal incarceration rates are an issue, they have failed to find a solution. A link has been found to demonstrate how the erosion of Aboriginal culture through the legacy of residential schools has contributed to the current inflated Aboriginal incarceration statistics (Waldram, 1997). As such, cultural healing in prisons may be a crucial factor for Aboriginal inmates' rehabilitation. Cultural healing can be implemented in prisons by: providing inmates with access to Elders, allowing Elders to perform ceremonies, providing inmates with access to sacred medicines, and increasing the number of healing lodges and sacred circles.

Keywords: Aboriginal, incarceration, culture, cultural healing

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Contextualizing the Reviewer's Position

I am writing from the perspective of a non-Aboriginal person who is presently focused on learning and immersing myself in the area of Aboriginal psychology. My work and position come from that of a non-Aboriginal student who is working towards becoming a mental health professional. As such, my work presented here does not represent the voice of Indigenous people, and only represents my personal thoughts and interpretations of the discussed content.

Before proceeding, I want to clarify where my perspective comes from. I am predominately of English, Irish, and Scottish descent. I was raised in the city of Brantford in South-Western Ontario. Brantford is in the heart of Six Nations territory, right along the Grand River, and as a result, I was introduced to Aboriginal people, cultures, and issues at a young age. My Six Nations acquaintances instilled in me an interest to become more involved in the Aboriginal community. As a result, I am presently studying and researching in the area of Aboriginal psychology for my graduate work at the University of Toronto. I am deeply interested in creating and nurturing respectful relationships with the Aboriginal community both as an aspiring counsellor and researcher. In addition, I aspire to further benefit the community through my work in these areas. My research involvement with the Aboriginal community in Toronto has expanded my research interests to include the areas of education and employment issues, cultural identity, and culturally appropriate programs and resources. Thus, this work is important to me as I aspire to become a counsellor and researcher in the Aboriginal community.

Introduction

It is well documented that Aboriginal people are over-represented in prisons across Canada (Hayman, 2006; Perreault, 2009; Rymhs, 2008; Waldram, 1997). Statistics Canada reported in 2008 that adult Aboriginal people made up 18% of the provincial/territorial prison population (but only 3.1% of the national population) and this number continues to rise (Perreault, 2009). In fact, the Aboriginal prison population exceeds their general representation in all of the provinces and territories (Perreault, 2009). In Perreault's 2009 report, he cited three factors as the basis for the over-representation of Aboriginal people in prisons: age, education, and unemployment. The Aboriginal population is one of the youngest and fast-growing populations in Canada (Statistics Canada, 2013a). Thus, age is a key factor as most incarcerated Aboriginal people are between 20-years and 34-years (Perreault, 2009). In general, people with lower completion levels of education are more likely to be incarcerated (Brennan, 2012) and many Aboriginal people in prison have not completed high school (Perreault, 2009). Finally, many Aboriginal people who are incarcerated are unemployed (Perreault, 2009) but employment also contributes to the incarceration of non-Aboriginal inmates (Brennan, 2012). In fact, age, education, and employment are also factors that contribute to the incarceration of non-Aboriginal populations (Brennan, 2012). As the three factors outlined in Perreault's 2009 report to explain the over-representation of Aboriginal people in prisons are also key factors in the incarceration of non-Aboriginal people, it appears that age, education, and unemployment alone do not adequately address nor explain why Aboriginal people are disproportionately incarcerated. What Perreault (2009) does not explain is the historical role of stigmatized oppression and colonization and how these factors contribute to the over-representation of Aboriginal people in prisons. Thus, the question remains, how is it that Aboriginal people became so over-represented in Canadian prisons?

Factors That Contribute to Incarceration

The legacy of residential schools

To begin, many Aboriginal people have lower educational levels than non-Aboriginal people. The obstacle to educational achievement originated with residential schools, which were in operation from the mid-1800s until the end of the 1990s (Aboriginal Healing Foundation, 2002; Blackburn, 2012; Chansonneuve, 2007; Royal Commission on Aboriginal Peoples [RCAP], 1996). Aboriginal children were forcibly removed from their families and communities and were required to attend residential schools (Schissel & Wotherspoon, 2003; RCAP, 1996). The residential schools were used as a form of cultural genocide, oppression, and exploitation (Schissel & Wotherspoon, 2003). To elaborate, the goal of the residential schools was to achieve cultural assimilation (Aboriginal Healing Foundation, 2002; Blackburn, 2012). In order to eradicate Aboriginal cultures, Aboriginal children were prohibited from speaking in their native languages, many children were isolated from their families and communities, any acts of Aboriginal spirituality were banned, as were all activities associated with Aboriginal culture and tradition (Blackburn, 2012). If children were caught engaging in any traditional activities, they were forcibly punished (Blackburn, 2012; RCAP, 1996). Furthermore, education was not the goal or focus of the residential schools. Very few students advanced past a grade six level and the quality of education the students received was subpar (Aboriginal Healing Foundation, 2002). Instead, children trained for employment in the areas of domestic work, agriculture, and manual labour (Blackburn, 2012; Milloy, 1999). Physical, sexual, and emotional abuse was also rampant within residential schools (Aboriginal Healing Foundation, 2002; Blackburn, 2012; RCAP, 1996; Schissel & Wotherspoon, 2003).

The damage incurred through residential schools is pervasive. Presently, the negative effects of residential schools impact those who attended these schools as well as those who did not attend via intergenerational trauma (Bombay, Matheson, & Anisman, 2009; Chansonneuve, 2007; Menzies, 2008). Intergenerational trauma is best understood as a continuation of the negative effects of the residential schools, which are passed down to other family members in a cycle (Bombay et al., 2009; Chansonneuve, 2007; Menzies, 2008). The impact of intergenerational trauma is typically felt throughout entire communities and can include, but is not limited to: poor parenting skills (which can negatively impact mental health), neglect, abuse, hopelessness, inability to feel/express love, inability to trust others, loss of cultural identity and connections to the cultural community, addictions, and loss of cultural pride (Bombay et al., 2009; Chansonneuve, 2007).

However, Aboriginal people in the Canadian mainstream education system continue to encounter barriers that prevent them from participating equally in the education system by means of having non-Aboriginal people set the standards for education (Preston, Cottrell, Pelletier, & Pearce, 2011; Schissel & Wotherspoon, 2003). As a result, the present educational system does not support Aboriginal ways of knowing, creates isolation between Aboriginal and non-Aboriginal students, further erodes Aboriginal culture and identity, leads to the devaluation of Aboriginal culture, and creates an environment where Aboriginal students face discrimination and racism (Preston et al., 2011; Schissel & Wotherspoon, 2003).

Thus, schools both historically and presently continue to be negative environments for some Aboriginal people in Canada. While it has been acknowledged that education is key for successful integration into the workforce and society (Schissel & Wotherspoon, 2003), the fact remains that there

are still several barriers to education for Aboriginal people. As a result of the legacy of the residential school system, most of the incarcerated Aboriginal population has not completed high school (Perreault, 2009). This failure is a reflection of mainstream society by way of producing toxic education environments, which have negatively impacted Aboriginal people for hundreds of years.

Employment barriers

Coinciding with educational outcome is employment potential. It has been observed that employment, income, and job prospects increase with education levels (Schissel & Wotherspoon, 2003). Furthermore, education credentials are commonly used as screening tools for employers so that even if the job does not require higher levels of educational attainment (i.e., high school diploma is required, not a university degree), applicants who have additional education credentials are more likely to be employed (Schissel & Wotherspoon, 2003). The practice of employers hiring applicants with more education occurs because mainstream society tends to regard educational attainment as “a mark of social capability and, conversely, hold less regard for persons who have limited educational attainment” (Schissel & Wotherspoon, 2003, p. 114). However, Statistics Canada reported in 2009 that the unemployment rate among Aboriginal people was 43% and for non-Aboriginal people 31.9% (Statistics Canada, 2011).

Many Aboriginal communities have relied on resource-based industries, including fishing, forestry, and mining, for employment opportunities. However, the recent decline in these resource-based industries has resulted in diminishing employment opportunities for Aboriginal people (Ommer, 2007; White, Maxim, & Gyimah, 2003). The dwindling work opportunities have left many families struggling to get by on a day-to-day basis, while the cost of living continues to climb.

The fact that Aboriginal people are under-employed is not surprising as only 9.8% of Aboriginal adults between the ages of 25-years and 64-years have a university degree (Statistics Canada, 2013b). In comparison, 25% of Canadian adults between the ages of 25-years and 64-years have a university degree (Statistics Canada, 2012). Furthermore, the Aboriginal population is much younger (average age 25.5-years) than the non-Aboriginal population (average age 35.4-years) (Kirmayer, Simpson, & Cargo, 2003). In fact, recent research by Stewart and Marshall (2011a; 2011b) examined Aboriginal youth’s experiences of the supports, challenges, and barriers they have faced in their quest to find sustainable work. Obstacles in the workplace, such as systemic racism and job training, are reported barriers to Aboriginal people obtaining meaningful employment (Stewart & Marshall, 2011a, 2011b) and as limiting factors to succeeding in the workplace (Juntunen et al., 2001). Furthermore, participants expressed solutions to employment challenges that would build on their existing strength of cultural identity to help them resist the colonial oppression they experienced systemically.

Thus, when the legacy of the residential schools, oppressive work conditions, and the young age of the Aboriginal population are considered in accord with the history of colonialism, it becomes clearer that systemic barriers are contributing to unemployment and the Aboriginal incarceration statistics.

Systemic barriers

A key factor to the disproportionate incarceration rate of Aboriginal people, which is not mentioned in the Perreault report, is the loss of Aboriginal culture (Martel, Brassard, & Jaccoud, 2011; Martel & Brassard, 2008; Waldram, 1997). In 1884, the Canadian government passed legislation that made participating in Aboriginal ceremonies illegal (Martel et al., 2011; Waldram, 1997). The legislation

was expanded upon in the following years and prohibited participation in potlatch feasts, sweat lodges, and the sun dance (Waldram, 1997). This legislation was part of an effort to assimilate as well as “civilize” Aboriginal peoples (RCAP, 1996; Waldram, 1997). Although these laws were repealed in 1951, the cultural damages were already incurred (Waldram, 1997). The combination of this detrimental legislation and the residential schools means that some Aboriginal people today have “no knowledge of traditional spirituality, language, and in some instances, culture. The Elders who harboured traditional knowledge, have dwindled in number and fewer young people have been inclined to pick up their mantle” (Waldram, 1997, p. 8). Thus, some Aboriginal inmates enter Canadian prisons with more concerns than non-Aboriginal inmates including: unhealthy communities, lack of positive role models, little understanding of Aboriginal cultural and spirituality, loss of pride in their Aboriginal identity, the need to heal from direct traumatic experiences and intergenerational traumatic experiences of emotional, physical, and sexual abuse, troubled interpersonal and familial relationships, lack of formal education, and a lack of job skills (Champagne, Torjesen, & Steiner, 2005; McMaster, 2011; Nielsen, 2003; Ruge, 2006). As such, for some Aboriginal inmates, developing the tools to succeed outside of prison includes re-connecting to their Aboriginal culture to heal and to be rehabilitated (Nielsen, 2003).

Spirituality in Prisons

Despite the recognition that healing needs to occur through reacquainting Aboriginal people with their cultural traditions (Nielsen, 2003; Waldram, 1997), this has been difficult to implement within Canadian prisons. The year 1983 was the first year that Aboriginal spirituality, in the form of a sweat lodge, was permitted to be practiced within the walls of a Canadian prison (Waldram, 1997). However, it was not until the late 1980s that Aboriginal spirituality and Elders were given equal status with other religions (Martel et al., 2011; Waldram, 1997). Despite the fact that Aboriginal spirituality has been given equal status, Elders still face challenges in the prisons. To begin, for security purposes, some Elders have their sacred objects searched before they are granted entry into the prison (Waldram, 1997). The practice of searching through Elders’ sacred objects is problematic; sacred objects should not be handled by anyone, except the owner (Correctional Service of Canada, 2015). Additionally, several Aboriginal spiritual practices occur in natural surroundings, and many Elders have struggled to adapt these ceremonies to occur within the confines of the prison walls (Waldram, 1997). Many ceremonies require a significant amount of preparation (e.g., food and fasting), in addition to the ceremony itself (Huber, 2010; Waldram, 1997). As such, Aboriginal ceremonies do not conform to the idea of one-hour Sunday worship as it can take several hours or days to carry out (Huber, 2010; Waldram, 1997). For example, it is traditional for members of the Ojibwa First Nation to participate in a four-day spring fast in solitude (Huber, 2010). For Ojibwa inmates, preparation is necessary in order to follow traditional protocols. This includes spending time thinking about themselves and their lives without consuming any food or water, starting four months before the spring fast occurs (Huber, 2010). While the prisoners are able to spend four days with the Elder leading the spring fast, they are not able to leave the prison’s grounds or be in isolation (Huber, 2010). Furthermore, Aboriginal youth inmates in the Burnaby Youth Secure Custody Centre must wear leg shackles when attending sweat lodges (Grosse, 2006). The reasoning behind the shackles is due to the fact that in 1999 a prisoner escaped (Grosse, 2006). Additionally, the sweat lodge is located outside the prison’s secure perimeter and is contained only by an eight-foot-tall barbed wire fence (Grosse, 2006). Despite the use of shackles, there is a policy of having a minimum of one prison guard present in the sweat lodge during the ceremony (Grosse, 2006).

Financial barriers present additional difficulty in terms of carrying out Aboriginal spirituality in prisons. Across Canadian prisons, there are not enough Elders and spiritual leaders available to inmates and those who are available tend to be underpaid (Makin, 2012; Waldram, 1997). Elders also struggle to hold spiritual ceremonies as “sweat lodge ceremonies are scheduled around other programming; the resources to acquire wood and rocks run out . . . [which] leads to a high turnover among Elders and spiritual leaders” (Waldram, 1997, p. 219). The lack of funding has been attributed to the fact that Aboriginal inmates are so over-represented in Canadian prisons (Makin, 2012). As a result, the sheer number of Aboriginal inmates has created a shortage of funding to provide proper cultural services across Canada (Makin, 2012).

Furthermore, there are some Elders who are opposed to conducting ceremonies in prisons. Some of this hesitation stems from adherence to cultural protocols which outlines how ceremonies are to be conducted, especially the outdoor ceremonies, and who can handle sacred objects (Waldram, 1997). Thus, the prison system has created an environment which some Elders believe is inappropriate for these sacred objects and ceremonies (Waldram, 1997). Finally, some Elders may be reluctant to perform these ceremonies in prisons as many inmates are struggling with substance abuse and may not be able to adhere to cultural protocols regarding abstinence (Stewart, Elliott, Kidwai, & Hyatt, 2013). The alternative to cultural programming offered by Elders is cultural programming offered by non-Aboriginal employees (Martel, Brassard, & Jaccoud, 2011). The non-Aboriginal staff who run these programs undergo training and receive certification (Martel, Brassard, & Jaccoud, 2011). However, the process of learning Aboriginal culture from someone who is not Aboriginal has been met with skepticism in terms of questioning how well non-Aboriginals can understand the shared history of living in isolated communities as well as understanding how spiritual ceremonies should be conducted (Martel, Brassard, & Jaccoud, 2011).

Healing From Trauma

Unfortunately, substance abuse, addiction, and mental health concerns based on traumatic experiences are some of the most common problems among Aboriginal inmates (Butler, Allnut, Kariminia, & Cain, 2007; Krieg, 2006; LaPrairie, 1996; Putt, Payne, & Milner, 2005; Thakker, 2013). However, there are ways to facilitate healing of both addictions and mental health concerns in prisons via cultural healing, which involves a combination of cultural practices and learning the history of colonization (Duran, 2006; Waldram, 1997). To begin, Elders play a large role in the cultural healing process. Elders are frequently reported to be the reason that many Aboriginal inmates reconnect to their cultural identities, by providing cultural histories and traditional teachings (Wilson, 2002; Nielsen, 2003). In prisons, Elders are the gateway to spiritual ceremonies, such as sweat lodges, pipe ceremonies, or sun dances (Nielsen, 2003). The Elders also offer guidance to the inmates on ways to prepare for the ceremonies, such as fasting requirements, an explanation of what will happen during the ceremony, and the ceremony’s purpose (Nielsen, 2003). Likewise, the Elders provide medicines for the ceremonies, such as tobacco and sweetgrass, and lead the ceremonies (Nielsen, 2003).

Much of the healing that Elders provide is considered soul healing, which is a culturally appropriate approach to healing mental health and addictions by addressing the historical trauma (Duran, 2006). This type of healing differs from the biomedical model as it teaches people to understand how their experience of trauma and intergenerational trauma has led to their current experiences (Duran, 2006; Waldram, 1997). In contrast, the biomedical model pathologizes and diagnoses individuals by

labelling the problem as something within the individual that should be eliminated (Duran, 2006). In other words, only once the absence of symptoms occurs is the individual considered healed. However, sometimes those who receive a diagnosis are not provided with the details as for how this occurred and how it can be eradicated (Duran, 2006). Thus, the biomedical model can be confusing as individuals tend to assume diagnoses as part of their identities (Duran, 2006). Soul healing teaches ways to understand experiences and transform them into something that can be understood, mastered, and transcended (Duran, 2006; Waldram, 1997) and works by incorporating the assistance of the Elders, the Creator, and other spirits (Duran, 2006; Waldram, 1997). More specifically, soul healing is a process whereby Aboriginal people are taught how their history of cultural oppression has injured their soul (Duran, 2006). In order to overcome and surpass personal problems caused by the history of colonization, Aboriginal people need to understand the history of systemic oppression (Duran, 2006). Thus, the goal is to heal the soul by coming to an understanding of Aboriginal culture and spirituality through learning and partaking in ceremonies (Duran, 2006).

It is widely acknowledged that struggles with addictions stem from experiences of trauma or intergenerational trauma (Chansonneuve, 2007; Duran, 2006; Nabigon, 2006; Waldram, 1997). This is attributed to the fact that substance abuse is a means to attempt to escape or ease the pain caused by the trauma Aboriginal people have experienced (Chansonneuve, 2007; Duran, 2006; Nabigon, 2006; Waldram, 1997). As a great deal of this trauma centres on a loss of cultural identity, it makes sense that an effective way to help facilitate healing from addictions is to use cultural healing techniques. Many cultural practices, such as learning knowledge about ceremonies, using sacred medicines, and learning the history of colonization can be easily carried out in prisons. To begin with, there is a great deal of ancient wisdom contained with understanding the Medicine Wheel path, such as daily rituals and ceremonies (McCabe, 2008; Nabigon, 2006). The Medicine Wheel is also holistic, as it incorporates a balance between spirituality, emotions, the body, and the mind (Nabigon, 2006). The Seven Grandfather Teachings also contain the seven natural healing methods: crying, yelling, sweating, yawning, talking, laughing, and shaking (Nabigon, 2006). By learning the teachings associated with creating balance within the Medicine Wheel, it is possible to understand what aspects of the self are out of balance, and enables individuals to listen to these parts of the self that are out of balance in order to take the next steps towards restoring balance (McCabe, 2008; Nabigon, 2006).

Cultural Practices

Sweat lodge

Another form of cultural healing occurs in the form of participating in ceremonies. One ceremony that is becoming increasingly accessible to Aboriginal inmates is the sweat lodge (Martel & Brassard, 2008; Nielsen, 2003; Waldram, 1997; Yuen, 2008). For many inmates, the first time they participate in a sweat lodge is at the prison (Waldram, 1997; Yuen, 2008). Sweat lodges allow individuals to purify the mind, body, and soul via prayer (Huber, 2010; McCabe, 2008; Nabigon, 2006; Grosse, 2006). In relationship to healing from substance abuse, sweat lodge ceremonies allow the individual to reflect on the past and examine their weaknesses as well as their strengths in order for the individual to develop and focus on becoming balanced (Nabigon, 2006).

Many inmates who participated in sweat lodges indicated that the ceremony allows them to heal both physically and mentally (Waldram, 1997). For example, some inmates have reported that, through participating in sweat lodges, they experienced a cleansing whereby a negative spirit or energy was removed from their body (Waldram, 1997). Additionally, the sweat lodges have been reported to help reduce stress in the inmates as it allows the inmates to cleanse themselves of the negativity that they are constantly absorbing in their mind, heart, body, and spirit and are metaphorically reborn into a person who projects positivity (McCabe, 2008; Waldram, 1997). Sweat lodge protocols also work harmoniously with mandatory Alcoholics Anonymous meetings (for those struggling with alcohol abuse), as the inmates are taught to make amends through prayer, especially for those they have harmed through drinking (Waldram, 1997). Thus, healing inmates' substance abuse within prisons requires two-fold spiritual healing. First, spiritual healing helps inmates understand the imbalances within the body, mind, emotions, and spirit (Thakker, 2013; Waldram, 1997). Once the imbalances in the body, mind, emotions and spirit are understood, the inmates then learn how these imbalances impact themselves and the community (Thakker, 2013; Waldram, 1997). Second, the inmates learn how the history of colonization has led to substance abuse as a means of coping (Duran, 2006; Thakker, 2013). Spiritual healing focuses on providing avenues to partake in ceremonies and allows inmates to reconnect to these cultural ceremonies, as well as learning that sobriety is a core value in traditional spirituality (Waldram, 1997). Furthermore, inmates also learn the history of colonization through residential schools (Aboriginal Healing Foundation, 2002). In prisons, this most often occurs through access to Elders who help the inmates learn more about cultural identity and their community's history to foster an understanding of the conditions that led them to prison (Waldram, 1997). As such, Elders are invaluable in facilitating healing of the mind, body, emotions, and spirit.

Elders approach soul healing through "cultural and spiritual education with the goal of rebuilding self-esteem and pride as an Aboriginal person" (Waldram, 1997, p. 111). One of the keys to the success of this healing approach is that Elders establish a relationship of trust with the inmates. For example, all discussions and activities conducted by and with inmates are not shared with the correctional staff (Waldram, 1997). Another important element is that the Elders uphold the cultural standard of not forcing individuals to participate; it is voluntary (Hayman, 2006; MacDonald & Watson, 2001; Nielsen, 2003; Waldram, 1997). For example, Aboriginal women who are sentenced to federal prisons can choose to serve their sentence at a women's prison, or at Okimaw Ohci Healing Lodge (Hayman, 2006; MacDonald & Watson, 2001). It is reported that by granting this choice, it fosters an environment for positive changes within the inmates, as they are treated with respect and empowered to make a choice (MacDonald & Watson, 2001).

Healing Lodge

Healing Lodges are a unique alternative to traditional prisons as the focus is on healing in order to adequately prepare inmates for release (Hayman, 2006; Nielsen, 2003; Thakker, 2013). Healing Lodges achieve healing by allowing inmates to connect with nature, to participate in traditional ceremonies, to connect with Elders, and in the case of Okimaw Ohci, even the inmates' children are allowed to live with their mothers in the Healing Lodges (Hayman, 2006; Nielsen, 2003; Thakker, 2013). Healing Lodges focus on healing and harm reduction through the provision of cultural teachings and engaging in spiritual practices (Correctional Service Canada, n.d.; Hayman, 2006; Nielsen, 2003). Within

the Healing Lodge, a sense of community is further established as the inmates live in shared units where they cook and clean together (Hayman 2006; Nielsen, 2003). As the number of inmates within each Healing Lodge is quite small, inmates are able to receive individualized programming, including job training, parenting classes, and education (Hayman, 2006; Thakker, 2013). As such, upon release, inmates have had the opportunity to heal spiritually, and also to be empowered by increasing their skill set to help them obtain meaningful employment (Hayman, 2006).

Sacred Circle

Sacred Circles are another form of soul healing that occurs within some prisons (Nielsen, 2003; Waldram, 1997). Sacred Circles are used by many different Aboriginal Nations (Sanderson, 1991). Sacred Circles are a way to acknowledge the link between all life forces and the influence life forces, including people past and present, have on each other (Sanderson, 1991). In a Sacred Circle, people connect and share with others in a space where everyone is equal and equally important (Sanderson, 1991). The Sacred Circles allow inmates to explore their soul wounds with Elders through individual counselling, group counselling sessions with other Aboriginal inmates, and participating in ceremonies to aid in healing (Nielsen, 2003). This teaches the inmates to respect themselves, others, the community, and the spirits (Waldram, 1997). Group Sacred Circles begin with a traditional opening in the form of smudging and prayer (Waldram, 1997). Each inmate is granted the opportunity to discuss any issues they are experiencing and the Elder offers guidance by relating the problem to traditional teaching and principles (Waldram, 1997).

Sacred medicines

Another way in which prisons facilitate cultural practices is through allowing inmates to use sacred medicines, such as tobacco or sweetgrass (Hayman, 2006; Nielsen, 2003; Waldram, 1997). These sacred medicines are important for healing as they allow individuals to communicate and connect with the Creator² and help purify the individual's mind, body, emotions, and spirit (McCabe, 2008; Waldram, 1997). The use of sacred medicines empowers the inmates as it allows them to use these cultural tools whenever necessary and not just when they have access to an Elder (Waldram, 1997). It has also been reported that these sacred medicines allow inmates to practice self-care when they are feeling stressed or upset as it helps them alleviate these feelings and focus on more constructive things (McCabe, 2008; Waldram, 1997).

Cultural Healing and Rehabilitation

The benefit of cultural healing for inmates extends beyond the prison cell; cultural healing can be used as a rehabilitation tool to prevent recidivism upon release (Cox, Young, & Bairnsfather-Scott, 2009). To begin, Sacred Circles can also have a positive impact when former prisoners participate in community Sacred Circles (Cox et al., 2009). Cox and her colleagues have documented that prisoner participation in community Sacred Circles reduces the likelihood of reoffending by demonstrating to the former inmate

² Creation stories and the relationship to the Creator vary from Nation to Nation, but many Nations believe the Creator is responsible for creating the land and the people on the land. Many Aboriginal people also believe in many spirits and the connection to the spirit world (Aboriginal Affairs and Northern Development Canada, 2013).

how their behaviour has impacted their victim(s), family, and the community (Cox et al., 2009). This is achieved through the Sacred Circle discussions, which allows former prisoners to take accountability for their actions in a holistic environment where it meets the healing needs of the prisoners (Cox et al., 2009). In fact, the healing effects of the Sacred Circles have been so profound that the Canadian justice system has created several community-based Sacred Circles for those who have been released from prison (Nielsen, 2003; Waldram, 1997). These community Sacred Circles further the healing process for both the perpetrator and the victim as they both have the opportunity to come together in the safety of the Sacred Circle to address their pain and suffering (Cox et al., 2009).

While the community based Sacred Circles focus more so on healing the victim rather than the perpetrator, both the victim and the perpetrator report that this environment facilitates holistic healing and is more effective at facilitating healing than the legal system (Cox et al., 2009). Additionally, Sacred Circles are viewed as beneficial to the community, the families of the victim, and the perpetrator (Cox et al., 2009). Sacred Circles are beneficial because they present the opportunity for the victim(s) and perpetrator to address each other, provide closure, and allow them to move forward in a positive manner by restoring balance to the mind, body, emotions, and spirit through discussion and spiritual practices (Cox et al., 2009). It has also been reported that Aboriginal inmates who attend healing lodges, such as the Okimaw Ohci Healing Lodge, instead of traditional prisons have lower rates of recidivism than Aboriginal inmates who are released from traditional prisons (Nielsen, 2003).

Some Aboriginal inmates who have participated in the cultural healing programs offered in prisons reflect that it allows them to reconnect to their cultural heritage which was missing or lost before they entered the prison and now that they have had the opportunity to learn the traditional teachings and ceremonies, they have been re-born (Yuen, 2008). It has been further suggested by some Aboriginal inmates that having gained this new identity, they have hope for the future as they could act as the positive, proud Aboriginal role models that they never had (Yuen, 2008). These programs also encouraged the inmates to want to maintain a connection to their culture by becoming active in Aboriginal cultural centres (Yuen, 2008).

Conclusion

While Canadian prisons are evolving and making an effort to provide Aboriginal people with accessible ways to access their culture and practice their traditions, more can be done to improve the healing for Aboriginal inmates. For example, some Aboriginal inmates perceive the cultural programming that is offered throughout the prisons, such as the Sacred Circles, Healing Lodges, and sweat lodges, as another form of colonialism (Martel et al., 2011; Yuen, 2008). This colonized perspective on Aboriginal culture is felt in three very distinct ways. First, the Aboriginal cultural programming does not directly address the history of colonization and oppression, how colonization has negatively impacted the individual, and how the individual can heal, despite the fact that this is crucial to their healing (Duran, 2006; Yuen, 2008). While some Elders may take it upon themselves to provide a history of colonization of Aboriginal people and how this continues to impact Aboriginal people, this is not required as part of the cultural programming offered to Aboriginal inmates (Yuen, 2008). The second problem with these cultural programs is the fact that it is provided by the Canadian government, which presents its viewpoint on Aboriginal culture and traditions, instead of coming exclusively from an Aboriginal perspective (Cox et al., 2009; Yuen, 2008). Thirdly, the cultural programming selected certain ceremonies and aspects of

Aboriginal culture to use within the prisons, however, Aboriginal culture is not homogenous and while some of these teachings may be part of some cultures, they may be irrelevant to other Aboriginal cultures (Martel & Brassard, 2008). For example, sweat lodges are commonly provided at prisons with large Aboriginal populations but they do not exist in Inuit culture (Martel & Brassard, 2008). Thus, the cultural programming has been described as “an oversimplified, over-generalized version of Aboriginal identity and it imposes it on its Aboriginal populations” (Martel & Brassard, 2008, p. 344).

Perhaps this is why a recent investigation into Aboriginal corrections stated, “If I were releasing a report card on Aboriginal corrections today, it would be filled with failing grades” (CBC News, 2013). While the inclusion of the current cultural programming is a better alternative to the past where Aboriginal culture was suppressed in prisons, more needs to be done, including increasing the funding to ensure that all eligible Aboriginal prisoners who want to serve their sentences in Healing Lodges are able to and to provide Aboriginal inmates with cultural programming that is representative of their Nation’s cultural practices and traditions. However, in order to facilitate the rehabilitation of Aboriginal inmates, cultural healing needs to occur, and this healing cannot occur without recognizing the impact of colonialism on Aboriginal people. As such, cultural programming should be modified to ensure that teachings are consistent and relevant to the teachings of the inmates’ Nation. Furthermore, additional Aboriginal staff members should be hired so that cultural programming is not being taught via non-Aboriginal people. Finally, the additional cultural programming needs to be expanded to include a dialogue regarding the impacts of colonization on Aboriginal culture, education, employment, addictions, and incarceration. Some areas of focus for future research could include: an investigation into the effectiveness of having cultural programming taught by Aboriginal staff verses non-Aboriginal staff, how effective Aboriginal inmates perceive cultural programming to be on their healing journey, and an investigation into the long term benefits of cultural programming for Aboriginal people upon release from prison (e.g., the likelihood of reoffending, transition from prison to society, work outcomes, etc.).

Thus, in order to achieve the goal of healing incarcerated Aboriginal people, the current cultural practices must be extended upon to include the history of colonization of Aboriginal people and its impact on Aboriginal culture, education, employment, addictions, and incarceration. Without the knowledge of why culture was taken away and an understanding of its impact today, healing and reduced recidivism cannot occur.

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An Interdisciplinary Journal *Honoring the Voices, Perspectives and Knowledges of First Peoples through Research, Critical Analyses, Stories, Standpoints and Media Reviews*

Reflections on Intergenerational Trauma: Healing as a Critical Intervention

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Abstract

The high numbers of Aboriginal children placed in provincial and territorial care demonstrate the need for effective interventions that directly address the legacy of trauma from colonialization. This paper argues that healing is a critical component of any intervention seeking to help Aboriginal Peoples and their children. Research on healing and recent government initiatives and legislation directed at preserving traditional Aboriginal healing practices are discussed. This article concludes with recommendations for various community members involved in the healing of Aboriginal Peoples.

Keywords: healing, child welfare, traditional healing practices

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Introduction

It has been documented that even before the first treaties were signed, Aboriginal peoples had the ability and collective will to determine their own path in all aspects of their culture and had control over their own political, economic, religious, familial, and educational institutions (Keeshig-Tobias & McLaren, 1987; Lee, 1992).² Years of colonialization have led to the devastation and almost complete genocide of Native culture (Lee, 1992; Patterson, 1972; Red Horse, 1980). Residential schools operated in Canada, opening as early as 1894, with the last remaining residential schools closing in 1984 in British Columbia (Barton, Thommasen, Tallio, Zhang, & Michalos, 2005) and in 1996 in Saskatchewan (Department of Indian and Northern Affairs, 2003).³ Approximately 20 to 30 percent (approximately 100,000 children) of Aboriginal Peoples attended residential schools (Thomas & Bellefeuille, 2006). Numerous residential school staff across Canada have pleaded guilty to various types of sexual, physical, psychological, and spiritual abuse towards Aboriginal children placed in their care (Gagne, 1998; Royal Commission on Aboriginal Peoples [RCAP], 1996b). Many children also died from preventable diseases (Milloy, 1999; Trocmé, Knoke, & Blackstock, 2004). Gagne (1998) proposed that most of the family violence, alcoholism, and suicidal behaviour among First Nations citizens originated either directly or indirectly from the abuse suffered by residential school students.

Residential schools do not only have effects on the students who attended but also their children and their grandchildren (Gagne, 1998). Barton et al. (2005) examined differences in quality of life between Aboriginal residential school survivors, Aboriginal non-residential school attendees, as well as non-Aboriginal Bella Coola Valley residents. Based on a sample of 687 residents from the Bella Coola Valley area in British Columbia, Canada, the researchers conducted a retrospective review. Data obtained from 33 questions in the 2001 Determinants of Health and Quality of Life Survey was examined, utilizing a series of descriptive, univariate, and Pearson Chi-square analyses. Aboriginal participants included 47 (27%) residential school survivors and 111 (63%) non-residential school attendees. Ten percent of participants did not answer this question (Barton et al., 2005).

Statistically significant differences emerged between Aboriginal Peoples and non-Aboriginal peoples concerning the overall quality of life ($p = 0.05$). It is important to note that both Aboriginal residential school survivors and Aboriginal non-residential school attendees reported statistically significantly poorer health on most of the outcomes measures, compared with non-Aboriginal peoples. These results demonstrated the intergenerational pervasiveness of the residential school experience. The authors of this study suggested that Aboriginal residential school survivors may have a higher prevalence of Post-Traumatic Stress Disorder (PTSD) (Barton et al., 2005). This suggestion is validated by research that has found that approximately two-thirds of Aboriginal Peoples have experienced trauma as a direct result of the residential school era (Manson, 1996; 1997; 2000).

² Throughout this article, the terms Aboriginal Peoples and/or First Peoples is used to collectively encompass First Nations, Inuit, and Métis people in Canada. The term Indigenous is used when discussing First Peoples internationally. Other terms, such as Native, Indian, Status Indian, and non-status Indian are used in order to maintain the original language of the specific literature that is referenced.

³ The earliest documentation of people being forced to send their children to residential school is from the year 1894.

Yellow Brave-Heart (2003) identified various effects of PTSD. Possible effects include, but are not limited to, the following: identifying with the dead; depression; psychic numbing; hypervigilance; fixation to trauma; suicide ideation and gestures; searching and pinning behaviour; somatic symptoms; survivor guilt; loyalty to ancestral suffering and the deceased; low self-esteem; victim identity; anger; distortion and denial of Native genocide; re-victimization by people in authority; mental illness; triggers, flashbacks and flooding; fear of authority and intimacy; domestic and lateral violence; inability to assess risk; and re-enactments of abuse in disguised form.

Residential schools and the trauma that was experienced has been described as a “de-feathering process,” stripping Native Peoples of their knowledge, spirituality, physical and emotional well-being, and most sadly, has led to the loss of community (Locust, 2000). Native Peoples’ connection with the spiritual, emotional, physical, and mental realms has been abruptly and chronically disrupted (Locust, 2000). Gagne (1998) hypothesized that colonialism is at the root of trauma because it has led to the dependency of Aboriginal Peoples to settlers and then to cultural genocide, racism, and alcoholism.

This trauma is associated with Aboriginal Peoples’ loss of culture. Aboriginal Peoples were forced to relinquish something valuable – cultural identity – that is difficult, if not impossible, to regain (Ing, 1991). In the residential school system, Aboriginal children were forbidden to speak their own languages, practice their spiritual traditions, or maintain their cultural traditions (Trocmé et al., 2004). Oral transmissions of child-rearing practices and values were also lost as a result of suppressed language (Gagne, 1998; Ing, 1991). Residential school included parenting models based on punishment, abuse, coercion, and control. Children in residential schools did not experience healthy parental role models and without appropriate parenting models, many Aboriginal parents lacked the necessary knowledge to raise their own children (Bennett & Blackstock, 2002; Grant, 1996).

The devastating effects of this loss of culture can be seen in the high numbers of Aboriginal children who are removed from their homes and placed in provincial care. The United Nations has stated, “Indigenous children continued to be removed from their families by welfare agencies that equated poverty with neglect” (United Nations, 2003, p. 5). In British Columbia, the number of First Nations children in care increased from a total of 29 children in provincial care in 1955 to 39% of the total number of children in care in 1965 (Kline, 1992). By 1977, 20% (15,500) of children in care across Canada were First Nations (Hepworth, 1980). The highest numbers of First Nations children in care appear in the western provinces, specifically in British Columbia (39%), Alberta (40%), Saskatchewan (50%), and Manitoba (60%) (Hudson & McKenzie, 1981). In 1981, 85% of children in care in Kenora, Ontario, were First Nations. First Nations only make up 25% of the population in Kenora. In this study, it was determined that status Indian children were placed in care at a rate of 4.5 times than that of other children in Canada (Kline, 1992). By the end of 1999, 68% of children in provincial care were First Nations (both status and non-status) (Farris-Manning & Zandstra, 2003). Unfortunately, Indian children are less likely to be adopted (Hudson & McKenzie, 1981; Kline, 1992). According to the Department of Indian Affairs, over 11,132 children of Indian status were adopted between 1960 and 1990 (RCAP, 1996b). This does not include all other types of non-Status Indian children. It has been documented that as low as 2.5 percent of Aboriginal children are placed in race-matched families (Blackstock & Bennett, 2003).

It is estimated that there are currently over 25,000 Aboriginal children in child welfare systems across Canada (Blackstock, 2003). This is approximately three times the highest enrolment figures of the

residential school in the 1940s (Philp, 2002). Between 2000 and 2002, approximately 76,000 children and youth were placed in provincial/territorial care (Farris-Manning & Zanstra, 2003). Thirty to 40 percent of children in care are Aboriginal (Blackstock & Bennett, 2003) when less than 5% of the total children in Canada are Aboriginal (Statistics Canada, 1996). Between 1995 and 2001 the number of Status Indian children entering into care rose 71.5% across Canada (McKenzie, 2002). The United Nations Committee on the Rights of the Child specifically raised concerns regarding the disproportionate risks faced by Aboriginal children in Canada and urged the Canadian government to eliminate all forms of inequalities (United Nations, 2003).

Although lengthy, the introduction of this paper has been used to demonstrate how colonization and forced cultural assimilation of Aboriginal Peoples, through the use of residential schools and then child welfare, has taken a substantial toll on Aboriginal communities across Canada. This is evidenced by the overrepresentation of Aboriginal children in care (Blackstock & Trocmé, 2005; Trocmé et al., 2001). The purpose of this article is to demonstrate that healing is an essential component of any intervention aimed at improving the lives of Aboriginal Peoples and their children. As schools of social work in Canada work towards providing interventions that are evidence-based, it is important to consider evidence and science from the perspectives of Aboriginal Peoples. I will begin with a brief discussion of the concept of knowledge and a comparison of Aboriginal and Western scientific practices. Following this discussion, qualitative research regarding the effectiveness of traditional healing practices will be presented. Various legislative impacts on the protection of traditional knowledge will also be discussed. This paper concludes with brief recommendations for the federal and provincial governments, professional associations and organizations, academic institutions, and various health care providers.

Knowledge and Evidence

Battiste and Youngblood Henderson (2000) defined knowledge in the *Report on the Protection of Heritage of Indigenous People* as “a complete knowledge system with its own epistemology, philosophy, scientific and logical validity . . . the plurality of Indigenous knowledge engages a holistic paradigm that acknowledges the emotional, spiritual, physical, and mental well-being” (p. 41). The authors claimed, “Traditional ecological knowledge of Indigenous people is scientific; in the sense it is empirical, experimental, and systematic” (p. 44). Aboriginal perspectives on knowledge differ in two important respects from Western science: it is highly localized (geographically) and it is social. The focus of Aboriginal science is the web of relationships between humans, animals, plants, natural forces, spirits, and landforms in a particular locality, as opposed to the discovery of universal laws (Battiste & Youngblood Henderson, 2000). The following chart (Table 1) notes some important differences between Aboriginal and Western science. There are considerable differences in regards to the purpose of research, methodologies, outcome measures utilized, and issues pertaining to control and ownership of research. While keeping these differences in mind, it is important to remember that the diversity of Indigenous Peoples’ cultures, histories, and knowledges should not be a barrier but used as an opportunity to demonstrate the strength of plural knowledges in contemporary contexts (Martin Hill, 2003).

D. Dubie (personal communication, 2007), founder of Healing of the Seven Generations in the Kitchener/Waterloo area, wrote a grant proposal requesting funding for Aboriginal healing programs. The requested document, which she submitted to the federal government, had a section for “evidence”. The “evidence,” from a Western perspective, was likely looking for numbers, data, and statistical analysis of

findings. D. Dubie wrote, “I’m sorry it would take me years and years to explain to you how healing works and how we know it works . . . you will just have to take my word” (D. Dubie, personal communication, 2007). This quote represents the complexity of the study of healing and its associated practices. Her proposal was successful and in 1998, the Government of Canada established a \$350 million fund that is administered by the Aboriginal Healing Foundation, operated by Aboriginal Peoples (Department of Justice, 2005).

Table 1	
Aboriginal science	Western science
Purpose: to understand why or the ultimate causality.	Purpose: to describe how or the immediate causality.
Methods: talking with Elders, prayer, fasting, and traditional ceremonies.	Methods: measurement, breaking things down to their smallest parts, and analyzing data.
Outcomes measures: balance within and with the natural world.	Outcomes measures: a report of the findings and analysis.
Subjective: the scientist/researcher puts themselves into their study.	Objective: the scientist/researcher separates themselves and their feelings from what they study.
Spiritual: spirituality is in everything and everything is interconnected.	Separate religions from science.
Community control	Expert control

Colorado, 1998

Healing

Aspects of healing are closely guarded by oral traditions and specific techniques are received directly from Elder healers, from spirits encountered during vision quests, and as a result of initiation into a secret society. It is believed that to share healing knowledge indiscriminately will weaken the spiritual power of the medicine (Herrick & Snow, 1995, p. 35). The Aboriginal Healing and Wellness Strategy (AHWS) provided a framework that can be used in developing community-appropriate guidelines for traditional healing programs. The AHWS does not support the recording or documentation of the practices of Healers, the medicines, the ceremonies, and the sacred knowledge for any purpose (AHWS, 2002). This is done in order to preserve the integrity of sacred knowledge and out of respect for the practitioners who hold this wisdom.

Community members have stated that healing work needs to be intimately aligned to relationships with Elders and other cultural leaders, as well as ceremonies and protocols designed for personal development (Lane, Bopp, Bopp, & Norris, 2002, pp. 2-3). Western/European interventions of mental health have been identified as generally ineffective in responding to the needs of Aboriginal Peoples (McCormick, 1997; O’Neil, 1993; Warry, 1998). It is also well documented that Aboriginal Peoples avoid using mainstream mental health services (McCormick, 1997) and have unusually high dropout rates when such services are utilized (Sue, 1981). Healing is an essential component in addressing the fact that both the federal and provincial governments have inflicted Aboriginal Peoples with many various forms of systematic abuse and discrimination, over several generations, in an attempt to assimilate Aboriginal Peoples into the dominant society through education, religion, law, and theft of land (Morrissette, McKenzie, & Morrissette, 1993; Waldram, 1990).

Aboriginal Peoples argue that supporting and enhancing Aboriginal culture is a prerequisite for positive coping (Peters, 1996). This process of regaining our cultural heritage is essential for survival. Our

ancestors have prescribed interventions for many generations and these teachings need to be revived and integrated into current practices. It is essential that we are able to get in touch with our Indigenous identities and ways of being in the world. Until traditional Indigenous therapies are implemented and considered legitimate, there will remain the struggle and suffering of a historical legacy and ongoing trauma will continue (Duran, Duran, Yellow Horse Brave Heart, & Yellow Horse-Davis, 1998). The Aboriginal Healing Foundation (2007) believed that culture is the best medicine.

Research on Healing

The best available evidence for Aboriginal healing is derived from qualitative studies. Thomas and Bellefeuille (2006) conducted a formative qualitative study exploring a Canadian cross-cultural Aboriginal mental health program in Winnipeg, Canada. A recruitment notice was circulated among Aboriginal organizations inviting people, who had prior residential school experience, within the city to participate. Methods utilized were conversational-style interviews (non-scheduled format) and a focus circle/group. Traditional Aboriginal healing circles and *focusing* (a psychotherapy technique comprised of self-awareness and empowerment practices) were the interventions being evaluated. Traditional healing circles refer to the coming together of Aboriginal Peoples for the purpose of sharing their healing experiences and to further their healing journey (Heilbron & Guttman, 2000; Latimer & Cassey, 2004). Focusing refers to a body-based awareness technique that involves turning one's attention to the various sensations of the body. It allows people the opportunity to be safe observers of their bodily experiences of trauma and to experience this sensation at their own pace (Gendlin, 1996).

Results demonstrate that the traditional healing circle created a safe environment for the participants, emphasized the sacredness of each story shared, and gave the opportunity, to each of its members, to share without being interrupted. Storytelling, teaching, and sharing within healing circles promoted a spirit of equality in the counselling relationship, empowered the participants, and eliminated hierarchy. Focusing was found to be effective in helping people to overcome self-criticism, overcome feelings of being stuck in life, deal with unsure feelings, get what they are seeking from within themselves, better handle emotions, shift out of old routines, and deal with past traumatic events. It was suggested that focusing could be appropriate for Aboriginal Peoples, as it is a humanistic, person-centred approach to healing, which reflects the core values of respect and non-interference (Thomas & Bellefeuille, 2006).

Kishk Anaquot Health Research collected data from participants of various healing projects funded by the Aboriginal Healing Foundation from September 2002 to May 2003. They utilized a national survey, individual questionnaires, and focus groups. Participation requests were sent out to active grants projects and 826 participants from 90 different healing programs across Canada responded. Challenges affecting more than half of the participants in this study were: denial; grief; history of abuse as a victim; poverty; and addictions (Aboriginal Healing Foundation, 2003). Western interventions identified as helpful were: individual, group, couples, and family therapy; art therapy; narrative therapy; attachment theory; and genograms. Traditional interventions included sharing circles, sweats, ceremonies, fasting, Métis wailers, and traditional teachings. Alternative interventions were also noted, such as energy release work, breath work, and acupuncture (Aboriginal Healing Foundation, 2003, p. 68). It was stressed that these various approaches were balanced and/or used simultaneously (Aboriginal Healing Foundation, 2003, p. 95). This literature suggests that a choice of intervention approaches be offered, with the flexibility to meet special needs.

The participants of this in-depth study identified individual therapy sessions as helpful to improving their self-esteem and finding personal strengths. Individuals found healing programs helpful in the following ways: ability to handle difficult issues (71%, $n = 726$); ability to resolve past trauma (75%, $n = 726$); ability to prepare for and handle future trauma (78%, $n = 731$); and ability to secure family supports (64%, $n = 675$) (Aboriginal Healing Foundation, 2003). The most helpful aspects of healing programs were: Legacy education, opportunities for learning (specifically, relationship skills and processing intense emotions), bonding or connecting with other participants, and cultural celebration. Legacy education refers to information regarding residential schools and has been noted for its particular usefulness as it “explains that the reactions to the residential school experience are normal and predictable consequences of institutional trauma and not an individual character flaw or weakness” (Aboriginal Healing Foundation, 2003, p. 76).

The focus group participants also identified several key characteristics of a healer: a good track record of ethical conduct supported by references; humble; honest; gentle; has worked through their anger; are recognized by others as a healer; listens intently; hears clearly; has reconciled with mother earth; absolute self-acceptance; respected in the community; fearless; free from the need to control; understands professional limitations and makes referrals; and is spiritually grounded (Aboriginal Healing Foundation, 2003).

Duran and Duran (2000) conducted a study using a combination of culturally-based dream interpretation and Western psychotherapy techniques. First Peoples found these techniques to be helpful in treating PTSD symptoms, with a focus on how they are transmitted across generations. The most promising aspect found was reconnecting clients with their Native identity, which improved self-esteem and sense of identity, which, in turn, was correlated with healthy functioning (Duran & Duran, 2000, p. 89). Within counselling, clients are helped to reconnect with their culture, as well as to understand and cope within the dominant white environment, while still maintaining their cultural sense of identity (Duran & Duran, 2000).

Chandler and Lalonde (1998) examined cultural continuity as a protective factor against suicide among First Nations Peoples. Six factors of cultural continuity were examined: evidence of self-government; evidence that bands had tried to secure Aboriginal title to their traditional lands; the majority of students attend a band-run school; band-controlled police and fire services; band-controlled health services; and established cultural facilities. Data for the study was taken from suicide information (both Aboriginal and non-Aboriginal) and was gathered from several sources: Statistics Canada, the British Columbia Ministry of Health, Health Welfare Canada, the Canadian Centre for Health Information, Indian Registry, and the Band Governance Database from Indian and Northern Affairs Canada. They hypothesized that when communities have a strong sense of their own historical continuity and identity, vulnerable youth have access to resources in the community that acts as a buffer in times of despair. Therefore, in communities where cultural transmission has been disrupted, vulnerable youth may be at increased risk of suicide due to the lack of such buffers (Chandler & Lalonde, 1998). The researchers found that the rate of suicide was strongly associated with the level of these factors. They discovered lower suicide rates where efforts were being made within the community to preserve and rebuild their culture. Communities with all of the cultural continuity factors had no suicides, while those with none had significantly higher suicide rates ($p = .002$). They noted that there is no clear reason to

label death as a suicide and therefore, deaths are typically recorded as accidental (Chandler & Lalonde, 1998). Accidental death rates are substantially higher within First Nations populations. This suggests a massive underestimation of true suicide rates.

Brave Heart-Jordan (1995) conducted a group intervention among the Lakota, with the primary purpose of grief resolution and healing. Key features of this intervention are congruent with treatment for Holocaust survivors and descendants. Catharsis, abreaction, group sharing, testimony, opportunities for expression of traditional culture and language, and ritual and communal sharing were included in the intervention model. Results demonstrate that 100% of participants found the intervention helpful in the area of grief resolution and felt better about themselves after the intervention. Ninety-seven percent of participants were able to make constructive commitments to memories of their ancestors following the intervention. Seventy-three percent of participants rated the intervention as very helpful (Brave Heart-Jordan, 1995).

It has been found that healers help clients overcome their fear of change, help to clarify their vision, and strengthen their motivation. It was also found that no specific healing technique was better than another but rather appeared to be a vehicle for giving clients the power to access something they already possess (Carlson & Shield, 1990).

Davis-Berman and Berman (1989) conducted an evaluation of wilderness camps and found participation in the camps to foster a strong sense of cultural pride, renew a sense of belonging, and increase trust in relationships. Wilderness camps address physical, spiritual, emotional, and mental aspects of the lives of the youths who attended. These camps were found to foster increased self-esteem in participants because these programs are flexible and diverse, allowing every participant to find a different activity in their area of strength (Davis-Berman & Berman, 1989).

Fuchs and Brashshur (1975) found that Native Peoples believe that Western medical care treats the symptoms of the disease but does not deal with the cause (p. 918). Two hundred and seventy-seven families were interviewed and completed the survey and 170 families (33%) who completed the survey were not interviewed, due to a variety of factors. Results demonstrate that one-third of Native families (in a United States-random sample) used traditional Native medicine in combination with the use of modern Western medicine. A strong relationship between the use of traditional medicine and returning to the reserve was found and it was suggested that this association reflects an unmet need for traditional Aboriginal medicines in urban areas (Fuchs & Brashshur, 1975). Suggestions are made for urban centers to preserve Native culture and promote the availability of traditional health treatments (Fuchs and Brashshur, 1975, p. 925).

Traditional healing practices have also been found to have profound effects on individuals who have sexually offended in the community. For example, counsellors taking part in traditional healing practices with Aboriginal men reported an increased openness to treatment, an enhanced level of self-disclosure, and a greater sense of grounding or stability. "Having attended sweats, I do know that during the ceremony people are able to talk about their own victimization because of the safe and secure nature of the Sweat" – the quote is an expression from a therapist (Solicitor General Canada, 1998, p. 76).

There is a diverse range of traditional healing practices that have roots in Indigenous values and cultures. Some core values of healing practices (holism, balance, and connection to family and the

environment) are common to Aboriginal worldviews across cultures, while others are clearly rooted in local customs and traditions. For Indigenous peoples, the concept of holism extends beyond the mental, physical, emotional, and spiritual aspects of individual lives and includes relationships with families, communities, the physical environment, and the spiritual realm. These values are seen in traditional interventions in Greenland, Australia, and the United States of America (Archibald, 2006, pp. 39-53). Over time, some of these practices have grown to incorporate Western values and practices. It has been well documented that a cross-cultural approach will allow for both traditional Western clinical practices and Aboriginal healing practices (Culley, 1991; Graveline, 1998; McGovern, 1998; Thomas & Bellefeuille, 2006).

The Aboriginal Healing Foundation published a report of the history of Aboriginal Peoples in Canada in order to enable a future in which Aboriginal people have fully addressed the legacy of historical trauma suffered in the residential school system (Aboriginal Healing Foundation, 2006). The Foundation stated that healing is a long-term process that occurs in stages. They projected that it takes an average of ten years of sustained work for a community to reach out to individuals and create a trusting and safe environment while disengaging denials of the past and engaging participants in direct therapeutic healing. Healing goals are best achieved through services provided by Aboriginal practitioners and long-term involvement in a therapeutic setting. Participants of services provided by the Aboriginal Healing Foundation rated Elders, healing and talking circles, and traditional ceremonies and practices as the most effective. During a discussion with the commissioners of the Royal Commission on Aboriginal Peoples (RCAP), Orten (as cited in Peters, 1996) elucidated the relationship between culture and healing with this quote:

Recovering our identity will contribute to healing ourselves. Our healing will require us to rediscover who we are. We cannot look outside for self-image; we need to rededicate ourselves to understanding our traditional ways. In our songs, ceremony, language and relationships lie the instructions and directions for recovery (p. 320).

For many Aboriginal Peoples, healing means addressing approaches to wellness that draw on culture for inspiration and means of expression (Thomas & Bellefeuille, 2006).

The Aboriginal Healing Foundation provided detailed information on best healing practices and stated that healing and reconciliation are central to First Peoples' ability to address other pressing social issues and to move to better relationships (Aboriginal Healing Foundation, 2007). Traditional healing practices have demonstrated effectiveness and should be incorporated in all possible interventions involving First Peoples and their children. These practices should be evident in both professional practices and in the development of social policies.

Legislation: Aboriginal Culture and Research

Protection and promotion of existing knowledge

In January 1998, as part of its response to the report of the RCAP, the Government of Canada issued a *Statement of Reconciliation*. This document acknowledged the contributions made by Canada's Aboriginal Peoples to the development of Canada. It also recognized the impact of actions that suppressed Aboriginal language, culture, and spiritual practices, which resulted in the erosion of the political, economic, and social systems of Aboriginal Peoples. It acknowledged the role that the Government of

Canada played in the development and administration of residential schools and stated that we need to work together on a healing strategy to preserve and enhances the collective identities of Aboriginal communities. This statement is important because offering an apology and acknowledgement of the wrongs of the past is an important first step to building the foundation for a new relationship with Canada's Aboriginal Peoples, one founded on trust and respect (Department of Justice, 2005).

The Canadian Medical Association has called on its members to show "openness and respect for traditional medicine and traditional healing practices, such as sweat lodges and healing circles" (RCAP, 1996a). This is in line with the RCAP, which promoted "openness and respect for traditional medicine and traditional healing practices" (RCAP, 1996b).

The Canadian Association of Social Workers (2004) stated that the institutions responsible for providing mental health services to Aboriginal Peoples are embedded in *westernized* models. They argue that these models do not correspond with the realities of First Peoples and call upon Canadian schools of social work to support the development of culturally appropriate social work education and models of practice.

Recent government initiatives

The Government of Canada has made a five-year commitment of \$125 million in order to sustain critical work of healing the legacy of abuse suffered in Canada's Indian residential school system. Although this is cause for hope and celebration, this funding will only sustain current programming for up to three years and does not allow for funding any new projects. This greatly appreciated financial gift barely touches the tip of the iceberg. The Aboriginal Healing Foundation projected that it will take \$600 million, over the next 30 years, to fully address the effects of abuse resulting from the residential school system (Aboriginal Healing Foundation, 2005).

Aboriginal research

Aboriginal research is comprised of research committees, a research ethics board (REB), and a code of research ethics. James Bay Cree Health and Social Services Commission and the Assembly of Manitoba Chiefs have research committees that review proposals to ensure that they are acceptable to their member communities. All funding agencies in Canada require approval from an REB before they will grant funds for research. For research involving First Nations, an REB has to consult with a First Nations expert or with people from the First Nations communities concerned. This is important because the REB and First Nations may have different ideas about what constitutes harm, benefits, and confidentiality (First Nations Centre, 2003a).

The development of ethical guidelines is critical to prevent further exploitation of Aboriginal communities and to protect their knowledge. First Nations Centre at the National Aboriginal Health Organization provided extensive information and tool kits about understanding research, ethics in health research, privacy, and OCAP: ownership, control, access and possession. The OCAP principles can be applied to all research initiatives involving First Nations (First Nations Centre, 2007). Codes of ethics developed by First Peoples' communities are also very clear about issues of community rights.

Community rights

It is of the utmost importance that the community being researched also benefits from the research and its findings. Community consent must be obtained from representatives of the people

concerned (such as a Band Council or a regional First Nations organization). Oral consent and gift giving are traditional and acceptable for First Peoples. Community control over the research process and how the results are used are very important to First Peoples. There is often an agreement on the sharing of results; the originating community has the right to know the research results. At a minimum, this means that research results should be returned to the community or the participants in a format that they can understand, such as plain-language flyers, radio broadcasts, or public presentations. Ideally, the people involved in the research should be the first to see the results. Community ownership refers to the shared ownership of information collected from a community. The information should remain collectively owned by the community from which it was taken (First Nations Centre, 2007). This is critical in developing strong relationships and rebuilding trust.

Mainstream research organizations consider it good practice, but not mandatory, to involve communities in interpreting research results, whereas, the codes of ethics developed by some First Nations communities state explicitly that if outside researchers are involved, the research results must be jointly interpreted by the community and outside researchers, governments, and universities. In the case of a disagreement over the interpretation of the results, the researcher can go ahead and publish but the community has the right to include a description of why they disagree and how they interpret the findings. The idea is that the public will be able to read both interpretations and decide which one they agree with (First Nations Centre, 2003b).

After reviewing the research regarding the effectiveness of healing and discussing current legislative and government initiatives concerning research involving First Peoples, brief and non-exhaustive recommendations are made in the aspiration of increasing awareness on issues regarding First Peoples' culture, traditions, values, and best healing practices.

Recommendations: Government

- Provide funds to allow for the development of traditional healing awareness, healing programs, and further research in best healing practices.
- Continue to fund healing programs and services such as the Aboriginal Healing Foundation, created April 1, 1998, to assist First Peoples communities as they work to heal the legacy of the physical and sexual abuse of the residential school system, including intergenerational impacts. The Foundation provides funding and supports holistic and community-based healing initiatives and projects that incorporate traditional healing methods and other culturally appropriate approaches (Aboriginal Healing Foundation, n.d.).
- Provide incentives for other funding organizations to commit a certain percentage of funding to promote research on Aboriginal issues.
- Increase awareness with government-initiated awareness campaigns regarding the demographics of Aboriginal Peoples, the disruptive impact of colonization, and governmental obligations and policies regarding health (Society of Obstetricians and Gynecologists of Canada, 2000).

Recommendations: Professional Associations and Organizations

- Set aside time at annual conferences to provide professional education regarding the legacy of residential school and its impacts on First Peoples today.

- Hold periodic regional and national sharing and networking conferences across associations and organizations. There is a need for information sharing and the development of relationships among healers and Elders, in conjunction with Western-trained health professionals. For example, the Society of Obstetricians and Gynaecologists of Canada (SOGC), has an Aboriginal Health Issues Committee which is a multidisciplinary committee with Aboriginal and non-Aboriginal members, with representation from several Aboriginal organizations and backgrounds including First Nations, Inuit, and Métis (SOGC, 2000).
- Offer training to health care providers in culturally appropriate practices and interventions for First Peoples.
- Encourage employees to increase their own self-awareness regarding their own stereotypes and biases that may affect treatment.
- Develop specific best practice principles and guidelines to assist in working with First Peoples clients. This should be done in collaboration with First Peoples.
- Provide culturally sound interventions when working with First Peoples and their children that incorporate Legacy education, cultural identity, and opportunities for healing.

Recommendations: Academic Institutions

- Educate social work and other health care professional students with regards to the legacy of residential schools and the ongoing effects of colonialization on Aboriginal Peoples today.
- Provide social work and other health care professional students with a critical appreciation of the centrality of Aboriginal culture in the healing process and an understanding of the diversity of First Peoples' expression of culture. The ways in which this diversity affects one's sense of identity and approaches to social work practice should be incorporated into the curriculum (Thomas & Bellefeuille, 2006, p. 11).
- Mandate courses in cultural competency in Canadian schools of social work. For example, Wilfred Laurier University offers courses on different paradigms (Aboriginal and Western models), as well as compulsory courses on multicultural counselling or cultural competency. Wilfred Laurier University offers a one year Masters of Social Work program in the Aboriginal field of study (Wilfred Laurier University, 2007). In this program, students are taught: holistic healing practices from Elders; Indigenous identity, knowledge, and theory; and Indigenous research methodologies. There is also a cultural camp, which includes a five-day program in a camp setting in the presence of Elders, where participants learn about traditional songs, dances, teachings, and values.
- Encourage and support further research in collaboration with First Peoples, for First Peoples, utilizing a combination of Western and First Peoples' methodologies.

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Intergenerational Trauma and Aboriginal Women: Implications for Mental Health During Pregnancy

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Abstract

Intergenerational trauma explains why populations subjected to long-term and mass trauma show a higher prevalence of disease, even several generations after the original events. Residential schools and other legacies of colonization continue to impact Aboriginal populations, who have higher rates of mental health concerns. Poor maternal mental health during pregnancy can have serious health consequences for the mother, the baby, and the whole family; these include impacting the cognitive, emotional, and behavioural development of children and youth. This paper has the following objectives: to define intergenerational trauma and contextualize it in understanding the mental health of pregnant and parenting Aboriginal women; to summarize individual-level and population-level approaches to promoting mental health and examine their congruence with the needs of Aboriginal populations; and to discuss the importance of targeting intergenerational trauma in both individual-level and population-level interventions for pregnant Aboriginal women. Various scholars have suggested that healing from intergenerational trauma is best achieved through a combination of mainstream psychotherapies and culturally-entrenched healing practices, conducted in culturally safe settings. Pregnancy has been argued to be a particularly meaningful intervention point to break the cycle of intergenerational trauma transmission. Given the importance of pregnant women's mental health to both maternal and child health outcomes, including mental health trajectories for children and youth, it is clear that interventions, programs, and services for pregnant Aboriginal women need to be designed to explicitly facilitate healing from intergenerational trauma. In this regard, further empirical research on intergenerational trauma and on healing are warranted, to permit an evidence-based approach.

Keywords: intergenerational trauma; historical trauma; colonization; residential schools; Sixties Scoop; pregnancy; maternal-child health; mental health

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Introduction

The mental health of children and youth is closely linked to parental mental health, particularly maternal mental health. Maternal mental health during pregnancy is particularly pertinent in this regard. Mental health concerns during pregnancy are a serious public health issue. Prenatal depression, for example, is estimated to impact around 10% of pregnant women in Canada (Public Health Agency of Canada, 2005). This number is believed to be higher in groups such as Aboriginal women (Bowen & Muhajarine, 2006b), though research is limited.

Prenatal depression and other mental health issues during pregnancy are recognized to have potentially serious maternal, fetal, and child health consequences. These include neurological, cognitive, and immune impacts on the mother; elevated risk of adverse pregnancy outcomes such as preterm birth and low birthweight; increased risk of postpartum depression and other postpartum mental health problems in the mother, which can negatively impact child behavioural and cognitive development as well as general family wellbeing; and increased risk of mental health problems in the child later in life (Bowen & Muhajarine, 2006a; Swaab, Bao, & Lucassen, 2005). The latter may be due to various reasons. Firstly, there are possible fetal programming pathways that may physiologically predispose the unborn baby to future mental health concerns (Swaab, Bao, & Lucassen, 2005). Moreover, poor maternal mental health can severely impact mother-child interactions, which in turn can greatly impact the mental wellbeing of children (Letourneau et al., 2012).

The symptoms and risk factors for prenatal depression are believed to be similar to those of depression at any other time of life (Bowen & Muhajarine, 2006a). Diverse theories have been proposed on the etiology of depression and other mental health disorders; these inform both individual-level and population-level interventions. Relative to non-Aboriginal populations, Aboriginal populations appear to experience a higher prevalence of various mental health disorders (Bennett, 2005; First Nations Centre, 2005; Kirmayer, Brass, & Tait, 2000). Present-day social disparities, such as higher rates of poverty, likely play a role in explaining the above; however, there is increasing recognition that the mental health issues facing Aboriginal populations are rooted in intergenerational trauma from the legacy of colonization. In combining with intersecting racism and sexism, the impact of intergenerational trauma on Aboriginal women is particularly severe.

The objectives of this paper are as follows: to define intergenerational trauma and contextualize it in understanding the mental health of pregnant and parenting Aboriginal women; to summarize individual-level and population-level approaches to promoting mental health and examine their congruence with the needs of Aboriginal populations; and to discuss the importance of targeting intergenerational trauma in both individual-level and population-level approaches to promoting mental health in pregnant Aboriginal women.

Intergenerational Trauma

Various terms have been used in the literature to describe the phenomenon of the intergenerational transmission of historical trauma and unresolved grief. This paper will use *intergenerational trauma*, abbreviated as IGT. IGT theory is based on the observation that populations subjected to long-term and mass trauma (e.g., historical occurrences such as colonization, slavery, war, and genocide) show a higher prevalence of disease, even several generations after the occurrence of the

original events (Sotero, 2006). The symptoms of IGT “as a disease are the maladaptive social and behavioural patterns that were created in response to the trauma experience, absorbed into the culture and transmitted as learned behaviour from generation to generation” (Sotero, 2006, p. 96). In particular, psychological problems and destructive behaviour associated with maladaptive copings, such as addictions, suicide, and violence are noted to be elevated (Brave Heart & DeBruyn, 1998; Sotero, 2006).

Post-traumatic stress disorder is recognized by the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 2013) as a psychological disorder. Post-traumatic stress disorder, however, is at the individual level and is in reference to traumatic incidents within the individual’s own past. By contrast, IGT involves collective historical trauma. IGT theory sprung largely from work that has studied World War II Holocaust survivors and their children and has since been applied to other populations subjected to long-term and mass trauma (Brave Heart & DeBruyn, 1998; Sotero, 2006). The term *American Indian Holocaust* has been used to describe the atrocities committed over the course of colonization against Aboriginal peoples in North America and elsewhere, resulting in “massive losses of lives, land, and culture” (Brave Heart & DeBruyn, 1998, p. 60). The historical events of colonization include seizures of land and forced relocation to reserves (termed *reservations* in the United States) and settlements; widespread mortality through colonization-driven disease epidemics, starvation and mass murder; the horrors of residential schools (termed *boarding schools* in the United States); disruption of traditional ways of life; tearing apart of communities and families; and assimilatory policies that meet the United Nations’ definition of cultural genocide (Brave Heart & DeBruyn, 1998; Kirmayer et al., 2000; Sotero, 2006; Menzies, 2008). The experiences of these events put Aboriginal populations in a constant state of grief and despair; however, since traditional Aboriginal customs of mourning were prohibited throughout much of history, the grief could not be properly resolved (Brave Heart & DeBruyn, 1998). Thus, there is the transmission of unresolved historical grief from generation to generation. In IGT, historical grief mingles with grief, anger, and trauma from present-day experiences, such as loss of family members and friends to addictions, suicide, and violence; personal experiences of violence; poverty and other social disparities; and personal experiences of oppression (including racism and sexism), which reinforce the stories of ancestral oppression (Sotero, 2006).

Social, environmental, and even biological methods of transmission are proposed to explain how the psychological and emotional consequences of mass trauma and unresolved grief are passed on from generation to generation (Sotero, 2006). Included among the transmission pathways proposed is the impaired capacity to parent (Brave Heart & DeBruyn, 1998; Sotero, 2006; Menzies, 2008). In this regard, the legacies of residential schools and the Sixties Scoop era of assimilatory child welfare policies offer particularly illustrative examples. The explicit purpose of residential schools was to assimilate Aboriginal children into mainstream Canadian society. Children in residential schools were seized by force from their families and communities, mistreated, overworked, denied basic needs like food, water, and appropriate medical care, and both witnessed and personally experienced brutal physical, sexual, and psychological abuse at the hands of school staff. Children in residential schools were taught that Aboriginal ways were “savage” and shameful; they were taught to reject their ancestors, their families, and Aboriginal cultural and spiritual traditions. Students left schools dissociated from their traditional culture yet still not accepted by mainstream society, lacking a sense of identity, lacking basic life skills, and highly traumatized from the chronic mistreatment and abuse they had endured. The experience impaired survivors’ ability to form meaningful interpersonal relationships involving trust or intimacy. Isolation

from family and community further resulted in a lack of preparedness for marriage, family life, and parenting. The trauma of their experiences led many survivors to substance abuse, criminal activity, self-harm, as well as domestic violence against partners and children. Thus, children of survivors faced abuse, neglect, and the consequences of their parents' self-destructive behaviour, such as substance abuse. As a result, survivors' children, in turn, were more likely to become involved in abuse or domestic violence and to engage in substance abuse and other self-destructive behaviours. What has ensued is a vicious intergenerational cycle of violence, addictions, self-harm, and trauma (Aboriginal Nurses Association of Canada [ANAC] & Planned Parenthood Federation of Canada, 2002; Chansonneuve, 2005; Native Women's Association of Canada, 2007).

Although the last residential school closed in the 1990s, "by the 1960s child welfare agencies successfully replaced residential schools as the preferred system of care for First Nations children" (Bennett, Blackstock, & De La Ronde, 2005, p. 18). What ensued over the next two decades is referred to as the infamous "Sixties Scoop" (Johnston, 1983): the mass removal of Aboriginal children for adoption and foster care in non-Aboriginal homes far away from their communities. Like residential school survivors, these children were dissociated from their traditional culture, yet still faced racism and exclusion by mainstream culture (Bennett et al., 2005; Johnston, 1983; Mandell, Carlson, Fine, & Blackstock, 2007; Sinclair, 2007). Some were abused by their foster or adoptive parents, including the high-profile cases of Cameron Kerley (a First Nations teenager who killed his adoptive father in 1983 after years of sexual abuse at his hands) and Richard Cardinal (a Métis teenager who committed suicide in 1984 after years of abuse and neglect in foster care) (Mandell et al., 2007). The lack of senses of identity, stability, and belonging became especially acute at adolescence, during which time many of these children turned to maladaptive and destructive behaviour, such as substance abuse, rebelliousness, aggression, and suicide. A disproportionate number of these children ended up in the criminal justice system (Bennett et al., 2005; Johnston, 1983; Mandell et al., 2007; Sinclair, 2007). It has been noted that Aboriginal peoples were underrepresented in the criminal justice system at the turn of the twentieth century and were represented at about the same proportion as in the population prior to World War II. By the early 1990s, however, the proportion had skyrocketed; in Manitoban jails, for example, nearly 70% of men, 90% of women, 70% of boys, and 80% of girls were Aboriginal (Aboriginal Justice Inquiry: Child Welfare Initiative, as cited in Mandell et al., 2007). Various studies have shown a compelling association between involvement in the criminal justice system and experience in the child welfare system (Mandell et al., 2007; Sinclair, 2007).

Although there now is greater Aboriginal control of child welfare services for Aboriginal children, the consequences of the Sixties Scoop continue to play out as the now-grown survivors of the Sixties Scoop become parents themselves. Thus, the legacy of the Sixties Scoop converges with the legacy of residential schools and other events of colonization via the ongoing transmission of trauma and dysfunction across generations.

Intergenerational trauma and Aboriginal women

IGT is gendered. While colonization and the ensuing trauma has impacted all segments of Aboriginal populations, the impact has been especially heavy on Aboriginal women. The explicit patriarchy embedded into Aboriginal societies by missionaries, residential schools, and the *Indian Act* has yielded inequities and oppression based on gender (LaRocque, 1994). Internalized racism and sexism, in

concert with the normalization of violence and abuse in residential schools, have contributed to disproportionately high rates of gender-based violence against women within Aboriginal communities (LaRocque, 1994). At the intersections of both racism and sexism, Aboriginal women's mental health is shaped both by present-day traumatic experiences as well as by historical trauma. Domestic violence has been suggested to be a key reason for the much higher proportion of lone-parent and female-headed households among Aboriginal populations. Such families, in turn, are at greater likelihood of facing poverty (LaRocque, 1994), which further intersects with present-day and historical trauma in women's lives.

Intergenerational trauma and mental health during pregnancy

In the context of IGT, the stresses of pregnancy and parenting may further exacerbate Aboriginal women's mental health concerns. As such, pregnancy can be argued to be an especially important time to offer healing-oriented interventions around IGT. Additionally, given the key role that parenting has in transmitting trauma to the next generation (Sotero, 2006), pregnancy also offers a meaningful point of intervention for breaking the vicious cycle of IGT. Accordingly, both clinical and population-level interventions for pregnant Aboriginal women's mental health should address IGT and incorporate appropriate healing processes.

Individual-level Approaches to Mental Health

A wide range of theories, spread across biological and psychosocial camps, have been proposed to explain mental illness at the individual level. The biomedical model for mental illness advances biological mechanisms as explanations for mental illness. Biological systems proposed to be involved include the monoaminergic systems of neurotransmission (Elhwuegi, 2004), structures of the brain (notably in the limbic system, which is implicated in emotional and cognitive functioning) (Joca, Ferreira, & Guimaraes, 2007), proinflammatory immune function (Schiepers, Wichers, & Maes, 2005), and the hypothalamic-pituitary-adrenal axis, which is the body's key stress response system (Swaab, Bao, & Lucassen, 2005). Disruptions in one or more of these systems are believed to be at the root of mental illness (Sadock & Sadock, 2007). Psychosocial theories of mental illness offer explanations based on factors such as emotional and cognitive disposition, nature of relationships with others, and the mental impact of life experiences. Traditional perspectives in psychology include the psychoanalytic perspective, the behavioural perspective, the cognitive perspective, the humanist perspective, and the sociocultural perspective, which each offer various theories to account for the etiology of mental illness (Sdorow & Rickabaugh, 2002).

Contemporary conceptualizations of mental health generally embrace a biopsychosocial approach; such an approach recognizes that the complexity of mental health requires a broader view than can be offered with any single traditional theory (Engel, 1977). A biopsychosocial approach to understanding depression, for example, would explain the aetiology of depressive disorders in terms of the interaction between biopsychological vulnerabilities (stemming from biological, cognitive, emotive, environmental, and social factors, which either predispose or protect against distress) and stressors, such as stressful life events (Garcia-Toro & Aguirre, 2007; Roy & Campbell, 2013; Schotte, Van Den, De, Claes, & Cosyns, 2006). The biopsychosocial approach to understanding health is similar to Urie Bronfenbrenner's bioecological model for understanding child development; there is a focus on

understanding the entire system in which health occurs (Bronfenbrenner, 1994; Engel, 1977). In mainstream medicine, clinical diagnoses of mental disorders are based on criteria laid out in the *Diagnostic and Statistical Manual of Mental Disorders* (APA, 2013), which are assessed during a clinical interview. Depending on the type and severity of the disorder, treatment may involve pharmaceutical approaches or psychotherapeutic approaches, or a combination of both (Sadock & Sadock, 2007). Pharmaceutical treatments may bring about prompt relief of symptoms in some (though not all) patients; however, side effects and risks do exist, notably in the context of pregnancy and breastfeeding (Belik, 2008). Furthermore, pharmaceutical approaches do not address the underlying psychosocial roots of distress; therefore, symptom relief may be difficult to sustain in the longer term. In this regard, psychotherapeutic strategies can help individuals recognize issues in their lives contributing to poor mental health and develop coping skills and strategies in the face of those issues (Sadock & Sadock, 2007).

However, many mainstream psychotherapists are not familiar with IGT and the colonial context of Aboriginal peoples' health, or with Aboriginal values and worldviews. As discussed by McCormick (2008), mainstream counselling services have had only limited success with Aboriginal clients due to "cultural misconceptions of what is normal; an emphasis on individualism; fragmentation of the mental, physical, emotional, and spiritual dimensions of the person; neglect of Aboriginal history; and neglect of the client's social support system" (p.342). Furthermore, a lack of cultural safety in mainstream mental health services, as discussed later in this paper, can reinforce IGT by subjecting Aboriginal clients to further oppression (National Aboriginal Health Organization, 2008; ANAC, 2009). Most importantly, both pharmaceutical and psychotherapeutic approaches promote the internalization of solutions (i.e., therapies are aimed at creating biological, cognitive, or behavioural changes within the individual); as such, these approaches do not address the broader social, economic, and political factors that determine health at the population level. Given the collective nature of IGT and its colonial and neo-colonial roots, population-level interventions are also required to bring about the meaningful transformation of individuals and communities.

Population-level Approaches to Mental Health

The Government of Canada has defined a population-health approach as one that uses both short- and long-term strategies to improve the underlying and interrelated conditions in the environment that enable all Canadians to be healthy, and [to] reduce inequities in the underlying conditions that put some Canadians at a disadvantage for attaining and maintaining optimal health (Federal, Provincial and Territorial Advisory Committee on Population Health, 1999, p. xv).

Over the last few decades, there has been considerable discussion and debate as to the best way to execute a population-health approach.

The 1974 Lalonde Report speaks of *populations at risk* (i.e., those people exposed to risk factors of interest). Lalonde suggested that prevention strategies should target these groups of people, notably to help them make better lifestyle "choices" (Health and Welfare Canada, 1974). This approach to prevention is countered by Rose (1985), who suggested that the causes of incidence are not the same as the causes of individual cases of illness. In simpler terms, Rose explained that understanding the reasons why individuals get sick will not necessarily explain differences in rates of illness between populations. Rose

suggested that prevention strategies aimed at the entire population, that target environmental and policy factors, may lower disease incidences by shifting the population distribution of the health characteristic of interest in a more favourable direction (Rose, 1985).

Frohlic and Potvin (2008) commended Rose for highlighting the importance of structural factors on health while pointing out the victim-blaming implications of Lalonde's considerable emphasis on the notion of individual lifestyle "choices." However, Frohlic and Potvin criticized Rose's population approach on the basis that non-targeted interventions may not have uniform impacts on all segments of the population. They argued that advantaged segments of the population are likely to benefit substantially more from the population approach to prevention; therefore, such an approach runs the risk of increasing population inequities. They spoke of *vulnerable populations* (under which they include Aboriginal populations) who are at "higher risk of risks" (p. 218) due to various structural barriers and argue the importance of targeted interventions for such groups (Frohlic & Potvin, 2008). McLaren, McIntyre, and Kirkpatrick (2010), however, have critiqued the interpretation of Rose offered by Frohlic and Potvin. McLaren et al. have argued that whether or not a population approach to prevention leads to inequities depends on the nature of the intervention; namely, whether or not the intervention is focused on structure or agency. McLaren et al. further caution that the concept of vulnerable populations (those at greater risk of risks) is open to being conflated with Lalonde's concept of populations at risk; such a conflation leads back to an emphasis on risk exposure rather than on the structural factors driving health (McLaren et al., 2010).

From the above discussions and debates, it is apparent that the conundrum of prevention at the population level lies in adequately addressing both downstream factors surrounding risk exposure as well as upstream structural issues that impact health and wellbeing through the social determinants of health. Through an exploration of recent population-level interventions aimed at promoting maternal-perinatal health, it is apparent that there has been a greater emphasis on downstream factors than on upstream factors. Risk factors for maternal mental health issues, such as prenatal depression, include factors such as low socioeconomic status, unmarried status, experiences of domestic violence, high psychosocial stress, poor diet, and low social support (Bowen & Muhajarine, 2006a). Social support has been targeted as a potentially modifiable factor in a number of recent perinatal health interventions. For example, a randomized control trial of a prenatal intervention involving in-home nurse visits showed different patterns of success among pregnant women in Calgary, based on whether they were high-risk or low-risk for poor maternal and perinatal health outcomes. Not surprisingly, the needs of high-risk women were not being fully met with a conventional prenatal intervention (Tough et al., 2006). Other interventions have targeted women defined as "high-risk" based on depressive symptoms screening (Dennis, 2010; Jesse et al., 2010; Smith, Shao, Howell, Lin, & Yonkers, 2011). These interventions have met with little (Smith et al., 2011) to only moderate success (Dennis, 2010; Jesse et al., 2010). The lack of dramatic success is likely because these interventions do essentially nothing to change the broader, structural factors impacting women's mental health. It is clear that more needs to be done to address upstream factors. This is particularly true in the context of Aboriginal women, whose health is impacted by the structural factors driven by the legacy of colonization. Furthermore, given the unique social, cultural, and historical context of Aboriginal populations, tailoring prenatal and mental health interventions to meet the needs of pregnant Aboriginal women is also important to ensure both effectiveness and cultural safety.

The health promotion function of public health suggests that a multi-pronged and multi-sectoral approach is required in the process of “enabling people [and populations] to increase control over, and to improve, their health” (World Health Organization [WHO], 1986, p. 1). Health promotion interventions use strategies for building healthy public policy, creating supportive environments, strengthening community action, developing personal skills, and reorienting health services (WHO, 1986). Health promotion interventions have been suggested to be especially effective in mental health, given the complexity of the determinants involved (Herrman, Saxena, & Moodie, 2005). Because health promotion “focuses on achieving equity in health” (WHO, 1986, p. 1), a health promotion approach to mental health among pregnant Aboriginal women would advocate tailoring interventions for the specific needs of pregnant Aboriginal women. Furthermore, a health promotion approach focuses on action on the broader determinants of health beyond simply behavioural and biological factors – such as political, economic, social, cultural, and environmental factors (WHO, 1986).

The Government of Canada’s document *Toward a Healthy Future: Second Report on the Health of Canadians* discussed the health disparities facing Aboriginal populations and links these health disparities to the social disparities faced by Aboriginal populations along social determinants of health such as income, education, employment, and housing (Federal, Provincial and Territorial Advisory Committee on Population Health, 1999). What is conspicuous by its complete absence in this report, however, is the identification of colonization as the broader driver behind present-day social and health inequities. Similarly, colonization and IGT are also not explicitly discussed in the program descriptions for Health Canada’s First Nations and Inuit Health Branch community-based health promotion programs on maternal and child health (Health Canada, 2011). Reference is made in the program descriptions to the social determinants of health, health promotion, community capacity-building, and the incorporation of traditional culture (Health Canada, 2011). However, concretely-defined components to explicitly address IGT in the mental health of pregnant Aboriginal women are not mentioned. Of the mental health promotion programs offered by the First Nations and Inuit Health Branch, the Indian Residential Schools Resolution Health Support Program description refers explicitly to IGT, in the context of residential school abuses. Otherwise, explicit reference to colonization and IGT are similarly limited in the program descriptions (Health Canada, 2011). In the last few years, largely through the work of the Truth and Reconciliation Commission of Canada, there has been increasing awareness of the traumatic experiences of students who attended residential schools, culminating in a formal apology from the Government of Canada on June 11, 2008 (Truth and Reconciliation Commission of Canada, 2011). However, the impact of the history of residential schools on subsequent generations of Aboriginal peoples has not received as much media or political attention. This may in part be due to the limited empirical research on the issue, as discussed below.

Addressing Intergenerational Trauma in Mental Health Interventions for Pregnant Aboriginal Women

As discussed earlier, historical trauma and unresolved grief are reinforced and augmented with the trauma and despair stemming from present-day circumstances, including experiences of racism and sexism. In the context of health and social services, a lack of cultural safety contributes to the oppression of Aboriginal peoples, and therefore, to IGT. Cultural safety expands the notion of cultural sensitivity by focusing on structural inequities based on various sociocultural factors and the resulting power

differentials in relationships – notably, in the relationship between service providers and patients or clients. In order to provide a culturally safe environment in which patients or clients can feel respected and empowered, service providers must be self-reflexive. This is particularly important in the context of Aboriginal patients and clients; Aboriginal peoples' historical relationship with health and social services is entrenched in colonization, making lack of trust a major concern (ANAC, 2009; National Aboriginal Health Organization, 2008). The literature has suggested a number of best practices for health and social services for Aboriginal patients and clients, to ensure both safety and responsiveness. The Society of Obstetricians and Gynaecologists of Canada (as cited in Smylie, 2000), for example, offered a list of recommendations for health services in the area of Aboriginal women's health. These include ensuring that professionals have an adequate understanding of the sociocultural, historical, and population health context of Aboriginal peoples – notably, the legacy of colonization; embracing a holistic view of health and wellbeing in line with Aboriginal worldviews; supporting community-directed services, programs, and initiatives; and supporting health promotion and prevention. In the context of pregnant and parenting Aboriginal persons, Smith et al. (2006) found that participants of their study sought health care that is respectful, strengths-based, client-directed, holistic, that permits healing and trust, that is culturally appropriate, that addresses the “mind, body, and soul” (p. E39), and that includes fathers and other family members.

Various scholars have suggested that healing from IGT is best achieved through a combination of mainstream psychotherapies and culturally-entrenched healing practices (Brave Heart, 2003; Brave Heart & DeBruyn, 1998; McCormick, 2008; Menzies, 2008). McCormick (2008) commented, when facilitated by therapists with “adequate understanding and respect for Aboriginal cultural values [such that] the therapist [does not] mistakenly try to change core cultural values of their Aboriginal clients” (p.342), there are certain mainstream psychotherapeutic approaches that have proven to be helpful for Aboriginal clients. In addition to individual psychotherapies, group and family therapies have proven to work well, given the congruence with the emphasis of family and community in Aboriginal worldviews (McCormick, 2008). However, it is important that mainstream therapies be complemented with traditional healing practices that allow connection with one's Aboriginal identity and promote healing through balance; interconnectedness; relationships with family, community, and nature; spirituality; and the use of Aboriginal rituals and traditions (McCormick, 2008).

Traditional Aboriginal healing practices vary between communities and can include smudging, sweat lodges, sun dances, pipe ceremonies, potlachs, and healing circles (University of Ottawa, 2009). Healing circles, for example, can be incorporated into group therapy (Heilbron & Guttman, 2000). The focus on holism is reflected in traditional approaches such as the Medicine Wheel and the four sacred medicines of sage, sweet grass, tobacco, and cedar (Little Brown Bear, 2012; University of Ottawa, 2009). Drawing on traditional healing practices is especially important in the context of IGT, given that part of the assault of colonization that led to unresolved grief was the banning of traditional cultural practices (Brave Heart & DeBruyn, 1998). Brave Heart, DeBruyn, and their colleagues at the Takini Network in the United States have developed the Historical Trauma and Unresolved Grief Intervention, which has shown some success. This group trauma and psychoeducation intervention combine processes for acknowledging and confronting historical trauma with traditional Indigenous rituals for grief resolution and healing. The intervention is congruent with mainstream group psychotherapies done for Post-traumatic stress disorder and allows reconnection with Aboriginal identity and cultures as a powerful means of healing (Brave Heart, 2003; Brave Heart & DeBruyn, 1998;).

In addition to individual-level interventions, population health promotion interventions that address structural and community-level factors that influence healing from the legacy of colonization are also important. Chandler and Lalonde (1998) suggested that *cultural continuity* in a community can impact mental health. Their markers for cultural continuity include community involvement in land claims, evidence of self-government, the existence of health and social services, and the existence of cultural facilities. Although termed cultural continuity, various scholars (Kirmayer et al., 2000) have pointed out that these markers speak to broader issues of community participation and capacity, in addition to engagement with traditional culture and Aboriginal identity. Community capacity and local control are powerful counters to the historical and present-day oppression associated with colonization, and in which IGT is largely rooted. As stated by Kirmayer et al. (2000),

Community development and local control of health care systems are needed, not only to make services responsive to local needs but also to promote the sense of individual and collective efficacy and pride that contribute to mental health. Ultimately, political efforts to restore Aboriginal rights, settle land claims, and redistribute power through various forms of self-government hold the keys to healthy communities (p. 614).

While various conceptual models have been proposed to explain IGT (Brave Heart & Debruyn, 1998; Menzies, 2008; Sotero, 2006), they are largely rooted in qualitative research and theoretical discussion. The inductive approach of qualitative research allows for considerable depth in insight; given the complexities of IGT, qualitative research is certainly integral to fully understanding the intricate issues at hand. However, qualitative research cannot address questions of generalizability of results to a target population of interest (Morse & Niehaus, 2009; Roy, 2014; Sandelowski, 2000). Accordingly, quantitative and mixed-methods research approaches are also required to ensure that IGT is considered in evidence-based decision making around services and policies (Blackstock, 2009; Roy, 2014). There has been some quantitative work done in recent years. Whitbeck, Adams, Hoyt, & Chen (2004), for example, have developed historical loss scales. Recent studies have also attempted to assess IGT through indicator variables about life experiences associated with IGT in Aboriginal populations (e.g., sexual abuse, child abuse, family violence, alcoholism, being taken away from birth parents) or by inquiring about family members' attendance at residential schools (Balsam, Huang, Fieland, Simoni, & Walters, 2004; Cedar Project Partnership et al., 2008). However, as argued by Sotero (2006), discussion of IGT in the literature is largely theoretical and qualitative in nature. Similarly, although there is considerable discussion of the concept of healing in the context of Aboriginal mental health, "the major part of the literature that examines healing for Aboriginal people tends to be based on opinion and conjecture, not on research. . . . [The] literature does not provide empirical evidence [as] support" (McCormick, 2008, p. 341). Given the increased focus on evidence-based decision making in the design of both clinical and population interventions, more empirical studies are needed on both IGT and Aboriginal healing, drawing on both quantitative and qualitative approaches. In particular, further research of these issues in pregnant Aboriginal women can help to provide context-specific evidence to address the overall lack of explicit consideration of IGT, discussed earlier in this paper, in both individual-level and population-level interventions aimed at Aboriginal maternal mental health.

Given the link between experiences of interpersonal violence and an array of health and social problems, Elliott, Bjelajac, Fallot, Markoff, and Reed (2005) have suggested that all health and social services for women should be *trauma-informed*. In other words, "service delivery [should be] influenced

by an understanding of the impact of interpersonal violence and victimization on an individual's life and development" (p 462). The paper by Elliott et al. (2005) is concerned with personal trauma from interpersonal violence. However, extrapolations of their points can be made to the issue of IGT and Aboriginal peoples. Given the link between IGT and social, behavioural, and health problems in Aboriginal populations, an argument can be made that health and social services for Aboriginal peoples, in general, should be influenced by the recognition of the legacy of colonization and the need to heal from this legacy; in other words, they should be *IGT-informed*. While the above should apply to services for all Aboriginal peoples, it is particularly pertinent for pregnant Aboriginal women. Qualitative research conducted by Smith et al. (2006) suggested that Aboriginal parents see pregnancy as a time for reflection on the intergenerational legacy of colonization, driven by the strong desire to give their children a better future. As such, pregnancy is "a powerful opportunity to support and facilitate people to choose a healing path" (pp. E34-E35), to heal themselves, and break the vicious cycle of IGT for the sake of their children. As discussed earlier, IGT can have a large role in Aboriginal women's overall mental health. Given the importance of pregnant women's mental health to both maternal and child health outcomes, including mental health trajectories for children and youth, it is clear that interventions, programs, and services for pregnant Aboriginal women need to be designed to explicitly facilitate healing from IGT.

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An Interdisciplinary Journal *Honoring the Voices, Perspectives and Knowledges of First Peoples through Research, Critical Analyses, Stories, Standpoints and Media Reviews*

Domestic Sex Trafficking of Aboriginal Girls in Canada: Issues and Implications

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Abstract

The current discourses on human trafficking in Canada do not take into account domestic trafficking, especially of Aboriginal girls. Notwithstanding the alarmingly high number of missing, murdered, and sexually exploited Aboriginal girls, the issue continues to be portrayed more as a problem of prostitution than of sexual exploitation or domestic trafficking. The focus of this study is to examine the issues in sexual exploitation of Aboriginal girls, as identified by the grass root agencies, and to contextualize them within the trafficking framework with the purpose of distinguishing sexual exploitation from sex work. In doing so, the paper will outline root causes that make Aboriginal girls vulnerable to domestic trafficking as well as draw implications for policy analysis.

Keywords: Domestic sex trafficking, Aboriginal girls, policy implications

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Introduction

General trends

Human trafficking has received growing attention in recent years, both in Canada and worldwide, especially in the wake of increased focus on nation States' security and tightening the borders (Oxman-Martinez, Hanley, & Gomez, 2005). The discourses on sex trafficking of women and girls in Canada continue to highlight international trafficking thus positioning Canada more as a transit and destination country than an origin country. Notwithstanding the fact that 500 Aboriginal² girls and women (and maybe more) have gone missing over the past 30 years (Amnesty International Canada, 2004), domestic trafficking has not received the attention it deserves. Instead of being contextualized in a trafficking framework, sexual exploitation of Aboriginal girls is portrayed and understood as a problem of prostitution or sex work.

Similarly, despite the wide-ranging and often complex problems facing Aboriginal peoples today, policies continue to be dominated by a limited range of issues like health, violence, poverty, and the criminal justice system (Stout & Kipling, 1998). This, coupled with the tendency in policy decisions to analyze one issue at a time as against a holistic approach, limits, if not excludes, the examination of linkages with the sexual exploitation of Aboriginal girls in Canada.

Significance, purpose and limitations of the study

The focus of this study is to identify key issues in domestic trafficking of Aboriginal girls and outline implications for policy formulation and implementation at various levels of government – federal, provincial, territorial, and First Nations governments as well as other agencies such as media, law enforcement officials, social welfare services, and the justice system. The purpose is to highlight the issues, as identified by the grass root agencies working with trafficked girls, and to contextualize them within the trafficking framework in order to distinguish sexual exploitation from sex work. The study begins by outlining the definition of trafficking, which will form the basis of subsequent discussion and analysis in the paper. The next section examines the root causes that make Aboriginal girls vulnerable to sex trafficking and the exploitation and manipulation they face in the trafficking process. Recommendations for policy research and analysis are discussed in the final section.

Although this paper brings forth some key issues in the domestic trafficking of Aboriginal girls today, it is a preliminary study restricted in its scope and application. The primary limitation of this research is that it is based on the feedback and input of non-government organizations (NGOs) working with trafficked girls in Canada and does not necessarily reflect the views of the trafficked girls themselves. This is because all the interviews with the key informants of this research were done over the phone, due to constraints of mobility and time, but for the exception of a roundtable held in Vancouver, British Columbia. It was considered inappropriate, unethical, and impractical to interview sexually exploited girls over the phone. Another limitation is that the paper makes reference to all Aboriginal girls rather than

² Throughout this document, the terms First Nations, Indigenous, Aboriginal, and Native peoples have been used interchangeably. While these terms can include all peoples of Aboriginal ancestry, it is essential to note that First Nations are identified as a distinct group with unique legal status. Within Canada, Aboriginal peoples are constitutionally recognized as Inuit, Métis, and First Nations.

making a distinction between First Nations, Inuit, and Métis girls whose issues and realities could be similar and yet different. The limited data available on domestic trafficking combined with the small sample size made it difficult to identify the issues specific to each Aboriginal community. Finally, due to its limited scope, the paper does not necessarily draw linkages between domestic and international trafficking.

Furthermore, it is essential to note that the study focuses primarily on the sexual exploitation of Aboriginal girls and not Aboriginal women. While some issues are common to both women and girls, there are significant differences regarding the concepts, policies, and laws that are applicable to each group. Therefore, to maintain clarity and keeping in view the fact that Aboriginal women are being initiated into sex trafficking at an increasingly younger age (Assistant Deputy Ministers' Committee, 2001), the focus of this study is on Aboriginal girls.

Methodology

Considering the limited information available on domestic trafficking of Aboriginal girls in Canada, the methodology adopted for this study was two-fold. The first phase involved conducting interviews and discussions with key informants from NGOs, women's organizations, and other community-based groups or individuals dealing with the issue of sexual exploitation in Canada.³ A total of 18 key informants participated in the study. Five key informants were interviewed over the phone from four regions: Quebec ($n = 1$), Prairies and Northwest Territories ($n = 2$), Ontario ($n = 1$), and Atlantic ($n = 1$). In British Columbia, a one-day roundtable was organized in Vancouver on July 07, 2006, which was attended by thirteen representatives from different community groups.

While the majority of the key informants were front line workers, some were researchers and program coordinators and a couple of them were the managers or directors of the organizations providing services to sexually exploited women. Few of the key informants, now working as service providers, identified themselves as trafficked into the sex trade in the past. The mandate of the key informants' organizations ranged from providing drop-in services to outreach, counselling, research, advocacy, and/or a combination of these services. The interviews with the key informants were semi-structured and lasted for about 45 minutes to an hour.

The questions and discussions with the key informants covered three main areas: First, participants were asked about the mandate and clientele of their organization and their experiences of working with sexually exploited girls. Second, informants outlined the root causes of sex trafficking, the methods traffickers use to maintain control and dominance over the girls, and the role of racism in the sexual exploitation of Aboriginal girls. Finally, the informants were asked to comment on the existing policies and programs to address domestic trafficking of Aboriginal girls and make suggestions, both at the policy and grassroots levels, to address the issue.

The second phase of the project involved analyzing the information gathered from the discussions and consultations with key informants and substantiating it with published research in the form of journal articles, reports, government documents, and other related materials.

³ The data for this study was generated as part of the author's work with Status of Women Canada in Ottawa, Ontario. However, this paper expresses the views of the author and does not represent the official policy or opinion of Status of Women Canada or the Government of Canada.

Overview

Definition of trafficking

This paper draws upon the trafficking definition of the United Nations *Protocol to Prevent, Suppress, and Punish Trafficking in Persons, Especially Women and Children, Supplementing the United Nations Convention Against Transnational Organized Crime*:

Trafficking in Persons shall mean the recruitment, transportation, transfer, harboring, or receipt of persons, by means of threat or use of force or other forms of coercion, of abduction or fraud, of deception, of the abuse of power of a position of vulnerability or of the giving or receiving of payment or benefits to achieve the consent of a person having control over other persons, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labor or services, slavery or practices similar to slavery, servitude or the removal of organs (United Nations Crime and Justice Information Network, 2000).

As outlined in this definition, trafficking comprises use of threat, force, deception, fraud, abduction, authority, and giving payment to achieve consent for the purpose of exploitation, including sexual exploitation. The element of consent in the trafficking definition is usually misunderstood, thus, conflating sexual exploitation with sex work. It is often argued that a person who consents to engage in prostitution cannot be considered trafficked, thereby, suggesting that only coercion or force should form an integral part of the trafficking definition. However, it is essential to recognize that consent does not necessarily suggest an informed choice. As one key informant remarked, “it is rare that Aboriginal girls or women of color experience sex work. They are often trafficked for power and control, and coerced into prostitution for their survival needs.” Therefore, this paper would consider all those circumstances, which are elaborated below, that lead to the sexual exploitation of girls as part of trafficking.

The scope of domestic trafficking

There is no national-level data that tracks the transient Aboriginal population and their trafficking in the sex trade. Lack of focus and/or clear understanding of domestic trafficking – since sexual exploitation is often conflated with sex work, the underground nature of the crime, and mobility of the trafficked persons across various cities – often make it difficult to assess the actual numbers. Moreover, the majority of the cases of trafficking go unreported as girls are scared to take action against their traffickers,⁴ resulting in the data on trafficked persons being partial, varied, and debatable.

In the absence of actual figures on domestic sex trafficking in Canada, a look at the number of Aboriginal girls in prostitution can help throw some light on the extent of the issue. First Nations girls are over-represented in prostitution with an especially high number of youth ranging from 14% to 60% across various regions in Canada (Assistant Deputy Ministers’ Committee, 2001). National data in Canada reveals that 75% of Aboriginal girls under the age of 18 have experienced sexual abuse, 50% are under 14, and almost 25% are younger than seven years of age (Correctional Service of Canada as cited in McIvor &

⁴ Several factors explain the reluctance of girls to take action against their traffickers. Some of these include life threats to trafficked girls and their families, a condition of confinement, fear of penalization, and lack of safe houses, shelters, and other resources.

Nahanee, 1998). In Vancouver alone, 60% of sexually exploited youth are Aboriginal (Urban Native Youth Association, 2002). One key informant reported that children as young as nine are sexually exploited in Saskatoon and that the average age of being forced into prostitution is 11 or 12.

Although the limited data available on sexual exploitation focused primarily on urban centers like Vancouver, Toronto, and Montreal, it does not imply that the issue is less chronic in smaller cities and rural Aboriginal communities; only that it is not widely known or acknowledged (Blackstock, Clarke, Cullen, D'Hondt, & Formsma, 2004).

The pattern of domestic trafficking

Domestic sex trafficking of Aboriginal girls in Canada has various forms. It can be familial-based (i.e., family members forcing other members to take part in the sex trade). For instance, there are communities in the North wherein First Nations girls are sexually exploited and initiated into prostitution by their male and female relatives: brother, father, grandfather, or an uncle (Lynne, 1998). Many key informants identified familial-based sex trafficking as poverty-driven and intergenerational or cyclical, resulting from the residual impact of colonization and residential schools. Another type of sex trafficking is organized (gang-related) and sophisticated in the form of escort services, massage parlours, or dancers. One key informant referred to the hidden forms of domestic trafficking, such as the existence of *trick pads* in some parts of Canada.⁵

Additionally, key informants pointed out a characteristic intrinsic to the trafficking process: the movement of trafficked Aboriginal girls that follows a pattern of city triangles across different provinces in Canada. For instance, in Saskatoon, which is in close proximity to Edmonton and Calgary, girls are moved in triangles, such as Saskatoon-Edmonton-Calgary-Saskatoon or Saskatoon-Regina-Winnipeg-Saskatoon. These triangles, which are often interconnected, are spread across Canada. For example, once girls are trafficked into Calgary, the triangle is Calgary-Edmonton-Vancouver. Although several factors contribute to the movement of girls, an emerging trend that a key informant pointed out is the increased trafficking of girls due to the flourishing oil drilling rigs and mining businesses in Alberta. A significant number of men travel back and forth from Saskatchewan to northern Saskatchewan or Alberta for short periods of time to work in oil rigs or at uranium mines. In keeping with their movement, girls are increasingly being moved around and sexually exploited.

Recruitment Methods

Coercion and deception are the underlying elements in the various methods that traffickers use to force Aboriginal girls in sex trafficking. Consultations with key informants of this research project revealed some of these recruitment methods.

Airports: A couple of the key informants identified airports as the point of recruitment in big cities like Montreal, which are witnessing a growing movement of Aboriginal girls, especially Inuit from Northern communities. Traffickers often know someone in the community who informs them about the

⁵ A trick pad is a place, usually a house in a secluded area, where girls are kept against their will and are coerced to engage in prostitution. Sometimes the girls are physically kidnapped and taken to trick pads (Urban Native Youth Association, 2002).

plans of the girls moving to the city. Upon their arrival at the airport, traffickers allure the girls under the pretext of providing a place to stay or access to resources. In the words of a key informant working as an Aboriginal outreach worker, “Girls tend to believe in the promises of the traffickers, as they are young, naïve, and vulnerable in a new and big city. They are unsuspecting of the motives of the traffickers since they belong to communities that have a culture of welcoming strangers.”

Schools: In cities like Winnipeg, Vancouver, and others with high concentrations of Aboriginal peoples, traffickers are increasingly targeting schools as recruiting grounds. Traffickers entice Aboriginal girls, as young as in grade six or seven, on school playgrounds or on their way to school by promising them gifts, a good lifestyle, or getting them addicted to drugs (West, 2005). These girls are too young and vulnerable to understand or take action against sexual exploitation.

Bars: Several key informants discussed bars as a fertile recruiting ground successfully targeted by traffickers. Young Aboriginal girls who move from reserves to big cities might go to bars to “bridge the isolation” and connect with other Aboriginal peoples, especially since community centres in many cities close early in the day. Traffickers frequent these places to befriend girls by buying them a drink or offering to help connect them with other Native peoples and later sexually exploit them.

Boyfriends: In many cases, traffickers pose as boyfriends and seduce young girls by buying them expensive gifts and/or emotionally manipulating them. Hence, it is not uncommon for sexually exploited girls to refer to the traffickers as their boyfriends. Due to their emotional and economic dependence on the traffickers, many girls refuse to identify themselves as sexually exploited (Thrasher, 2005).

Girls as recruiters: In yet another method, trafficked girls, as young as 11, are forced to recruit other girls (Urban Native Youth Association, 2002). When young girls approach their counterparts with dreams of a better lifestyle, it is real and convincing. Girls working as recruiters, in most cases, have no choice but to agree to the wishes of the trafficker due to fear or, in some cases, to meet their survival needs. It often results in a hierarchal set up wherein recruiters take the share of the earnings of the girls they have recruited. As recruiters move up in the hierarchal chain, they aim to get rid of the street work.

Dancers: Aboriginal girls, recruited as dancers at a young age, are frequently moved across provinces for their dance shows. Over a period of time, they lose ties with their home and community, thus, becoming isolated and vulnerable. When these girls grow old, appear less attractive, and are forced out of dancing, they are sexually exploited for their survival needs.

Internet: Traffickers are increasingly using the internet as a means to entice young Aboriginal girls, especially in rural communities (Thrasher, 2005), with the charm of a big city or false promises of a good job. Once these girls are in the cities, away from their family and friends, they are trafficked into the sex trade.

Hitchhiking: First Nations’ intergenerational poverty, lack of recreation and social activities for youth on-reserve, and inadequate public transportation facilities force young girls to hitchhike, thus, making them vulnerable to sexual exploitation. The Yellow Head Highway in British Columbia, also known as the Highway of Tears, along which several Aboriginal girls have gone missing or found murdered (Wilson, 2004), is a glaring example.

Root Causes

Key informants of this study identified the root causes that affect the safety and well-being of Aboriginal girls and put them at risk of sex trafficking. Although discussed under separate headings for the sake of simplicity and clarity, these causes are interrelated, thus, forming a vicious circle. It is important to note that while factors such as poverty, violence, and racism surface in various discussions in existing literature and policy decisions affecting Aboriginal peoples, their linkages with sexual exploitation have not been fully explored (Blackstock et al., 2004).

The legacy of colonization and residential schools

The majority of the key respondents referred to the history of colonization as a fundamental factor behind the sexual exploitation of Aboriginal girls. Various aspects of colonization such as capitalism, the church, and the military have affected family units, language, culture and identity, economic status, and parenting abilities of Aboriginal peoples (Lynne, 1998). The destruction of the social structures and family support system has rendered some communities dysfunctional, thus, leading to increased rates of violence, sexual abuse, substance abuse, and suicide rates (Bennett & Shangreux, 2005).

According to one key informant, sex has traditionally been considered sacred in Aboriginal culture: a gift from the creator and a way to communicate. As a result of colonization, sexual abuse was introduced to Aboriginal communities, now living with the “historic imagery of Aboriginal girls being sexually available.” Due to the intergenerational effects of residential schools, men and women have not learnt the meaning of healthy sexuality and parenting, resulting in many residential school survivors sexually exploiting their own children (Assistant Deputy Ministers’ Committee, 2001). Girls suffering perpetual violence and abuse have no choice but to leave their communities in the search of a safer place. This, coupled with culturally inappropriate welfare practices and lack of adequate support systems, further exposes them to the risk of sex trafficking.

Lack of awareness, acknowledgment, and understanding of sexual exploitation

Sections of the Canadian society, such as Aboriginal communities (Thrasher, 2005), law enforcement officials, media, policy-makers, and legal system are unwilling to acknowledge domestic trafficking, especially of Aboriginal girls.

According to key informants, several factors prevent Aboriginal communities from acknowledging the sexual exploitation of their girls. These include poverty, limited resources, lack of education and understanding of the exchange of sexual favours for goods and resources as sexual exploitation, and the fear of outside involvement resulting from ineffective past interventions. As one key informant remarked, “Our people have been researched to death but nothing has been done.”

Aboriginal girls in rural communities might be reluctant to talk about sexual exploitation, as sometimes they are battling with their own physical and mental health problems such as HIV/AIDS, sexually transmitted infections, depression, and post-traumatic stress disorder. Inadequate resources and the taboo associated with such conditions limit their capacity to advocate for ending sexual exploitation.

Limited initiative and willingness on the part of law enforcement authorities to actively deal with sex trafficking aggravate the reluctance in Aboriginal communities. One key informant mentioned a case wherein a law enforcement official, while speaking on the issue of sexual exploitation, expressed hesitation to specifically talk in the context of Aboriginal girls stating that “they [police] do not work in the First Nations communities.” In cases where officials do take a proactive approach to undertake research or document cases, they often lack culturally relevant approaches or tools to address it adequately.

The lack of acknowledgement of sexual exploitation of Aboriginal girls acts as a hindrance to initiating and implementing measures for addressing it. Thus, sexual exploitation continues to be viewed as or conflated with sex work. Aboriginal peoples are stereotyped as willing to take up sex work and a great deal of ignorance surrounds Aboriginal culture and their living conditions.

Violence

A significant consequence of colonist government policies is the violence plaguing Aboriginal communities. Loss of cultural identity coupled with social and economic marginalization fuels violence and sexual assault (Mann, 2005). As pointed out in the *Aboriginal Justice Enquiry* in Manitoba, violence in Aboriginal communities has reached epidemic proportions (Hamilton & Sinclair, 1991). While there are complexities in defining and contextualizing violence in Indigenous communities, suffice it to say that as a result of oppression and colonization, “violence has invaded whole communities and cannot be considered a problem of a particular group or an individual household” (Jacobs, 2002, p. 3). Increased family breakdown due to violence is resulting in an ever-increasing number of Aboriginal children in the welfare system. They experience culture loss and disassociation and become extremely susceptible to sexual exploitation as a means to meet their emotional and practical needs.

The cycle of violence that Aboriginal girls face begins from their communities and continues into the trafficking process. Traffickers impose various forms of violence: physical, emotional, economic, and sexual to initiate girls into sex trafficking and maintain control over them. Girls are forced to go with Johns, not use condoms, and live in poor and unhygienic conditions. Traffickers often keep the earnings and the identification documents of girls to minimize their chances of escape. As in the absence of identification, girls have negligible or limited access to resources such as welfare services or addiction treatments.

Poverty

As Bowen (2006) found in her study on domestic trafficking, poverty is a major cause of sexual exploitation. Girls are forced to move in search of survival opportunities and in the process suffer the kind of exploitation and isolation that is similar to that of international trafficking or organized crime. Poverty in Aboriginal families has reached an all-time high, with 52.1% of all Aboriginal children living in extreme poverty (Ontario Federation of Indian Friendship Centres, 2000). In urban Winnipeg, Regina, and Saskatoon, 80% to 90% of single Aboriginal mothers were living below the poverty level (Royal Commission on Aboriginal Peoples [RCAP], 1996). One of the main reasons for poverty among Aboriginal girls is limited opportunities for employment and education. On-reserve unemployment is three times the national average and, in some Aboriginal communities, about 90% of the population is unemployed (McKenzie & Morrisette, 2003). High rates of unemployment coupled with limited welfare services lead to poor health, violence, cultural disintegration, and increased poverty rates among Aboriginals (Bennett

& Shangreux, 2005). A high level of poverty in a patriarchal society is directly related to a high rate of sexual exploitation (Farley & Lynne, 2005).

Closely related to poverty is homelessness, which is another significant risk factor in sexual exploitation (Farley & Lynne, 2005). Although the population of Aboriginal peoples is growing at a rapid rate, their housing needs remain unmet. Lack of affordable housing is evident from the fact that 84% of Aboriginal households on-reserve do not have sufficient income to cover the cost of suitable and adequate housing (RCAP, 1996). In the face of extreme poverty, and, consequently, the absence of safe and affordable housing, girls become vulnerable to sexual exploitation to meet their basic needs of food, clothing, and shelter.

Isolation and need for a sense of belonging

Girls experience isolation in rural Aboriginal communities due to various reasons: boredom, dysfunctional families, limited education and employment opportunities, and taboo due to HIV/ AIDS, Hepatitis C, and other sexually transmitted infections. Traffickers lure young girls by glamorizing life in a big city and presenting it as a way out of their communities.

The movement from reserves to big cities can be an overwhelming experience for many young girls brought up in a culture of strong family and community ties. In cities, they suffer isolation, racism, and, consequently, low self-esteem. During the course of time, they lose contact with their communities and experience culture loss (Save the Children Canada, 2000). Many girls go to bars to overcome their isolation and end up being recruited by traffickers. Limited knowledge and availability of resources to Aboriginal peoples off-reserve further puts the young girls at risk.

Once forced into the sex trade, Aboriginal girls continue to suffer sexual exploitation and turn “to street communities, drugs, pimps, and dealers to develop personal identities and an enduring sense of place and belonging” (Downe & Ashley-Mika, 2003, p. 47). There is a spirit of camaraderie and unity among trafficked girls, as they share the same stories and a common history. Driven by the desperate need for trust and acceptance, many Aboriginal girls find love in their traffickers who they often refer to as their boyfriends. “It is amazing what girls can do to feel that they belong,” one key informant remarked. In such a scenario, although girls consent to be sexually exploited, they do it as they have no choice or means to help them in their loneliness, marginalization, and lack of a support system. Hence, it is essential to recognize isolation and social exclusion as a root cause of sex trafficking, instead of viewing it as a part of voluntary sex work.

Racism

The systemic racism that Aboriginal girls face from different sections of the Canadian society – such as media, justice, police, lawmakers, service providers, and the Canadian society at large – emerged as a key factor in discussions with almost all of the key informants. In addition to the inadequate representation of Aboriginal peoples in the media, the ignorance and stereotypes associated with their culture and identity marginalize them, especially youth. Aboriginal girls are perceived as “easily available” due to the discriminatory and sexist policies and their unequal status in Canadian society (Mann, 2005; Olsen 2005). A study (Gorkoff & Runner, 2003) involving 45 interviews with sexually exploited girls revealed that Aboriginal girls are at risk not just because they are female, poor, and homeless but also because they suffer racism and exclusion. Thus, the sexual exploitation of Aboriginal girls is yet another form of racial discrimination.

While stressing the lack of concern or interest towards Aboriginal girls in sex trafficking, one of the key informants mentioned a profound example wherein a large number of people attended a presentation that a local faith-based agency had organized to highlight the international trafficking of girls from Ukraine to Canada. However, the turnout of people is significantly low when such initiatives are organized for addressing trafficking of Aboriginal girls in their own city. “People are willing to speak about trafficking in terms of world soccer and Asian gangs but disinterested to talk about the sexual exploitation of young Aboriginal children in their own backyard,” remarked the key informant. This indifference and discrimination towards the plight of Aboriginal girls reflect *Not-In-My-Backyard* (NIMBY) syndrome, also known as NIMBY-ism. The NIMBY syndrome is often widespread and deep-seated and involves intentional exclusion and inhibition of growth (Kean, 1991). In the 1996 trial of John Martin Crawford, a serial killer convicted of killing three Aboriginal girls, Warren Goulding, one of the journalists covering the trial said, “I don’t get the sense the general public cares much about missing or murdered Aboriginal girls. It’s all part of this indifference to the lives of Aboriginal people. They don’t seem to matter as much as the white people” (Amnesty International Canada, 2004, p. 24).

Substance use

Drug addiction “sucks Aboriginal girls in and keeps them there.” Traffickers lure young girls into taking drugs and then sexually exploit them. In many cases, Aboriginal girls with no prior history of substance use, take drugs to numb the pain of shame and humiliation they experience as a result of being sexually exploited. A study by Ontario Native Women’s Association (1989) found that eight out of ten Aboriginal girls have suffered some form of abuse – physical, sexual, psychological, or ritual – in their communities and that these factors were associated with high rates of alcohol and drug use in these communities. Over time, substance use develops into a chemical dependency, which forces girls to engage in prostitution in order to support their addiction.⁶ One key informant quoted a trafficked girl, “I have two choices: to do drugs or to die.”

Role of gangs

Gangs are playing an increasing role in the sexual exploitation of Aboriginal girls. Some of the Aboriginal-based street gangs include the Manitoba Warriors, the Native Syndicate, and the Indian Posse (Turenne, 2006). One key informant observed that a number of Asian and Somali gangs have been able to recruit Aboriginal girls and traffic them into the sex trade. Recruitment of gang members takes place not only in urban centres but also on-reserves and in small rural communities (Criminal Intelligence Service Canada, 2004). The average age of a female gang member ranges from 11 to 30 years with the majority between 14 to 25 years. The fastest growing street gang population consists of young children under 16 years old (Nimmo, 2001).

The reasons for young girls falling prey to gang recruitments vary: poverty; physical, emotional and sexual abuse in their families and communities; a sense of power, recognition, and protection from street life; and, most importantly, the need for belongingness and acceptance (Fontaine, 2006). Many young girls are attracted to gangs because they have suffered the loss of cultural ties and find an alternative family in the gangs (Native Women’s Association of Canada [NWAC], 2007a; RCAP, 1996).

⁶ In many cases, the chemical dependency is a gradual transition beginning from alcohol, which is easily available, to marijuana, cocaine, and then crystal meth.

Most gangs thrive in drug trafficking; however, some engage in sex trafficking as well. The gang culture follows a hierarchical framework in which there are a powerful few at the top followed by the various levels of workers underneath (Nimmo, 2001). Accordingly, gang members have different status and roles. Prostitution is considered as the lowest activity in the gang and young girls, who are at the bottom of the hierarchy, are forced into prostitution to earn money for the gangs (Fontaine, 2005; Nimmo, 2001). These girls are also exploited to recruit other young girls in order to move up in the hierarchy and away from the street work.

Gaps in service provision

Key informants pointed towards the existence of a cycle of power, control, and systemic oppression in the way services are delivered to sexually exploited girls. The narrow mandate and rigid functioning of certain agencies limit the scope and extent of services available to girls. For instance, trafficked girls usually work in the night and sleep during the day but most shelters do not accommodate this pattern (Canadian Housing and Renewal Association, Novac, Serge, Eberle, & Brown, 2002). Similarly, the long waiting period in service provision, combined with the lack of consistent and long-term funding, act as deterrents for girls wanting to escape sexual exploitation. This is particularly true for the treatment of alcohol and drug addiction, which is often a difficult service to access. Healing and transition to a normal life is usually a lengthy process (Assistant Deputy Ministers' Committee, 2001), especially if a woman has been abused and exploited at a young age or for a long period. However, limited and short-term funding focused on instant results fails to take into consideration the period required for healing and is often not enough to help trafficked girls make the transition to a healthy life. As one key informant effectively summed up, "Drugs are more easily available than counselling or other support services."

Culturally relevant services managed by Aboriginal peoples are minimal. Even more limited are the services specifically for sexually exploited Aboriginal girls (Canadian Housing and Renewal Association et al., 2002). For instance, many key informants pointed out the scarcity of female-only residential treatment centres and the unwillingness and/or inability of these centres to address sexual exploitation issues. Treatment of addictions without addressing sex trafficking has limited effectiveness. Moreover, placing sexually exploited girls with other groups such as battered women may lead to bias and discrimination due to issues of class and is usually not helpful, as the problems and interventions for these groups are different from each other. Co-ed treatment centers can be unsafe for girls, as older men in these centres may sexually exploit young girls (Canadian Housing and Renewal Association et al., 2002).

The contradictory welfare policies along with the lack of suitable alternatives for income also pose a barrier to girls wanting to exit domestic trafficking. A key informant working as an Aboriginal outreach worker discussed the problem of girls losing their housing when admitted to residential treatment centres, as welfare stops paying for it. Considering that finding safe and affordable housing is a challenging task, such policies may uproot girls and make them further vulnerable to trafficking. Similarly, in the absence of apprenticeship programs, the employment opportunities for Aboriginal girls are limited, especially since they have little or no education due to their trafficking at a young age. The gaps and barriers in service provision frustrate Aboriginal girls who often find it difficult to sustain their fight against sexual exploitation, which seems to be "the only thing normal and working."

Discriminatory policies and legislation

Several policies and legislation continue to marginalize Aboriginal peoples, especially girls. For instance, in the absence of clear policies around matrimonial property rights, Aboriginal girls are forced to leave their homes when marriages break up. The shortage of alternative housing services on-reserves and in rural communities forces girls to move to cities where they live in poverty, thus, becoming highly susceptible to sex trafficking. Similarly, Section 67 of the *Canadian Human Rights Act* and *Bill C-31* of the *Indian Act* discriminate against Aboriginal girls and their descendants and negatively impacts their rights and chances of a respectful life (NWAC, 2006).⁷

Section 67 of the *Canadian Human Rights Act* provides that nothing in the Act affects any provision of the *Indian Act*, thus, prohibiting Aboriginal peoples from lodging a complaint against the federal government or a Native government. Such a provision perpetuates the oppression that status Indian girls face in their communities and leaves them without any protection that is available to other Canadian girls (NWAC, 2007b). Despite amendments to the *Indian Act*, *Bill C-31* translates into a loss of status after two consecutive generations of girls have married with non-registered partners and it is anticipated that by 2060, there will be no Aboriginal people with Indian Status (Mann, 2005). The benefits that status Indian girls are entitled to are of great importance since they remain the primary caregivers in the family. Some of these benefits include access to government programs administered by Indian Affairs, national-level services, non-insured health payments, and tax benefits in addition to non-tangible benefits such as identification with their culture and community (Mann, 2005). The denial of these benefits may further isolate Aboriginal girls, making them an easy target for traffickers.

Policy Recommendations

Based on the analysis of the root causes that make Aboriginal girls vulnerable to sex trafficking and the factors that contribute to their ongoing exploitation in the sex trade, the key informants of this study made policy recommendations.

Acknowledgment and recognition

The first step in addressing the domestic trafficking of Aboriginal girls is to acknowledge the seriousness of the problem. Countries like Canada are increasingly under pressure to tighten their borders and undertake measures on the prosecution aspect of human trafficking, especially in the wake of the United States' *Trafficking in Persons* (TIP) report (U.S. Department of State, 2007). The over-emphasis on criminalizing the movement of people across borders has shifted the focus away from trafficking as a human rights issue. Moreover, the discourses in transnational trafficking in Canada do not include domestic trafficking of Aboriginal girls within and across provinces. It is erroneous and unjust to consider domestic trafficking as less serious than transnational trafficking because the issues of control, isolation, and exploitation that girls face at the hands of traffickers are severe, irrespective of whether it is cross-cultural or cross-border (Bowen, 2006).

⁷ Section 67 of the *Canadian Human Rights Act* was repealed in 2008 (Indigenous and Northern Affairs Canada, 2014). The original version of this article was written in 2007, a year before the repeal.

Honour Indigenous knowledge

There is a serious need to recognize and honour Indigenous knowledge (Stout & Kipling, 1998) by engaging “Aboriginal people as knowledge-keepers.” Awareness and education programs are effective when implemented through participatory, interactive, and inclusive processes that acknowledge the lived experiences of Indigenous peoples. While continuing further research in unexplored areas, the critical knowledge that already exists needs to be utilized and acted upon. The already identified gaps, such as homelessness, poverty, and unemployment, demand action, as against further research and deliberations.

Recognize diversity among Aboriginal peoples

Although larger systemic problems like poverty and the impact of colonization are common to several Aboriginal communities, there are issues that are typical of each community. As pointed out by a key informant, “saying someone is an Aboriginal is like saying someone is a European, meaning that there are many groups, territories, languages, etc., of Aboriginal peoples.” Policymaking should take into account this diversity, as there is no one, pan-Aboriginal identity. Formulating and implementing a blanket policy meant to address the issues of all Aboriginal communities has limited effectiveness and sometimes perpetuates the already existing problems in different communities.

Establish a national-level strategy for domestic trafficking

Due to the lack of understanding or acknowledgment of domestic trafficking, there is no national-level strategy to address both the immediate causes and the larger systematic issues which lead to the sexual exploitation of Aboriginal girls. Key informants expressed frustration at the disconnect that exists among the various levels of government and other agencies like law enforcement, justice, healthcare, and child welfare. Considering that the issues identified in domestic trafficking fall under the mandate of various agencies, standardized protocols and guidelines are essential to bring together initiatives of different stakeholders. A uniform approach shall help in sharing information and ideas, increasing awareness about domestic trafficking, and enabling different agencies to work towards common goals.

Bridge the policy-practice gap

Many participants pointed out the existing policy-practice disconnect reflected in policy decisions. Although both the grassroots agencies and policymakers are experts in their respective areas, the communication gap between them is rather unproductive. A limited, if not negligible, understanding of the other side often creates and widens the gap between what is required and what ends up being delivered, thus, leading to quick-fix solutions rather than addressing the fundamental problems.

Input from communities, women’s groups, and grassroots agencies in the policy-making processes can help ensure informed decision-making. Furthermore, it is crucial to engage in a dialogue with the trafficked Aboriginal girls regarding various social policy issues that affect them since their input is based on lived experiences. At the same time, it is important to ensure that these girls do not end up being a poster child. The story of one girl should not be regarded as a blanket experience of all sexually exploited girls, each with their own struggles and disadvantages. There is a wealth of knowledge and community experience at the grassroots level, which should be validated and fed into social policies.

The alliance between Aboriginal and non-Aboriginal people

The success of non-Aboriginal people in forming productive alliances with Aboriginal people has been limited. A key informant observed that at one extreme is the lack of concern or a hands-off approach

towards Aboriginal issues and on the other extreme is the fear of recolonizing Aboriginal peoples. The informant emphasized that the guarded approach on the part of non-Aboriginal people is equally unhelpful, as it further isolates Aboriginal girls who end up fighting for their rights in isolation. Non-Aboriginal people will have to learn to be good allies by supporting and collaborating with Aboriginal populations in a way that gives Aboriginal girls the power and right to determine what is best for them.

Preventive rather than a reactionary approach

One key informant remarked that traditionally some Aboriginal peoples view life as a cycle of seven generations. The wisdom from the past three generations is used to guide the present, which is the fourth generation, and lays the foundation for the future three generations. The understanding of this vision is not reflected in social policies today, which focus on immediate and reactionary measures instead of combining it with long-term prevention strategies.

Funding and services should be directed towards prevention programs, like educating and mobilizing young girls in Aboriginal communities, raising awareness regarding the dangers of sex trafficking, and increasing collaboration between urban Aboriginals and communities on-reserve so that girls do not lose touch with their culture and homes. In addition to focusing on young girls who are vulnerable to sex trafficking, prevention strategies should focus on girls who have exited sexual exploitation to prevent them from being re-trafficked.⁸ Funding should be granted for longer periods, as prevention work usually involves implementing a long-term strategy, which does not necessarily deliver quick results measurable in numbers.

Culturally relevant services

Aboriginal girls should have access to culturally relevant services that move beyond crisis intervention and are long enough to help them make a successful transition to a safe and healthy life. Key areas in service provision should include culture-specific and safe transitional housing for sexually exploited girls and their children, similar to the program Honouring the Spirit of Our Little Sisters, created by Ma Mawi Wi Chi Itata Centre in Winnipeg. This should also include the establishment of healing centres and shelters specifically to meet the needs of trafficked girls and adequate child welfare managed by Aboriginal organizations. The existing welfare services should be made more accessible. For instance, increased access to programs like income security, flexible curfew times in shelters, follow-up support, and reduced wait times in treatment centres. Similarly, harm reduction should be recognized as a useful measure for the health and safety of sexually exploited girls. Services like needles, food, condoms, and education regarding HIV/AIDS and other sexually transmitted diseases should be readily available.

Capacity building of NGOs

Funding arrangements with NGOs should be flexible, adequate, and long-term, especially for macro issues like domestic trafficking of girls. Key informants mentioned situations wherein agencies

⁸ For instance, Ma Mawi Wi Chi Itata Centre in Winnipeg, Manitoba, was instrumental in developing a safe house for sexually exploited Aboriginal girls aged 13 to 17 through the development of an advisory committee consisting of experiential victims of sexual exploitation who were consulted in planning the details of the site. The home is called Honouring the Spirit of Our Little Sisters and is for Aboriginal girls who have been sexually exploited. They are referred to this program from Child and Family Services and can stay as long as they want. The girls voluntarily choose to be involved in the program and its location is kept hidden to protect its clients (Kotyk, 2003).

have to modify and, in some cases, reframe their mandates to fit the funding requirements. The excessive focus on the outcome of the funded initiatives affects the kind and extent of services that NGOs are able to offer to sexually exploited girls. The evaluation guidelines often make it difficult for NGOs working with vulnerable groups to demonstrate and quantify the work done at the ground level. Similarly, inconsistency in grants leads to NGOs devoting considerable time, energy, and resources in arranging funds for their projects. The tight funding also leads to a high rate of employee turnover, as wages are limited and people are hired on a contract basis. A high turnover affects the efficiency of the NGOs' projects, which require building long-term partnerships with stakeholders.

Additionally, more resources and opportunities are needed to enhance communication and collaboration among different NGOs in order to enable them to coordinate their efforts against domestic trafficking – an issue which cuts across regions, instead of being confined to a specific area. The competitiveness for funding often leads to organizations working against each other rather than working with each other. Considering that a strong united voice is paramount to advocating for a social policy change, the funding arrangements should recognize the power dynamics and ensure that the role of NGOs as advocates for social justice remains unaffected.

Capacity building in Aboriginal communities

Resources are needed for Aboriginal communities to support them in dealing with their challenges and problems. Aboriginal women are rather alone in their work against sexual exploitation of girls, especially on-reserves, where they face resistance from various sections like chiefs and counsels who refuse to admit that the problem has reached epidemic proportions (Save the Children Canada, 2000). Girls in Aboriginal communities should be mobilized and encouraged to take up the leadership role and teach their future generations to value both men and women.

Elders have a wealth of experience which they can share with youth to guide them through their curiosities, questions, and dilemmas. Aboriginal youth should be provided with an environment that facilitates an open dialogue with both their peers and Elders. Similarly, there is a need for better role-models for young Aboriginal girls. A key informant spoke of a case wherein an Aboriginal girl, who had grown up in a city, came to live on-reserve. Just by being confident in her approach towards men, she subtly taught other Aboriginal youth the meaning of self-pride.

Schools and community service providers should be proactively engaged to decrease the drop-out rates of young children. Measures such as family support, counselling, homework clubs and culturally appropriate classes need to be in place to support children and keep them in the education system, thus, reducing their vulnerability to trafficking (Urban Native Youth Association, 2002). Resources should also be directed towards transportation, recreation facilities, awareness campaigns, and apprenticeship programs in Aboriginal communities.

Legislative reforms

Matrimonial Property Law needs to be reviewed, in consultation and partnership with Aboriginal peoples, to ensure that Aboriginal girls living on-reserve have equal property rights as those living off-reserve. Policy and legislative changes are also required in *Bill C-31* to remove the residual gender discrimination against Aboriginal girls and their descendants and rectify the loss of status under the *Indian Act* (NWAC, 2006). Similarly, Section 67 of the *Canadian Human Rights Act* should be repealed

and a parallel human rights system be established in consultation with Aboriginal representatives to ensure that Aboriginal girls have access to remedies for violations of their economic, social, and cultural rights (NWAC, 2006).⁹

Conclusion

Key informants of this study identified significant issues and implications in the domestic sex trafficking of Aboriginal girls in Canada. However, the root causes and recommendations highlighted in this paper need further examination and analysis to better inform the future initiatives in domestic trafficking in Canada. As a starting point, it is of utmost importance to determine the actual number of girls that are domestically trafficked in Canada, including smaller cities and rural areas. Further research should also include other groups such as immigrant girls, visible minorities, Aboriginal boys, or two-spirited youth. Although many root causes and recommendations in this report could be generalized to other groups as well, there are subtle differences in each group which need to be explored for a thorough analysis. Additionally, there needs to be a focus on addressing the role of men in Aboriginal communities. National level initiatives catering specifically to the abuse and trauma that men have suffered as a result of colonization are limited. Domestic trafficking of girls will continue to be a self-perpetuating phenomenon and the efforts to heal girls might not yield the desired results so long as the role of their abusers remains unaddressed.

As observed in the Aboriginal Justice Enquiry of Manitoba, “Aboriginal women and their children suffer tremendously as victims in contemporary Canadian society. They are the victims of racism, of sexism, and of unconscionable levels of domestic violence” (Hamilton & Sinclair, 1991). Instead of conveniently labelling domestic trafficking of Aboriginal girls as sex work, the holistic approach to dealing with it should begin by an acknowledgement of the problem from the various sections of the Canadian society. As recommended in the Article 4 of the *Convention on the Elimination of All Forms of Discrimination against Women*, state parties should recognize some groups of women as particularly vulnerable to sexual exploitation, including Aboriginal women (Lynne, 2005). The fundamental issues that put Aboriginal girls in disadvantageous situations today underline the importance of recognizing and addressing their sexual exploitation as integral to the dialogue on trafficking within Canada.

⁹ Section 67 of the *Canadian Human Rights Act* was repealed in 2008 (Indigenous and Northern Affairs Canada, 2014). The original version of this article was written in 2007, a year before the repeal.

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