

## 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

Volume 4, Number 2, 2009, p. 4

### Foreword:

Margaret Kovach, Ph.D.

Editorial Board Member of the First Peoples Child & Family Review

*Tanisi.* In writing the forward for this edition of the *First Peoples Child & Family Review*, I am impressed by the interdisciplinary nature of the contributions. Over the past several months I have been reflecting upon the importance of interdisciplinarity in serving Indigenous children and families. As a faculty member at the College of Education, University of Saskatchewan having transitioned three years ago from a teaching position at the School of Social Work, University of Victoria, cross disciplinary engagement is never far from mind. However, on a broader level there have been two recent events that have re-enforced my belief in a relational interdisciplinarity as a best practice approach. Earlier this fall, I attended an Indigenous scholar's workshop – a pre-symposium gathering of the Prairie Child Welfare Consortium held Winnipeg, Manitoba. The gathering attracted attendees from the social work practice and academic community who, through a series of discussion circles, identified pertinent areas where practitioners and academics could work together to further support Indigenous families and communities. The importance of cross disciplinary collaboration between service providers was identified. Sitting in the discussion circle, I was able to reflect again upon the disciplines of social work and education. I know that for many Canadian Indigenous children involved in the child welfare system, social workers and teachers are a daily constant. Yet, the extent to which these two groups work together and the nature of that particular interdisciplinary relationship is unclear and largely undocumented in research. Creating opportunities for cross disciplinary service providers from social work, health, education, justice (to name a few) to develop collaborative relationships is important because an interdisciplinary approach holds within it the potential

to improve practice and better serve Indigenous children and families.

From a larger advocacy perspective, the criticality of understanding structural barriers experienced by First Nations peoples across service sectors can never be more important. On November 23, 2009 I listened to a powerful CBC interview with Cindy Blackstock and Carolyn Buffalo. The focus of the interview was on the Canadian Human Rights Tribunal set to hear evidence and determine whether or not the Canadian government has discriminated against First Nations children. On behalf of First Nations in Canada, The Assembly of First Nations and the First Nations Child and Family Caring Society of Canada have lodged a complaint with the Canadian Human Rights Tribunal asserting a violation of the equality provision of the *Canadian Charter of Rights and Freedoms*. While a focus of the Tribunal hearing relates to First Nations child and family funding, the interview highlighted the cross disciplinary nature of the problem. In relating her experience, Carolyn Buffalo spoke about her family's personal experience of encountering barriers when attempting to access special needs funding to enrol her child in the provincial school system. First Nations people experience structural barriers across disciplinary boundaries. The more service providers are aware of cross disciplinary challenges, the better equipped we are to join together to create overall change.

Providing a forum for interdisciplinary information sharing is central to facilitate a relational interdisciplinary approach. I am so very pleased to write the forward for this edition of *The First Peoples Child & Family Review*. It is a journal that upholds the value of all my relations in serving Indigenous peoples. *Ekosi.*

Margaret Kovach, Assistant Professor.  
Department of Educational Foundations and  
Department of Educational Administration  
College of Education, University of Saskatchewan

## 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

Volume 4, Number 2, 2009, p. 8

### FOR SO LONG ...

Wanda Gabriel

#### Bio

Wanda Gabriel is a citizen of Kanehsatake Mohawk nation. She is a community organizer as well as a national trainer & facilitator who uses traditional Mohawk teachings and interactive techniques to facilitate family and community healing, specializing in working with women, families and youth. She has 18 years of experience working in First Nations communities dealing with crisis intervention and issues of sexual abuse, lateral violence, drug and alcohol addiction, domestic violence and residential school issues. Wanda was also the regional coordinator of community support for Quebec and Ontario, at the National Aboriginal Healing Foundation. In recent years she has worked within the academic setting as an instructor and curriculum administrator. She is presently undertaking a whole new domain of work by providing social support to the Cree workers who are contracted by Hydro Quebec, for the James Bay project. Being a community organizer has given her the privilege of working in many different First Nations and Inuit communities across Turtle Island. Wanda is a licensed social worker with the Quebec Professional Order of Social Workers and a Graduate from McGill University, Master of social work program. Wanda lives in Kanehsatake, Quebec Mohawk territory.

For so long there was a voice inside of me, the voice kept telling me that I was a stupid Indian, an ugly Indian, dirty, smelly, a slutty squaw, not Indian enough, not smart enough, too skinny, too fat. The not good enough messages went on and on. For so long I believed my place inferior along side others. Then I met elders, they told me my spirit was beautiful. For so long I pushed their kind words away, doubting. In healing they told me you have to know your history, you have to know where you come from. I looked back through time and I saw.

The first "great white" who arrived on Turtle Island did not know what to make of the life, a life in balance. The people knew harmony, they knew togetherness, they knew collaboration. The "great white" knew chaos and destruction.

The "great white" could not live comfortably with that harmony because of his / inner chaos, the world they had lived across the water was vile. Those first "great whites," they were sent away from their home because of their evil ways. They came here and started to live with the First Peoples of Turtle Island. They transferred their pain and ugliness with superiority. They told our ancestors they were the "great white father," come to take care of the helpless savage children. They shamed our ancestors into believing they were childish and that their way of being in the world was not good enough. So they doubted they doubted their ways for so long.

For so long, the "great white" father, along side his sisters they attacked the soul, the very essence, the culture, the language of my ancestors. Children they were, taken from home, for so long they pillaged the spirit and the sexuality of the children until their childhood and innocence was forever gone.

These children grew into the world convinced that their bodies were something filthy and worthless. For so long our families passed on the darkness and pain. Each generation carrying the anger, grief, and the sadness.

Dear grandmother and grandfather it was not your fault, for so long you took in the shame and the pain of the "great white", it was not your fault. I know now why we have carried the burden of shame, I know now why the voice that cruelly whispers "you are not good enough." It is not ours to hold anymore!

For so long we came to believe that we were the inferior ones not good enough to be. For so long we were hidden in the shadows of belonging, the shadow of success ... no more! Ours is the seventh generation! Healing is ours!

My voice no longer silenced, the voice inside positively fosters compassion and strength within me. I sing my songs, live with an attitude of gratitude, I embrace my culture with a hunger for more. Standing tall and sure I rightfully take my place on the medicine wheel.

In this way I now go knowing that before long the ones coming behind us will carry the medicine of a good mind, peace, power and righteousness... Tanon!



## 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

Volume 4, Number 2, 2009, p. 9

### POEM: Their Eyes

Elaine M. Alec

#### Bio

Elaine Alec is from the Okanagan and Shuswap Nations and lives in Penticton, British Columbia. She has been actively involved in youth rights and movement for most of her life. For more information visit <http://www.myspace.com/elainealec>.

When you look at each child you have to look in their eyes.

Look at the way they stare, they see, the way each cries.  
They all tell a story that they don't readily share.  
All they want is someone to trust and someone to care.

We keep telling ourselves we do the right thing.  
We keep thinking they'll all fall under our wing.  
When you look at each child you have to look in their eyes.  
When you look with an open mind you'll be surprised.

Look into their eyes, see where they are and only today.  
Don't judge them on their past or shun them because they stray.  
Look at today and help them see their spirit within.  
Don't think that you know them because you've seen where they've been.

When you look at each child you have to look in their eyes.

See how they've suffered and have had to say painful goodbyes.

Help them heal by listening without saying a thing.  
You'd be surprised at how much trust that can bring.

When you say you're open you have to mean it with your heart.

You can't just say you'll listen and then tear their words apart.

Each child has a story and they have such a strong voice.  
They need to be educated and to be given a choice.

When you look at each child you have to look in their eyes.

See how each struggles, how each really tries.

To get to the next day, to have hope to survive.  
They want to live, to be happy and to thrive.

When you look at each child you have to look in their eyes.

See past their actions, their anger, past their disguise.

They are the centre of our community, the binding glue.  
They need to be put first in everything we say and do.

## 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

Volume 4, Number 2, 2009, pp. 10-17

# Using a Narrative Approach to Understanding the Frontline Practices and Experiences of Aboriginal and Non-Aboriginal Child Protection Workers

Sherri Pooyak and Yvonne Gomez

## Introduction

The idea for this paper resulted from various conversations between Sherri Pooyak and Yvonne Gomez, the principle authors of this paper. Sherri is of Cree heritage and works in the field of health research and is a practitioner dealing with high risk/high needs youth while Yvonne is a second generation Canadian of Spanish ancestry and ethnically identifies as White. She works in the field of Child Welfare. Sherri's current research for her MSW focuses on the familial relationships of First Nation women involved in the sex trade and resiliency using a Cree First Nation methodology and storytelling methods. Yvonne's MSW research focused on how to better understand frontline child protection social workers conceptualize power through their daily practice narratives. During one particular conversation, Sherri and Yvonne came to see the overlaps in their theoretical perspectives, practice styles, and mutual interests in how stories are told and how social workers listen to these stories.

The purpose of this paper is to discuss how narratives of frontline child protection social workers can be understood through Cree/First Nation worldviews and Western perspectives. Out of our collective experiences with the Child Welfare system and interest in the child welfare system, we thought varied analysis, using Yvonne's thesis as a basis would present an interesting discussion and article. The analysis that follows focuses on the role of culture in each research participant's narrative; examination of the connections to the community and the participants' description of their connection/disconnection to their respective child welfare agencies.

Questions or correspondence concerning this article may be addressed to:

[pooyaksd@gmail.com](mailto:pooyaksd@gmail.com) or  
[yvonne.gomez@casott.on.ca](mailto:yvonne.gomez@casott.on.ca)

## Abstract

This article reflects on the use of narrative analysis in understanding the experiences of two women, one Aboriginal and the other non-Aboriginal, each practicing in child welfare environments opposite of their cultural identities and worldviews.

## Self-Location

### *Sherri Pooyak, BSW, MSW Candidate*

I am a Cree woman from Sweetgrass, Saskatchewan. My father was the second generation to attend residential school and the impact and effects that this form of colonization had upon me greatly affected the ways in which I view the world. I do not speak Cree, yet I was raised with a strong belief and pride in my Cree culture and heritage. My family and community were always a strong part of my life and still are. Prior to entering graduate school at the University of Victoria in the Masters of Social Work program, I worked as a social worker in a residential facility for high risk/high needs youth. My work there also greatly influenced my thesis research entitled: "My life is my ceremony: First Nation women of the sex trade share stories of their families and their resiliency." This research focused on the familial relationships of First Nation women involved in the sex trade and how their families have contributed to their resiliency. I met Yvonne, in a graduate social work theory class. We bonded over our mutual interest in theory and because of the geographical distance from our families, a friendship evolved. Yvonne and I have sought to challenge and encourage social workers including ourselves, to reflect on how we/they practice within our/their communities and within the Child Welfare system. Thus it is through this challenge and reflection that this paper was conceived.



*Yvonne Gomez, BA, BSW, MSW*

I have worked in the field of child protection in several capacities over the past five years; as a frontline child protection social worker, international caseworker, family counsellor, adoption and guardianship social worker and now as a kinship worker. I completed my MSW at the University of Victoria and wrote my thesis on the daily practice experiences and narratives of frontline child protection social workers. What my research answered for me is that there is a place to impact change in the larger system of Child Welfare. This change can begin through those delivering frontline services and is underway at the frontlines – although we as practitioners and researchers do not fully realize/acknowledge this group's potential for transformative change. Secondly, my research and my practice has shown me that there is not enough thoughtful sharing between professionals or academics on the topic of Child Welfare practice. Thoughtful sharing is understood as an honest critique of one's own practice where critical analysis can occur in a non-judgemental setting – the desired outcome is to have a better understanding of practice, both personally and systemically.

I have been fortunate to participate in this type of thoughtful sharing with my peer, colleague and friend Sherri. We have been engaged in numerous discussions where Sherri has challenged my mainstream experiences with her First Nations knowledge and has both encouraged and cultivated new ways of seeing existing strengths of child protection practice, and the Child Welfare system.

## Literature Review

### *Child Protection Social Workers*

Yvonne's research sought to understand frontline child protection social workers' daily practice. What was discovered is that in Canada little is known about who the social workers who practice within Child Welfare system are. A statistical profile on the number of child protection social workers currently practicing in Canada reveals that many within this population are new graduates of social work and begin their careers in child protection but "few are committing to long-term careers in this field" (Kufeldt & McKenzie, 2003, p.41). In a study of child protection workers, Kufeldt & McKenzie (2003) found that 80% of the participants were women whose primary language was English (p.44), 53% obtained a BSW from an accredited university (p. 46), 35% had less than two years' experience (p. 47), 32% had two to six years of experience and the overwhelming majority of workers, 70%, were between the ages of 26-44 (p. 47). This study is by no means comprehensive; however it remains the only demographic study of child welfare workers in Canada.

For the interest of this paper, the most relevant demographic information is in regards to the ethnicity of the workers, "94% identified themselves as White and at only 2%, the second largest group identified as themselves as Aboriginal" (Kufeldt & McKenzie, 2003, p.47). Although the profile of social workers may have seen changes since that study was undertaken (which was Yvonne's own experience, being hired in a large urban center where there were linguistic and culturally specific recruitments in hiring practice), overall the face of a social worker in child protection is that of a young, White female BSW graduate who had less than two years of direct practical experience in the field (Kufeldt & McKenzie, 2003). These statistics tell us that the people receiving child protection services are not being served by people from their own communities, culture, or ethnicity.

If there is a general acceptance of the importance of the role frontline child protection social workers have within social work, then why are their stories and voices lacking within the scholarly literature? It is true to say that the voices of child protection workers are entirely absent? And when the stories of frontline child protection social workers are found, they are often small and fragmented. Unfortunately, it is outside the scope of this article to provide a full literature review of Child Welfare practice in Canada however the following provides a small glimpse into the issues addressed for this paper.

### *Community Control of Child Welfare*

For many First Nation people, the mention of child protective services elicits a negative reaction and can be observed in the following statement "...There are approximately three times as many First Nations children in the child-welfare system today as there were at the height of residential school operations in the 1940s" (Blackstock, 2005, p. 1). For frontline child protection social workers, First Nation and non-First Nation, this means every social worker practicing in this area will encounter working with a First Nation family at some point during their practice. In fact, according to the Assembly of First Nations "1 out of 10 First Nations children are placed in care compared to 1 out of every 200 non-First Nation children in Canada" (Assembly of First Nations, 2007, question 2).

It is understandable that First Nation people seek to gain control over social services, to be a part of the decision making process regarding the welfare of their children and to be a part of the decision making process in regards to where their children will be living. As part of First Nation culture, community members view children as a part of the community. It is customary within First Nation cultures to view the child as "theirs." It is a part of our epistemology. Children are seen as the future and their

care is of vital importance in ensuring the survival of First Nation people (RCAP, 1996).

An article emphasizing community control of Child Welfare was chosen as a key area of focus for our literature review. This article highlights how social workers are only one element of the child protection continuum within First Nation communities. While there is minimal literature available regarding First Nation community control of Child Welfare, the exception is "Community Control of Child Welfare: Two Case Studies of Child Welfare in First Nation Communities" by Brown, Haddock & Kovach, (2002). Using a case study methodology, the authors provide an overview of two First Nation communities who gained control over their Child Welfare services and how the agencies within these two communities bridged together two opposing views in the way they provide services. The two approaches presented were the deficit model and the community's participation model (Brown, Haddock & Kovach, 2002). A deficit model enforces a neo-colonialistic ideology which further perpetuates this model over First Nation people by sustaining and encouraging further dependency upon this type of system (Brown, Haddock & Kovach, 2002). Community control of Child Welfare aims to engage the community and its members to be actively involved in the decisions affecting its most vulnerable members (Brown, Haddock & Kovach, 2002). This article concisely articulates how community control of Child Welfare benefits not only the child, but also the members of the community. Community members are often the ones who are delivering the program that deal with issues of accountability, participation, paternalism, and service delivery making this particular agency successful and unique (Brown, Haddock & Kovach, 2002). Ultimately, community control of Child Welfare for First Nation people is decided and controlled by and is provided for its own members. It is based on the cultural values and beliefs of its members rather than on those who seek to colonize and assimilate.

### Methodology

How does one describe the existence of something ineffable? First Nation epistemology is embedded in the belief in things that are unexplainable. How can I explain my belief in a universal intelligence which I have no proof exists, only a faith that I am guided and protected by the Creator. Our belief system, that is of the Cree people, encompasses all things living and non-living, a belief that all things; people, trees, water, rock and the land are considered an integral part of this oneness (Ermine, 1995). At the base of this system are the cultural teachings and spiritual traditions, which are passed down through oral tradition. Protocols provide guidance as to

how things should be done; offerings are made asking guidance, maintaining the language ensures that the epistemologies, stories and traditions are passed on from generation to generation. For First Nation people, now more than ever, we require a clear understanding of who we are as a people and the connection that exists between what we believe in relation to the land: to the mother earth and those that live on it (Wilson, 2008).

Our worldview, as First Nations, helps us locate our place and rank in the universe; it influences the sense and understanding of culture at a very deep and profound level since it affects the beliefs, values and attitudes, the interpretation of time and other aspects of culture (Ermine, 1995). Our worldview affects our belief systems, value orientations, decision-making processes, assumptions and modes of problem solving (France, McCormick & del Carmen Rodriguez, 2004, p. 267). A Western worldview is based on scientific knowledge which struggles with knowledge that is passed down through oral traditions such as storytelling, as it is interested in the empirical and positivist forms where numbers and evidence are preferred and valued (Wilson, 2008; Ermine, 1995). From a Western perspective emphasis is not on the use of oral tradition, rather it is on the written word (Wilson, 2008; Ermine, 1995). From this perspective documenting cultural beliefs and traditions of its people (non-First Nation people) can then later be referred to for future reference, this is often called evidenced based practice (Tuhiwai-Smith, 1999). The writing down of the Cree traditions and cultures (including other First Nations cultures) is becoming a trend for First Nation people, particularly as more First Nation people are entering academia and defining First Nation theory and epistemology (Tuhiwai-Smith, 1999). For First Nation people, culture is an integral part of how you identify with the outside world and how you understand yourself in relation to that world (Graveline, 1998; McCormick, 1997; Wilson, 2008).

For many First Nation people stories have three main purposes, they include: The way in which stories are told; traditionally stories were told as a means of teaching the members of the community socially appropriate ways of communicating and behaving (Loppie, 2007; Wilson, 2008). Stories were a way to "share knowledge, philosophy, and instruction without direct censorship" (Loppie, 2007, p. 276). The reason for telling stories as telling is as important as hearing the stories and; the importance of telling stories; as the storyteller, the story is being told "not to play on your sympathies, but to suggest how stories can control our lives" (King, 2003, p. 9) and to remember "to be careful with the stories you tell. And you have to watch out for the stories you are told" (King, 2003, p. 10). Stories serve many purposes, for the purpose of this article, the stories reflected in this article recount



the experiences of two women's reflections as frontline child protection social workers as adapted from Yvonne's Masters of Social Work thesis (2008).

**Data: The Voices of Frontline Child Protection Social Workers**

Here we present two stories of Vickie and Jean, who are frontline child protection social workers. Vickie works in a non-First Nation agency, whereas Jean works in a First Nation controlled child welfare agency. This data was collected through Yvonne's thesis research (Gomez, 2008). All ethical guidelines were followed including having participants sign informed letters of consent releasing the data to be used in further publications. Names and locations have been changed to protect the identities of the participants and the clients they served. Narrative analysis was used to collect and investigate power from the perspective of the frontline child protection social worker. It was a means of expanding what is currently understood about practice, as well as documenting knowledge of those in the field. Riessman (2002) states that "narrative analysis allows for systemic study of personal experiences and meanings; how events have been constructed by active subjects" (p. 263). Finally, in the field of social work "narrative research that is done from a critical social work perspective looks at author(ing) the stories that 'ordinary' people tell" (Fraser, 2004, p.181).

Vickie is a former child protection social worker. During her interview she identifies herself as a First Nations woman. Vickie, at the time of writing this article, was employed as a child protection social worker with the Ministry of Children and Family Development (MCFD) in British Columbia (BC) and many of her clients were First Nations children, youth and families who lived primarily on reserve; her office however, was located off reserve.

Jean is a frontline child protection social worker who continues to practice in the field of First Nations Child Welfare. During her interview she identified herself as not being of First Nations descent. Jean is employed within the province of BC, and works for an Aboriginal agency that is seeking full Ministry delegation (delegation being MCFD's terminology for self governance in manners pertaining to Child Welfare). Jean provides child protection services to First Nations community members both on and off reserve; her office is located on reserve.

**Nobody Wants Me – Vickie's Story**

Vickie's story is unresolved. This is important because in the practice of frontline child protection, social workers often do not know what happens to their clients and families after they do the piece of the work that the

legislation assigns to them. In Vickie's case, she is unable to finish her story and it is as if it is too difficult for her to relive her experience. Vickie's story is one of practicing alone, even though she has peers. She separates herself from her colleagues, supervisors, and even from the structure of child protection, her family, and herself. By the end of her narrative, the reader is left with a sense that Vickie cannot see value in her way of practicing, thus her narrative bears the name "Nobody wants me," and was selected from the text of the story. The line stands out, as it was Vickie sharing in the sentiment of her young clients and yet it summarizes in her own isolation and frustration of practice.

*So many wicked things happened. One time I don't know if this can be shared, but it is just too weird not to share to illustrate my practice. When I started on the reserve, I had 11 boys, and there were some serious issues – serious stuff going on... They were in a gang. We had to try and figure out, you know, what we were going to do. They were causing havoc on the reserve. So I went to the youth drop-in and lots of the boys were coming. I had one youth [on my caseload] that was in a treatment center, and he loved to come into the drop-in and hang out there.*

*Well, one night when I was working and these kids came in and said Vickie your car just got shot. He had shot my car. Granted it was a BB gun or some kind of gun, but it left bullet holes in my driver's side, and I was horrified. And he was quite horrified with what he had done. I went out back, and I was kind of teary-eyed and thought what am I going to do? Plus, I had been trying to get him a foster home really hard and the therapist assessed him as being quite dangerous, and I was saying he isn't dangerous. Well now, of course, everything that I had been advocating for and planned for and hoped for – for him, I realized now, it was not going to happen.*

*It was not looking good, and maybe I was wrong. Maybe he really was dangerous – so I was shedding a few tears, and he came out back. He started to cry, and said, 'What can I do? I am so sorry, some kids dared me to.' I said 'Why did you do that? We have such a good relationship. I don't understand why you would damage my car' and he said, 'I am frustrated you couldn't find me a foster home, and I'm frustrated that nobody wants me', and then... it was just...oh boy.*

*We went to the police station together. He was crying. I was crying, so was the police officer. The officer said 'I'm sure that I can advocate for the band to pay for the damage.' So I went back and of course all my co-workers thought it was funny, but I didn't and the managers said 'We aren't going to pay. Why would we pay?' I was working full time [as a frontline child protection social worker]*

*and trying to do my practicum and trying to do my school work. I think that is an issue that isn't brought up, the impact on your personal life... (Gomez, 2008, p. 62).*

### **You're Upright and Still Laughing – Jean's Story**

Jean shares a unique narrative about her daily practice experiences. The story she chose to share was not crisis oriented or risk based, which in child protection practice is often the case. The structure of the referral Child Welfare system is ultimately based on risk and protection, not on support services. In this story Jean articulates her practice with a particular client, a mother and recent widow. Jean's reflections on her practice revolved around the client, not the client around the system. Jean does not name her methodology or theory for practicing but places a strong emphasis on what she believes is important – the true love of children and the valuing of parenting. Much like Vickie's story, culture and relationship building are at the forefront. The naming of the story again comes from within the participant's own text.

*Stories... I think the most humble places have been, witnessing people still moving forward, still having hope, still having excitement and witnessing their love and connection with their children even though they're in some of the most challenging experiences that – that I could ever think of, and getting up every day and [they] keep moving forward and doing what needs to be done...*

*I think of one woman who her first husband was killed in a car accident... She had seven children and addiction issues... [the woman] had gotten sober... and we were sitting together in my office and we were just laughing. Ok, where do we start? I asked the mother. You know. What do you want to [do] and where do we go from here? I knew that I – that there's nothing that I could – you know I have no idea what you need. You've been through all this and you're still upright and laughing!*

*Well she [the mother] was really neat. She would show up whenever she needed something, and it wouldn't be that she was downtrodden or you know, at the end of her rope. It's just that she thought maybe I could help her find something. She'd turn up and we'd have coffee and, and she'd tell me what's going on. And that's how I'd start: 'So what's happening?' And she'd tell me what was happening, and we'd deal with that, whatever it was that she needed help with at that time. She didn't have a phone. She didn't have a car... All these appointment times when I was with the Ministry.*

*You're booked back to back and then with the Aboriginal agency, because a lot of people didn't have a phone or transportation, you're pretty open and you'd go out and try to connect with them and*

*know where they were depending on, you know, the season or knowing what's happening generally for the community and having a finger on that without making that be an understanding rather than a problem.*

*People like to problematize things, and it's just it's the way it is, and this is what we're going to work with, and we'll do whatever we need to do to support that rather than the other way around. So if it was the day that the food bank had vegetables, I would make those good days to visit because then I had a car and I could help [families] bring groceries home. So it's not oh I can't – they are busy. You know, we can meet and we can do it together. So trying to work around whatever way's going to support the outcome of our meeting, that I can be there rather than this clinical person who's going to tell you, 'Well you can go here for drug and alcohol counselling,' or 'You can go there to the food bank,' but not think about the barriers, you know to get to the food bank, to get your food home.*

*So it's really frustrating to see what people [go through], the little struggles that people say well, why don't they get help themselves? Well, the systems just don't allow it. They're [clients] constructed in a way that are really non-supportive or don't recognize some of the barriers that people are trying to work under. So I still see [the mother] now. She's got a couple of grandchildren, and I'll see her; she waves. And we bump into each other at the mall and chat, and she's still glowing. She loves being a parent, loves being a mother, loves being a grandmother. It's a very connected family and that's the thing that I've seen as a cultural issue. Like the connection to the child as more than an individual, as a part of a family, as a part of the community and a large network of families. (Gomez, 2008, p. 68).*

### **Discussion**

These select stories are rich in culture, wisdom and practice and highlights the realities of being a frontline child protection social worker both within a First Nation and non-First Nation organization. Although there are many complex issues raised, this article cannot take up all these elements, however it does reflect on the daily practice of two social workers whose worldviews come from different places, one from a Western world and the other from a First Nations perspective. We decided that one way of doing this is through the very stories of those doing the frontline practice.

The women's stories of social workers working in child protection show us how they understand themselves and how they each respectively understand their relationships with the clients they are working with. There are two themes that stand out from these narratives:



first, the role culture plays in the way these two women practice on an individual and community level, and second, how the cultural interaction exists within the structure of Child Welfare.

From a western worldview Vickie's story shows a strong connection to the story her client is telling. Vickie speaks candidly to the youth, and empathizes in the youth's desire for a placement. Vickie's location and the relationship she has with the youth highlights an element of community that can be observed because she works on a First Nations reserve. There is a cultural disconnect between the practice and beliefs within Vickie's story, as she attempts to advocate for the wishes of the youth and the lack of support from her agency. The lack of community and collaboration from peers can be observed as they perceive the situation as funny, and Vickie's supervisor is quick to shut down her request for support stating that the agency will not pay for the damage to her vehicle. Although the social worker in this narrative identifies herself as First Nations, and explains that her clients are from, and live on reserve, there is a focus on individualism that does not allow Vickie to practice in relationship with the youth and ultimately leaves her isolated as well as leaves the youth without connections.

Vickie's story reflects how genuine empathy and a cultural connection can allow for a trusting and forgiving relationships. On one level she understands the young man's frustrations and struggles as a First Nation youth who has experienced racism, oppression and colonization. On another level, she must contend with her own frustration and struggle, working in an agency where she feels unsupported and ostracized. If Vickie had been working in a community controlled Child Welfare agency, would she have had the same response from her supervisor and co-workers or would there have been a more supportive environment that would have supported her practice in meeting this client's needs?

Community control of Child Welfare for First Nation people supports the notion that in order to be effective in providing child and protective services, the social worker needs to begin where the client is at, as in the case of Jean's story and to show empathy and compassion, as in the case with Vickie. What is interesting about the two women's stories of practice is how each story reflects the difficulties they express with the respective Child Welfare systems they are working within. Vickie, a First Nation woman, advocates for a youth with whom she sees potential. She is invested in the community she is working in and its members. Vickie's investment is a reflection of the cultural belief regarding children, that is that children and youth are the future. For many First Nation social workers, this cultural belief is commonly held (Walmsley, 2005) and is not as common among

those holding a Western worldview. Vickie believes in the young man she was working with and may even see him as one of her own. Vickie struggled with the agency she was working with, where she was unsupported and isolated by her co-workers. For Vickie, as a First Nation woman, it is understandable that she feels a connection to the young people she is working with, as they are of the same cultural background as her, who would have similar held beliefs about the world. As with many First Nation social workers, working in your own community poses difficulties as work, family and community responsibilities can have a great impact. As Vickie states in her interview "I think that is an issue that isn't brought up, the impact on your personal life...".

Jean's story reflects the larger structural and cultural barriers of working in Child Welfare, although Jean is not First Nation, her practice occurs within a First Nation Child Welfare agency. The story Jean tells reflects on what community practice looks like in meeting your client where they are at, in a literal sense. Under deficit models, such as those run by government based Child Welfare agencies, do not allow for this flexibility. Jean's story reflects how working in a First Nation agency allows for flexibility and to work with the client on their terms. More importantly, her understanding of the issues and of the barriers affecting her clients prevent her from being able to effectively do her job. Somehow Jean has been able to overcome these issues, and it appears that working in a community based First Nation run agency allows her to do this with a high level of success.

Jean's story is a sharp contrast to the practice challenges faced by Vickie. In the narrative Jean presents her manner of practicing as relaxed and fluid and this moves beyond her individual clients to a relational context of interaction. Jean expresses her humility and does not carry the label of expert assigned to her by virtue of her role as a professional social worker. She presents her practice as starting with the clients and knowing that the answers lie in the joint journey. Jean identifies herself as White, and her worldview is still Western in many respects. Although she practices in a culturally relational way, Jean remains naïve about the power embedded in the Child Welfare system and in her role. Jean works as a social worker in a delegated agency but is lacking the greater context that as social worker your voice is heard differently then that of the clients when navigating government systems. Jean story shows that practice can occur in a more relational, cultural way with clients, but along with this as a social worker, particularly as a White professional working along side of oppressed peoples, should not make us lazy and comfortable in our critical analysis and therefore perpetuate those same oppressive systems intact even when they are seemingly community led.

This moved us to seriously think, where do we go from here? We want to see more collaborative practices and stories in the social work literature – with the input coming from those who practice. Further research should include a deeper look at these collaborative approaches specifically in the area of Child Welfare practice. What does collaboration look like from the perspective of frontline social workers at the level of the workers and within and across agencies? Often these collaborations occur between those who practice under different mandates, policies, and funding structures. How then do we reach shared goals and outcome inside these often opposing structures?

### Conclusion

Relationships are an integral part of child protection practice. Building and having relationships with community members and those receiving services is a positive outcome as seen in the literature and through the stories presented in the article. What needs to be emphasized is that relationships are a significant part of community based and culturally based practice. Both Vickie and Jean show us that they are struggling to find balance in their practice. Vickie is faced with a child protection model that leaves her practicing as an individual and cannot connect with peers, even when as a First Nations woman she has a deep understanding of the culture and connection to the community and the families that she works with. Jean is practicing within a child protection model that allows for relationship to be at the forefront of her work, and yet as a non-Aboriginal woman who is educated and understands colonization and oppression, is still removed from the community. Jean cannot see the greater context of systemic oppression and her participation within this system.

Both women share passionate stories of practice displaying their dedication to the clients as well as the importance of Child Welfare in communities. What can be seen through Vickie and Jean's stories is that frontline child protection practice in both stories is being practiced in relational ways, and moves beyond legislated services; where connections to individuals and communities are being made. A First Nations methodology allows for a richer understanding of the interconnections between social workers and families, and the systems that we all work within. This methodology challenges us all as practitioners to move beyond being a vessel that merely delivers service but engages and is invested in the community and in the lives we touch. We must see ourselves as part of the practice.

### References

- Assembly of First Nations. (2007). *First Nations Child and Family Services - Questions and Answers*. Retrieved on March 16, 2007, from <http://afn.ca/article.asp?id=3372>.
- Blackstock, C. (2005). *Voices From the Field - First Nations Children in Care. Centre of Excellence for Early Childhood Development*. Retrieved on March, 26, 2008, from <http://www.excellenceearlychildhood.ca/documents/BlackstockANG.pdf>.
- Brown, L., Haddock, L., & Kovach, M. (2002). *Community Control of Child Welfare: Two Case Studies of Child Welfare in First Nation Communities*. In B. Wharf (Ed.) *Community Work: Approaches to Child Welfare* (p. 131-151). Peterborough: Broadview Press.
- Canada: Department of Indian and Northern Affairs. (1996). *Report of the Royal Commission on Aboriginal Peoples*. Ottawa: Government of Canada.
- Callahan, M. J. & Wharf, B., British Columbia. Ministry for Children and Families, & University of Victoria, School of Social Work. (1998). *Best practice in child welfare: Perspectives from parents, social workers and community partners*. Victoria, B.C.: Child Family and Community Research Program University of Victoria School of Social Work.
- Callahan, M., Hessle, S., with Strega, S. (Eds.). (2000). *Valuing the field: Child welfare in an international context*. Vermont, USA: Ashgate Publishing Limited.
- Dominelli, L., & Center for Evaluative and Developmental Research. (1999). *Community approaches to child welfare: International perspectives*. Brookfield: Ashgate publications Ltd.
- Ermine, W. (1995). *Aboriginal Epistemology*. In M. Battiste, & J. Barmann (Eds.), *First Nations Education in Canada: The Circle Unfolds* (pp. 101-112). Vancouver: University of British Columbia.
- France, H.M., McCormick, R., & del Carmen Rodriguez, M. (2004). *The "Red Road": Culture, Spirituality and the Sacred Hoop*. In M. H. France, M. del Carmen Rodriguez & G. Hett. (Eds.), *Diversity, Culture and Counselling: A Canadian Perspective* (p. 265-281). Calgary: Detselig Enterprises Ltd.



- Fraser, H. (2004). Doing narrative research: Analyzing personal stories line by line. *Qualitative Social Work*, (3)2, 179-201.
- Graveline, F. J. (1998). *Circle works: Transforming Eurocentric Consciousness*. Halifax: Fernwood Publishing.
- Gomez, Y. (2008). *Daily Practice Narratives of Child Protection Social Workers: The Power of the Frontline*. (Unpublished Master's Thesis, University of Victoria).
- King, T. (2003). *The Truth About Stories: A Native Narrative*. Toronto, Ont: House of Anansi Press Inc.
- Kufeldt, K. & McKenzie, B. D (2003). *Child Welfare: Connecting research, policy and practice*. Waterloo, Ont: Wilfrid Laurier University Press.
- Loppie, C. Learning from the grandmothers: Incorporating Indigenous principles into qualitative research. *Qualitative Health Research*, Vol. 17 (2), 276-284.
- McCormick, R. (1997). Healing through interdependence: The role of connecting in first nations healing practices. *Canadian Journal of Counselling*, 13(3), 172-184.
- Riessman, C.K. (2002). Narrative Analysis. In A.M. Huberman, & M.B. Miles (Eds.), *The qualitative researcher's companion* (pp. 217-270). London: Sage Publications.
- Rutman, D., Strega, S., Callahan, M., & Dominelli, L. (2002). 'Undeserving' mothers? Practitioners' experiences working with young mothers in/from care. *Child & Family Social Work*, 7(3), 149-159.
- Tuhiwai-Smith, L. (1999). *Decolonizing methodologies: Research and Indigenous Peoples*. London: Zed Books.
- Walmsley, C. (2006). *Protecting Aboriginal Children*. Vancouver: UBC Press.
- Wharf, B. (1993). *Rethinking child welfare in Canada*. Toronto: McClelland & Stewart.
- Wharf, B. (2002). *Community work approaches to child welfare*. Peterborough: Broadview Press.
- Wilson, S. (2008). *Research is ceremony: Indigenous research methods*. Winnipeg: Fernwood Publishing Company.

## 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

Volume 4, Number 2, 2009, pp. 18-29

# The Frontline of Revitalization: Influences Impacting Aboriginal Helpers

Suzy Goodleaf<sup>a</sup> and Wanda Gabriel<sup>b</sup>

<sup>a</sup> M.Ed., Masters in Counseling Psychology, McGill University, Post Graduate degree in Marriage and Family Counseling; Present employment: Private practice in Kahnawake, Quebec, Canada.

<sup>b</sup> MSW, McGill University, Certificate in Addictions Counseling, Université de Sherbrooke; Present employment: Cree Relations Services Société d'Énergie Baie James, Canada.

*O Great Spirit whose voice I hear in the winds, I come to you as one of your many children. I need your strength and your wisdom. Make me strong not to be superior to my brother, but to be able to fight my greatest enemy: "Myself."*

Chief Dan George

## Introduction

Within the past two decades Aboriginal people have been transforming family, community and nation life. Many have undertaken this quest with a fierce motivation to change destructive colonial and abusive patterns. This simmering healing movement has created revitalization in Aboriginal identity and culture. On the front line of this movement are our elders, healers, faith keepers, teachers, counselors, community workers, police, Aboriginal professionals and paraprofessionals; they are the forerunners of revitalization in our communities.

On a daily basis, these helpers face the dilemma of working in a community in which they have personal investment through family and friends, making it often excruciatingly difficult to separate personal life and

## Abstract

Over the past two decades Aboriginal people have been transforming family, community and nation life. With a fierce determination a movement that motivates change to heal destructive colonial and abusive patterns has been simmering. On the front line of this movement are our elders, healers, counsellors, social workers, police, teachers and faith keepers. The challenges facing the front line workers are very personal and at times political. This article seeks to shed light on the challenges of those on the front line of revitalisation. It is based on the authors' experiences and observations of Aboriginal professionals and para-professionals (helpers) who are employed in their home communities, and highlights the specific influences they often face on a daily basis.

professional life. The helpers/workers confront ethical challenges that burden their souls. A child welfare worker, the only worker in the community, is awakened in the middle of the night by a knock on the door, only to find her nieces and nephews, fearful and teary eyed, who have come for help because Dad is beating up their mom. Not only does the worker have to provide safety for her relatives, she must also intervene in this situation. There is no one else she can pass the case to. The same emotional bind occurs as the lone police officer is called in to deal with a suicide of a family member; despite his grief, he must process the death on an administrative level.

This article focuses on the authors' experiences and observations regarding challenges faced by Aboriginal front line workers. These challenges are very personal and at times political. The impacts of colonization and oppression are omnipresent throughout our relationships and our societal systems such as education, health and social, governance, economy including justice. Our frontline workers who are called in to deal with traumas due to the legacy are really at the forefront of decolonizing. However this privileged position comes with a level of stress that often goes unacknowledged.

Questions or correspondence concerning this article may be addressed to:

[wandagabriel@sympatico.ca](mailto:wandagabriel@sympatico.ca)



In this article we will address some of the impacts that are causing our frontline workers to be stressed. We will draw upon theories by structural social worker Robert Mullaly in how people survive oppression. We will address the, “magical thinking,” in relation to our work and how we can get trapped into being the “caped crusader.” Additionally we will address the issue of lateral violence, an analysis first coined by Jane Middleton-Moz a clinical psychologist that has been one of the leaders in the Aboriginal healing process. Lateral violence is destroying the social and spiritual fabric of our kinships.

Throughout the past seven years, we have had the privileges of working with Aboriginal frontline workers through our “Care for Caregivers” workshops. This has provided us with an opportunity to identify a plethora of influences that challenge the balance of our well being as frontline workers. These include issues pertaining to historical trauma, cultural, communal and personal expectations, “knowing” when knowing too much becomes a burden, and the juggling of loyalty to our families and duty to our chosen professions.

Support mechanisms in place for Aboriginal workers are often inadequate, making it far more difficult for our workers to balance community/personal/professional lives. For Aboriginal workers, personal and professional investment is quite intertwined. Aboriginal service organizations fall short in addressing the role conflict and overlapping relationships of personal and professional boundaries that many Aboriginal workers face. The human cost on the Aboriginal professionals and paraprofessionals’ personal and private lives is immeasurable. Consequently, Aboriginal workers remain at high risk for vicarious trauma and burnout. Vicarious trauma and burnout are an inevitable aspect of the helping profession, which does not receive the attention required to nurture our front line. When a human being is confronted on a daily basis with the darkest parts of our reality such as suicide, homicide, family violence, it is only natural that a burn on the soul occurs.

This article seeks to shed light on some of the challenges faced by our front line force, in the hopes of providing suggestions through the sharing of best practices for maintaining balance.

The authors write this article informed primarily by their own practice in Aboriginal community healing, presenting a cumulative experience spanning several decades. They are further informed by close to 200 Aboriginal service providers who have participated and shared in their yearly workshops “Care for Caregivers.”

Within this article, the authors will identify some of the ethical dilemmas and the stressors/influences that impact workers positively and negatively, as well as provide an explanation as to how and why Aboriginal workers can get caught in the burnout trap. From their own wellness plans, they share practices that help them maintain balance in their personal and professional lives.

This article will hopefully serve several purposes; to give voice to the frontline reality, to honour the extraordinary service providers in Aboriginal communities, and finally to encourage policy makers and community planners to build compassionate support systems for the front line of revitalization.

### **The Influences**

What we have learned through our own experiences and through the shared experiences of workers who attended our workshops is that there are influences and stressors that shape and form our professional identity that come to affect the efficiency and efficacy of our interventions. These determining factors affect the way in which we work. Though each frontline worker has their own individual tendencies, characteristics and gifts, it is clear that how we share these in our work is very much influenced by our personal and community history, ethics, and values. The influences we will discuss cover items such as historical trauma, culture, community and personal expectations, knowing when knowing too much becomes a burden, the juggling of loyalty and duty to profession and family. The double-edged sword of caring that can lead a worker to vicarious trauma and burnout.

Being visual learners we have put together some visuals that help us in understanding our perspective. In this article readers will find a diagram that divides these influences into a circular perspective.

#### **Acknowledgements:**

*The healing and revitalization of our culture could not take place without the dedication and commitment of Aboriginal social workers, addiction counsellors, teachers, community health representatives, Elders, police officers, prevention workers, nurses, human resource managers, coordinators, etc. Thank you for your courage, thank you for being there with our people in times of suicide, homicide, gang violence, death and other traumas. Thank you for bearing witness to our strength and resiliency. Thank you to Diane Labelle and Pamela Gabriel-Ferland for helping us put our combined experiences and words together in a good way.*

### Historical Trauma

Our personal history, our family history, our community history and our nation history has a major influence on our role as helpers and workers. To know where we come from is critical to our personal identity as well as our professional identity. To conduct oneself with confidence requires a solid understanding of self, a connection to culture and language, a sense of belonging, and a belief in something greater than self; the connection to spirituality.

In recent years researchers have begun to examine the role of historical trauma as a major influence in development of Aboriginal nations. Wesley-Esquimaux & Smolewski (2004) state that:

*A new model of historic trauma transmission (HTT) is proposed to create a better understanding of the etiology of social and cultural diffusion that disrupted Aboriginal communities for so many years. In this model, historic trauma is understood as a cluster of traumatic events and as a disease itself. Hidden collective memories of this trauma, or a collective non-remembering, is passed from generation to generation, as are the maladaptive social and behavioural patterns that are symptoms of many social disorders caused by historic trauma. There is no "single" historic trauma response; rather, there are different social disorders with respective clusters of symptoms. HTT disrupts adaptive social and cultural patterns and transforms them into maladaptive ones, which manifest themselves into symptoms of social disorder. In short, historic trauma causes deep breakdowns in social functioning that may last for many years, decades and even generations (p. iv).*

As stated there is a cluster of symptoms that manifest in our community and as workers we have a responsibility to know who we are, how historical trauma is manifesting and how our culture is surviving.

### Culture

*Children were encouraged to develop strict discipline and a high regard for sharing. When a girl picked her first berries and dug her first roots, they were given away to an elder so she would share her future success (Morning Dove Salish, 2009).*

A significant influence in our role as front line workers/helpers is the value of culture. Many of the people who participated in our workshops shared various views on culture. As well, many people have different levels of understanding of what culture means in a contemporary world. Many agree that in order for our people to survive and for revitalization to flourish culture must be a part of our work. A value/expectation of Aboriginal culture is to share, to be of service. There

is a high level of importance placed on giving back to the community through service and our ability to share our strengths with the whole.

When this value is maintained and the service is delivered in a balanced way, little conflict or constraint is placed upon the front line worker. However, when expectations supersede capacity to give, there is a high risk of creating an imbalance in the worker, affecting not only their health, but also that of the social/ helping system.

### Community and Personal Expectations

It is critical that we assess the expectations that we place on our front line workers to determine how realistic these are. Too often, workers are on call 24/7 with little to no reprieve. Despite this reality, Aboriginal frontline workers are expected to continuously respond to crisis after crisis, and are often criticized for not responding fast or well enough. By maintaining such unrealistic expectations of our workers, are we not dehumanizing their capacity to be effective in their work, and by so doing, limiting our health and social systems?

A huge proportion of helpers that we have come to know have a personal vested interest in their chosen profession. Many individuals who participated in our workshops have shared that they sought careers in the helping profession due to their own desire to help or change their personal, family situation and community.

We get caught in our need to be needed, commonly as community workers, we can easily take on a rescuer identity, trying to rescue individuals, their families and the community. This can often lead to confusion regarding the limitations of our roles, or the development of an unrealistic expectation.

Magical thinking and believing that an outside source has the power to rescue is an impact of colonization, it is a method of surviving oppression. Mullaly (2002) identified key methods in which oppressed populations survive and respond to oppression at a personal level and magical thinking is one method in which we have commonly encountered. Following are a couple of examples in how this way of responding transforms in our community.

Participants shared these stories during the course of our workshops:

*This is very true for my case, as I became involved in the helping profession because I was passionately committed to breaking the cycle of abuse in my family. When I got the job as family violence coordinator, I threw myself wholeheartedly into the position; it became my life. I believed I would stop the family violence in my community. The first time I got a notion of the magical thinking and the huge expectations placed on the position was when I was summoned to the Chief and council office. The Chief and council*



*members were demanding that I intervene in a dispute occurring between two armed men who were fighting over a dog. I knew both men I grew up with them. There was no police, everyone was fearful of these men. Somebody had to do something (personal communication, December 2004).*

*I was new in recovery, I felt so passionate about my healing journey. I was enthusiastic to share my newfound knowledge about living straight. I also wanted to give back, I carried guilt about all the wrongdoings I did during my drinking days. When the posting for drug and alcohol counselor came up I put my name in and I got the job never expecting to actually get it. Before long I was racking in the overtime, I was asked to be on this committee and that committee. Next thing I knew I was spinning too much too soon. I quickly became cynical and I fell back into that stinky thinking (TP Personal communication April 2008).*

These examples bring to surface the reciprocity effect of expectations; what we believe to be our role also feeds into what the community membership believes is our role. If we take on the role of rescuer or caped crusader then those around will gladly pass the duties and responsibilities over to the rescuer. As **the** identified professional within the community, the frontline worker quickly becomes inundated with responsibilities and an overbooked workload.

This is compounded by the likelihood that the worker who takes on the rescuer identity or the role of the caped crusader is susceptible to overload because of an inability to say no.

This inability takes root in a place of internal shame and guilt; the internal messages often are, "I am just supposed to be strong all the time. I don't want anyone to worry about me. Seeking help would make me look weak." Within a very short period of time, the worker begins to feel resentment and develop a cynical view about their work and/or coworkers; and such begins the process of burnout.

The flip side of this dynamic is that those who surround the worker (coworker, community members, policy makers) easily feed into this dynamic, setting unrealistic demands upon the individual and falling prey to the hands of the rescuer. They too develop a mode of magical thinking. In the above story, the leadership of the community is making unrealistic demands upon the worker, feeding into magical thinking and promoting the belief that the worker has the skill and competency set to de-escalate an armed conflict. The worker, in this situation, who is set on rescuing, will put his/herself in harms way.

Another dimension of unrealistic expectations that has surfaced repeatedly in our workshops is the notion that **workers are expected to be perfect, flawless, and**

**problemless.** For example, let us refer to the story of a woman who worked as a CHR in her community.

*My daughter, when she was in her early 20's, became involved with a married man. She was also heavily using drugs and alcohol. It became public knowledge. The first time I felt dehumanized was when the nurse approached me and said I heard this really crazy story about your daughter, but I brushed it off as craziness. She proceeded to tell me that she heard that she was sleeping around and using drugs. I looked her straight in the eye and I said, "Yes she is." Her reaction was so unexpected, not very supportive. She said, "How can that be your daughter? How can that be happening to the family of our CHR?" I told her we are all human first!(LM personal communication, 2005).*

The CHR became the target of gossip and ridicule, and consequently it affected the efficiency of her interventions.

Thinking that **Aboriginal workers are immune to the social malaise** plaguing our communities dehumanizes the worker as well as their family members. Antone (1986) identified ethno stress as a consequence of influences from the colonizers, part of which is a dehumanization process. The dehumanization process in combination with magical thinking and believing in a supernatural force to solve the problem, we set the unrealistic expectation that Aboriginal workers and their family members do not experience social problems and interpersonal difficulties. In cases like the CHR, the problem is compounded by the reality that the worker is limited in who and where they can turn to for help and support. This becomes very isolating for the worker and the family. A key practice to ensure health and balance is to be part of a strong social network.

An aspect that is also critical in the expectation levels of our workers, is that of history. The history of the position one occupies the personal history of individuals; each one of us has a story. It could be a story of abuse, a sordid past linked to crime, the struggle for sobriety, the healing story surviving residential school. Family history and community history also impact on the expectation scale. Having a solid understanding and acceptance of where we come from helps counter the negative energy directed towards us.

In order to decrease the stress levels of our frontline workers a reasonable level of expectation could clearly be defined to match the needs of the position. This would greatly increase the potential of the effectiveness of our frontline workers while also minimizing the turnover rate; perhaps policy makers and community members need frequent reminders of the level of responsibilities workers hold in their positions.

## Knowing - The Privilege of Holding Information

*It is heavy knowing and understanding, perhaps there is some wisdom in the saying, and Ignorance is bliss (MG, personal communication, 2001).*

Once we have earned the trust as a worker in the community, we get to know the most intimate details or secrets of our fellow community members' lives. When a person discloses a secret, a pain or an abuse, it is a privilege and very sacred information. As workers, we then become the container for holding that information, and it is our moral and professional duty to guard the confidentiality in which it was disclosed.

While it is a privilege to earn trust and hold the information, it can also become a burden, especially when, "knowing" gets real close to our family dynamics.

*As the family support worker, I was called into support a family that had discovered that their 10 year old son was a victim of sexual abuse. An intervention occurred because this young boy was acting out sexually with children in the lower grades. My niece and nephew, who attended the same school, were in the lower grades and had been affected by this young boy. The evening following the intervention, our family had a dinner get together and the subject of this family came up, and gossip being gossip, many theories went around. I sat silently, listening, growing more and more uncomfortable. Then a family member said, "You work in the services. What do you know?" I reminded them that I had taken an oath of confidentiality and that I would remain true to that oath. I find it so hard sometimes to not comment. I am constantly conscious of what I know and how I know, from where I know (SG, personal communication, 2000).*

Furthermore when the secrets of adults who have been abused sexually in childhood begin to surface, we become the captor of those secrets, which forever changes our perception of community members identified in the disclosure. One particular person I worked with affected my perception of a fellow community member. The following examples illustrate the delicate position we may find ourselves in:

*E kept the secret of abuse until he was 40. He started seeing me and slowly began sharing the sordid details of his childhood. His grandmother, a powerful woman in the community, had sexually abused him over a two-year period from age 11-13; his sexuality and relationships scarred for his lifetime. I knew the woman and once I knew E's story I could never look at the woman the same. E had no desire to seek a criminal penalty, he just wanted healing; he didn't want to implicate the justice system and besides he said, 'She is an old woman now' (EPN, personal communication, 2007).*

Even the most altruist, compassionate and empathetic person will become affected by "knowing," working and living with individuals seeking our help. Ultimately, it changes who we are. These examples raise the concept of overlapping relationships and role conflict. As people who live, sleep, play and work with our own people we have multiple roles. As worker we are confronted daily with the ethical dilemma of role conflict and overlapping relationships. A literature review by the Canadian Social Work Association stated that role conflict is an example of working conditions that negatively impact the workers well being (2004). A strategy to maintain the professional boundary is to name the conflict. That requires that we as professionals develop and plan our support system even when in our community we do not receive the clinical supervision necessary.

*Knowing your own darkness is the best method for dealing with the darkness of other people (Carl Gustav Jung).*

The other dynamic of knowing, is the need to know one's limitations, your "Achilles' heel" and triggers. The stories heard by workers are often heavily loaded with emotions, which often touch our heart at the very core. Knowing our own triggers as workers is a critical tool. A **trigger** is something that sets off a memory transporting us back to an event or an original trauma. A **flashback** can take the form of pictures, sounds, smells, body sensations, feelings, or numbness (Serani, 2009).

In regards to personal history, any situation that resembles a past trauma can inevitably bring to surface any issues pertaining to unresolved emotional or spiritual pain one may still harbour. Each time something comes up as a result of the work, it is important to recognize that there are layers upon layers of self that become masked by victimization and surviving trauma. It is important to become hyper-vigilant in our helping role, and when one is triggered by a client or a situation. We do not have the ability to resolve or deal with the trigger in the moment. It is appropriate to take a moment to acknowledge the emotional drain, and put it in the parking lot. Once the intervention is completed; the person or family in our presence have been helped, then seek out your support network to help process the triggered issue. Therefore it is critical to recognize the trigger. An elder once said, a trigger is a gift to your own growth. Unfortunately not all communities have such networks readily available to their workers.

There are various situations in which we as workers must face the dilemma of role conflict. Both of us have confronted these issues. A very complex example of role conflict surfaces when knowing the offender's identity conflicts with a personal relationship with the offender or his/her family. In many cases, it may be a relative, a friend, and a friend of a friend, an acquaintance or in



some cases, the identity of your own offender that is being revealed.

*As I sat and listened to the disclosure of one of my clients, I heard my own story being told... many feelings went through my mind as I felt conflicted, angry, and guilty that I had not prosecuted my offender years ago. It was a struggle to keep present for my client as I was triggered in so many ways.*

In this case, having processed your own trauma is only half the battle. As workers experience the current trauma they are listening to, they are also experiencing the recount of the event. They are experiencing vicarious trauma, something we will look at more closely in another section. What is essential for survival of the worker, is having access to support, someone with whom they can talk to right away who will not judge their past behaviour.

It is also important for a worker to understand that when a situation is too conflicted for them to deal with, it is in the best interest of the client that they to step away. A strong supervisor will be able to guide the worker through these decisions and support them through such a dilemma of role conflict. In the ideal situation, there will be choices. However, in many of our communities, there are few workers, and at times there is but one worker. Thus we carry the privilege and challenge of remaining mindful of the power we possess in knowing and not to exploit the inherent responsibility designated to us in our professional role as worker.

### **Loyalty and Duty**

It is an inevitable reality that as helpers or leaders, we confront the dilemma of juggling our family loyalty and our professional duty. There are times when our loyalty becomes tied up in unresolved trauma and history. If we do not bring this to our sphere of awareness, it is at this time that we can find our selves in an ethical constraint or we possibly create further trauma to the community system.

According to Family Systems theories, there are rules and norms that abusive families develop. Calof (1988) has identified a number of family proscriptions and injunctions. Family systems of denial create certain unconscious rules, family messages, and internalizations of scripts of behaviour for victims that are virtually universal. Without benefit of recovery, adult survivors tend to function more or less according to these same rules in adulthood. One of the rules is to be loyal. In order to do so:

1. You must protect the family.
2. Keep the secrets.
3. Obey.
4. You must not fight back, disagree or get angry.

I am reminded of the time when as a director of a healing program, I was approached for help by a community member who was in opposition to the present political leadership who happened to be my brother. When this person approached me, it was absolutely clear that my first priority was loyalty to my family. As this particular person in the past had been very hostile and aggressive towards my family members, I knew that my judgment would be clouded by the past. I decided to take a risk and speak the truth without blame or judgment, and I told this person up front that my opinion was shadowed, and that I could not represent or speak objectively on his behalf. While he was very frustrated that he could not receive the service he was seeking, he greatly respected my honesty and the sincerity in my response to him. I recognized that he was triggering emotional issues in me. I acknowledged my loyalty to my family and in being upfront and authentic I remained true in my professional duty.

While this example touches upon the dilemma associated with loyalty it also brings forth the challenges of lateral violence that plagues our communities.

### **Lateral Violence**

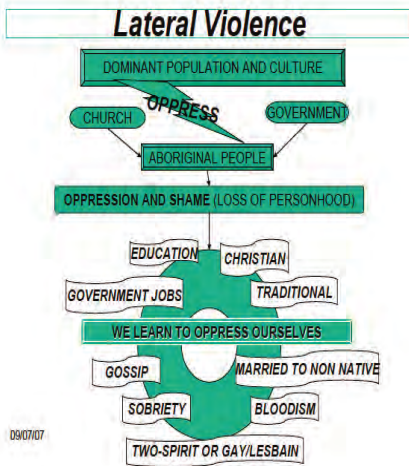
Lateral violence is a manifestation of the worst bad medicine in our community as it chews away at our pride and self worth. High on the list of stressors among Aboriginal helpers is the manifestation of lateral violence, which is killing the spirit of our families and communities.

Jane Middleton-Moz (1999) coined the term lateral violence, which describes the internalization of oppression that leaves us in a state of shame. The shame is a sense of never being good enough, that there is something wrong with our being. Consequently, for anyone to feel a sense of worth, one has to perceive themselves as better than another. The logical defense against this pain is to put others down; by making them look worse than we do.

Furthermore, as in the nature of oppression pointed out in Mullaly (2002), "Oppression is generally understood as the domination of subordinate groups in society by a powerful (politically, economically, socially and culturally) group" (p.27).

There is an enormous amount of research documented that sheds light on the nature of oppression; however for this article we do not explore it in depth but raise it as a crucial influence to take into account.

Lateral violence clearly explains the high level of infighting within our communities, and why it is so difficult for us to trust that another person is genuinely willing to help us. In the course of our work we have put together the following diagram as a visual to explain the concept:



(Goodleaf, 2007)

A huge obstacle for workers working within their communities is the lateral violence that is directed towards identified helpers. It is extremely difficult work to share the pain and struggles of others in the best of times. However, when the situation becomes difficult for the clients, they begin to feel more vulnerable, in turn, they begin to question the motives of the workers, and they may begin to perceive their helper as more of a threat. The client then verbally or physically attacks the worker in an attempt to put them down.

“Who do you think you are? Are you trying to tell me what to do?” said one client of a social worker in her own community. It didn’t matter to the client that this was a highly qualified social worker who was genuinely trying to help her with her parenting skills; all she could hear was that “she was not good enough.”

Though it would seem to be an advantage to have a member of one’s own community as a counsellor, at times it can make looking at oneself more frightening. The need to keep the image of a “good” person or family is very high. What has been lost through this generational oppression by the church and government is the genuine sense of community, of the circle. Historically, our people valued diversity; differences between people were seen not as deficits, but rather as valuable additions to the strength of the whole community. Similarly, it was not shameful to require help, it was expected that everyone needed help at some time. Then when you were functioning better, you would help others.

Today, trust is an ever-present issue and the power differential is an extremely fragile element. In one situation, you may be seen as a helper and thanked, but in another, you may be perceived as the “right arm of the

government” that is doing this to get them and put them down. It is important to note that although this can be perceived by the outside as a paranoid kind of response, in Aboriginal communities, it can more likely be understood as a complex trauma reaction. It is also important to note that the “Indian agents,” who had total control over the lives of Aboriginal community members, were only removed from their positions on the reserves in the late 1950’s. The wounds are still quite fresh.

As workers within our own community, we must try to remember to not personalize the judgments of others. It is equally important that, as workers, we not engage in the power struggle. We must keep in mind that we are also affected by the lateral violence, and that we must not use our power positions in unhealthy ways.

Lateral violence contributes to the present day trauma occurring across Aboriginal territory. While our people are in the process of revitalization the path is still covered by obstacles, the consequences of intergenerational trauma are ever present. Maintaining balance demands that we become more aware of the impacts of lateral violence, intergenerational trauma and more importantly the impact of vicarious trauma.

### Vicarious Trauma

Over the course of delivering our workshops we have encountered individuals who were paying the high cost for empathizing with another’s pain, afflicted with vicarious trauma. It is our belief that vicarious trauma is the high cost of caring for and empathizing with another person’s traumatic experience over a long period of time. When undiagnosed, the worker is often left feeling confused, full of self-doubt and afraid.

The mainstream literature over the last thirty years has assigned various terms to this trauma. In 1995, the term compassion fatigue was proposed to better describe the “cost of caring” that counselors paid (Figley, 1995).

A resource that provides valuable insight into the understanding of vicarious trauma is the *Guidebook on Vicarious Trauma: Recommended Solutions for Anti-Violence Workers* (2001). This guide provides the definitions that describe the profound effect on therapists resulting from exposure to the trauma experiences of their clients. These are offered by those in the vanguard of this emerging field of study such as Pearlman, Saakvitne, MacIain (1995) and the rest of the team from the Traumatic Stress Institute Center for Adult & Adolescent Psychotherapy. All provide valuable insight into vicarious trauma.

Compassion fatigue, vicarious traumatization, secondary traumatization, secondary stress disorder, insidious trauma and vicarious trauma are all terms that



are used in an attempt to label and define what happens, why it happens, and how to live healthily with the experiences (Richardson, 2001).

Providing a theoretical framework to understand vicarious trauma is validating and to move forward we need to be accepting of the deep changes that occur in workers as a result of working with the levels of trauma that frontline must face. When someone hears stories of trauma on a regular basis, it begins to affect the way in which they see and relate to the world.

Over and over again those individuals on the frontline shared with us how their perceptions of the world began to change. The following are clear examples of how vicarious trauma affects the way in which we see and relate to the world.

*I worked with troubled youth so often that I was surprised and skeptical when I was with a youth who said she was genuinely happy. I thought that to be peculiar or abnormal and more importantly, that she must be making it up. After spending a little time with this youth, I realized she really was happy and had a good family and good support. I also realized I had become jaded and that I may need a break from my work (YW, personal communication, 2009).*

*I wouldn't let my children go to their friend's house for fear that someone would abuse them (YPSW, personal communication, 2008).*

*I could not trust anyone. I isolated myself in my home and I stopped asking people for help (CHR, personal communication, 2008).*

Researchers Pearlmann and Saakvitne (1995) believe that when we listen to the traumatic stories shared by clients, our view of the world and ourselves is permanently transformed. The effects of vicarious trauma are cumulative and permanent. That is to say it gets harder to manage the effects of the stories the longer one works in this field.

*I started seeing everyone as a potential sex offender, I would "freak-out" if any adult tried to talk to my kids... I started isolating my family and myself. I was always angry (SOC, personal communication, 2008).*

In my experience as a clinical psychologist in Aboriginal communities over the past 20 years, I have heard many horrific stories and have sat with many workers, healers, ministers and family members who have offered to help to hold another's pain. In many cases, these same helpers began experiencing much of the following symptoms: a feeling of hopelessness, a loss of compassion, depression, numbness, inability to contain intense emotion, pervasive sense of anxiety, vulnerability, nightmares, intrusive thoughts, fear for self and family,

a weakened sense of safety, becoming very suspicious of others, a diminished belief in the human race, alienation, "You'll get hurt if you trust," flashbacks, an attitude of apathy where you believe that nothing will help because the world is no longer safe. These symptoms have been identified as those corresponding to the definition of vicarious trauma or compassion fatigue.

Although all workers in the helping field are susceptible to vicarious trauma, there is an added component when we are dealing with Aboriginal people who work within their own communities. The extra burden lies in the reality that the trauma that they may be experiencing vicariously, they may also be experiencing directly. That is to say, when some clients tell me their story of trauma, I may have also experienced the same trauma. For example, when one of my clients told their story of the accidental death of a child in the community, I was also experiencing the loss related to that child. At times, I, as the therapist, may not have had the opportunity to debrief my experiences; yet I would be expected to assist another in processing their losses.

There are instances where police officers are called on to arrest one of their relatives, or talk to a family member who is suicidal. This intervention can be quite traumatic for the worker, and many times these same workers are asked to help to process or debrief others after the incident. The worker's needs and feelings are often ignored for a variety of reasons that have already been outlined, so the task of keeping things straight is a juggling act for most Aboriginal workers.

When many factors influence each other, it creates stress for the individual worker. As Aboriginal people, we are part of a circle - the circle of creation, which includes Mother Earth, the community, the family and the individual. We cannot remain separate, since doing so goes against our teachings. Yet separation is part of how the non-Aboriginal services system operates. As well, the personal is very separate from the professional; for our frontline that is a luxury we do not have, the personal and professional are intertwined. If we are well, then we can help those who are not well. The idea that we may be healing ourselves as we are helping others is not really within the theoretical frame of the "professional" in a hierarchical system.

When we are expected to know the answers, we are put into a very difficult position. Consequently, the burden is quite heavy and the lines difficult to unravel. The need for boundaries is an essential tool, yet it can also become our crutch. If, in fact, we could see that we are all trying to figure things out together, then we would not have to carry such a burden, our experience is one parallel experiences. This, however, would also take its toll on our perceived role as helpers or our esteem in having the

## The Frontline of Revitalization: Influences Impacting Aboriginal Helpers

ability to help.

The dynamic of vicarious trauma also ties into the stress factors of an individual working in the helping/security/medical profession. According to social worker Deborah Sinclair (2006) there are three factors of stress that influence workers:

1. There is the individual stress that the person deals with in his or her daily life that includes personal trauma or history as well as individual coping strategies for dealing with and managing stress.
2. There is life stress that includes the present stressors that the individual deals with on a daily basis. This may include family difficulties, addiction of family members or their personal struggles with addictions, etc...
3. Organizational stressors include the expectations that the employer has on the worker and the amount of support that they provide, or in many cases, are unable to provide to the worker. These factors include salary, time off, training, and availability of resources.

In order to adequately address the stressors influencing Aboriginal workers we have added a community stressor:

4. Under the umbrella of community stressors there is the reality of historical trauma, and dynamics of oppression. Additionally there are the present day acts of violence such as vandalism, sexual abuse, murder, gun incidents, accidental deaths, violent crisis, or political or religious struggles.

Based on Sinclair (2006) Diagram 1 illustrates how these stressors in mainstream and the professional boundaries in mainstream maintain a distinct separateness. The realities of personal and professional boundaries of Aboriginal workers do not have the luxury of remaining so clearly separate. The stressors and influences become overlapped. The more the worker is exposed to traumatic events and disclosures, the perception of the world becomes increasingly distorted and the world becomes a dangerous place to live. The reality of the environment becomes overbearing as illustrated in Diagram 2.

As illustrated, it becomes difficult to manage and to separate these factors or roles. Especially when life, individual, and organizational factors are compounded by community factors; one becomes so influenced by the narratives of others' pain and sense of safety. Each part becomes so enmeshed, consequently impacting our perception of life, community and security.

One explanation as to how our frontline becomes so enmeshed may be explained in a study undertaken by Mussell (2005) regarding the healing of First Nation men. Serious discussion of roles and responsibilities

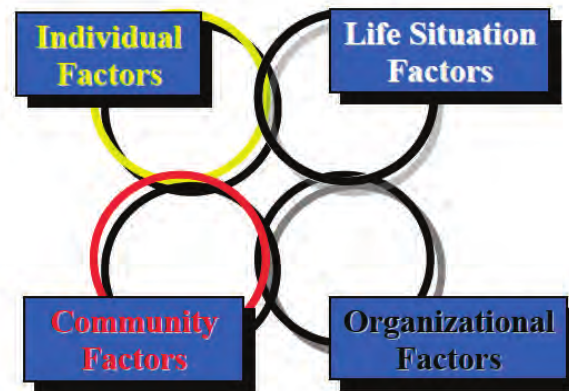


Diagram 1.

(Sinclair, 2006)



Diagram 2.

(Goodleaf, 2007)

seldom takes place in most communities, for reasons including absence of trust and serious gaps in the teaching and learning that took place at home, in school and in the community. Such discussion is often viewed as threatening because “taking a look” at one’s own performance within the family and community is getting too personal. Add to that the mistrust created as a result of lateral violence and the environment is set up to sabotage a system of frontline workers.

### Balancing the Influences

As a part of our wellness plan we attempt to reframe the impact of these factors and how they influence our lives. The first goal is to identify and name them, to bring each aspect to our conscious mind and to

understand how each component evolves in our day to day activities. As part of our workshop curriculum we placed each component in the setting of the Medicine Wheel. The Medicine Wheel is a tool that has many layers that remind us of our interconnectedness to self, to all elements, beings and spirit (see Diagram 3 below). The wheel provides a graphic that depicts balance and also provides a tool to do self assessment to be aware of where we are in managing the individual/historic, life/family, community and organizational aspects of our lives. The second goal is to take personal ownership and personal power of each component and to implement strategies that guide us to balancing each aspect of our being. In this way we own our healing and lay the foundation for revitalization of our ways. Our frontline flourishes and a culture of care ensures the survival of our communities.

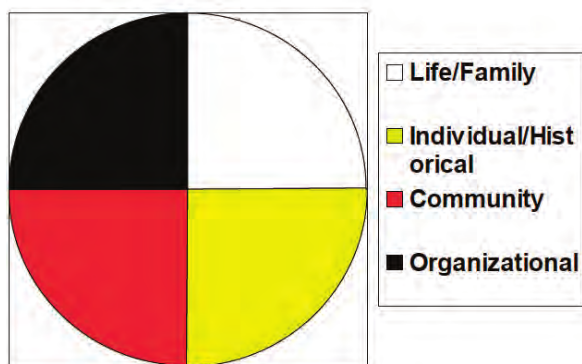


Diagram 3.

(Goodleaf and Gabriel, 2009)

This is really the only way that our communities will survive. We cannot solely take on the role of healers of our community - we can simply take part in awakening the determination of others within our communities to use their own gifts to effect changes. In turn, these changes will begin to transform the nature of the problems in the community. Ownership of the pain, the problems and the specific issues in our communities are the means by which we will all continue to heal together.

Taking ownership means that we are in a parallel process. Through trial and error we have learned that in order to be a helper in Aboriginal territory requires a commitment to our own ongoing healing journey. Thus, we are in a parallel process as helpers, helping our community through decolonization and to change destructive patterns at the same time we are doing our own healing work. To ignore that we need healing is irresponsible as we have all been traumatized by colonization and assimilation and most importantly we are all hit by the lateral violence in our community. To prevent becoming the wounded healer we all have an

obligation to define and implement our own wellness plans. As our Elders have stated, healing is a life long journey.

This quote speaks to the concept of refueling our spirit or re-energizing. Spoken by Mother Theresa,

*To keep the lamp burning, we have to keep putting oil in it.*

The strategies we believe to be most effective to prevent vicarious trauma are to have the following available for workers:

1. Continuous opportunities for debriefing of emotions.
2. Engage in support groups for caregivers.
3. Involvement in activities of hope.
4. Balancing a case load with other types of professional activities.
5. Respecting our own personal boundaries.
6. Having realistic expectations.

## Conclusion

The experiences and observations we have shared in this article tell the stories of some of the people on the front line of revitalization. It is our hope that this article sheds light on the challenges and strengths of Aboriginal helpers, who in the hardest of situations bring forth dynamic, innovative and creative health, social, justice and healing work - work that is happening in Aboriginal country across Turtle Island. Their stories and truths are testimony to the extraordinary resiliency that is part of our culture's and nation's DNA. Without this resiliency, we would have been assimilated or become extinct.

Our journey as helpers has taught us many lessons about surviving assimilation, human nature, family, community and nation. We are impacted daily by various influences that guide or help us in our choices of responses or actions. In this article, we have sought to identify some of these, such as the: influences, expectations (communal & personal), the privilege and dilemmas of holding information (knowing), loyalty and duty, lateral violence, and vicarious trauma. Certainly there are other influences that impact upon us; we chose those listed above because they have repeatedly surfaced in the work that we do with Aboriginal helpers.

Wellness strategies and common best practices have been shared throughout the article, in an attempt to shed light on how we, as Aboriginal helpers, can continue to do the work we do, and to continue to be of service with passion. To summarize, here is a list of strategies we apply in our lives:



## The Frontline of Revitalization: Influences Impacting Aboriginal Helpers

- Recognize when you are caught in the need to be needed;
- Be mindful of role conflict or overlapping relationships, name it;
- Having access to another helper to share situations (clinical supervision);
- Know your limitations, triggers, and/or Achilles' heel;
- Acknowledge that it is okay to make a mistake, and to learn from mistakes;
- Ask questions, especially the hard ones;
- Acknowledge your own pain and deal with it at the appropriate time;
- Take a risk and speak the truth without blame or judgment;
- Distinguish the difference between loyalty and duty;
- Accept that it is okay to ask for help - our culture is one that emphasizes interdependence;
- Commit to your own healing retreat;
- Do not personalize the judgments of others, and;
- Always be conscious of the power you hold as a helper, and use it with people, as opposed to power over people.

Truthfully, it is important for us workers to remember that there are many influences that touch our perceptions and actions daily. When we enter the helping profession, we go in whole-heartedly, and we go in wearing rose coloured glasses. When we gain experience as a helper, our perspective of our community and of the world changes. We have our glasses removed, and begin to see very clearly, sometimes too clearly. We see the darkness, the pain, and on the other side, we also see the results

of healing, wherein lies our reward. The prize is the transformation and the healing when the darkness is lifted. The revitalization is nurturing our families in culture, in our ceremony, in our dances, our songs and our ways of healing.

There is still much work to do in our communities and Nation to revitalize our Aboriginal identity, our culture and our world. The healing of our communities will be stronger and greater if we apply our traditional values. To return to our values we need to return to a culture of care. "Culture of care - is vital for successful performance and has five dimensions: mutual trust, active empathy, access to help, lenience in judgment and courage" (as cited in Mussell, 2005, pg. 7).

We need to continue to nurture the fields of work that engage our helpers. We need to inspire the next generation of helpers to take up where we have left off. We need to incorporate a culture of caring to solidify the support systems for our front line workers, and show that care for caregivers – that helping the helpers, is a priority in our community wellness planning.

Nià:wen....

### Bios

The authors are both Kanieke'ha:ke professionals.

*Suzy Goodleaf* is a licensed psychologist from the community of Kahnawake. She has worked in private and public practice for over 20 years, as a child welfare worker, a researcher, a facilitator, clinical supervisor, and a consultant.

*Wanda Gabriel* is presently employed as a social worker for the Cree Nation in Northern construction camps. She has also worked in private and public practice for over 20 years, during which she serviced her own community of Kanehsatake as coordinator, facilitator, and director. She has also worked in child welfare, in urban programming, as an instructor, researcher and clinical supervisor.

## References

- Antone, R., Miller, D. & Myers, B. (1986). *The power within people: a community organizing perspective*. Canada: Tribal Sovereignty Associates.
- Calof, David L. (1988). Adult survivors of incest and child abuse, part one: the family inside the adult child. *Family Therapy Today*, 3(9), 1-5. Van Nuys, CA: P. M. Inc.
- Canadian Association of Social Workers, (2004). *The Impacts of Working Conditions on Social Workers and Their Practice*. A CASW Review of Current Literature, CASW, Ottawa.
- Esquimaux-Wesley, C.C., & Smolewski, M. (2004). *Historic trauma and aboriginal healing*. Anishnabe printing: Kitigan Zibi.
- Figley, C.R. (Ed.). (1995). *Compassion fatigue: coping with secondary traumatic stress disorder in those who treat the traumatized*. New York: Brunner/Mazel.
- Goodleaf, S. (2007). Care for caregivers workshop. Proceedings of CSCL '05: *First Nations and Inuit Quebec & Labrador Suicide Prevention Association Conference*. Montreal: Canada.
- Jung, Carl, Gustave.(n.d.) *Carl Gustave Jung Quotes*. Retrieved March 16, 2009 from [http://thinkexist.com/quotation/knowing\\_your\\_own\\_darkness\\_is\\_the\\_best\\_method\\_for/201427.html](http://thinkexist.com/quotation/knowing_your_own_darkness_is_the_best_method_for/201427.html).
- Mullaly, R. (2002) *Challenging oppression; a critical social work approach*. Canada: OUP.
- Mussell, B. (2005). *Warrior-caregivers: understanding the challenges and healing of first nations men*. Anishnabe printing: Kitigan Zibi.
- Middelton-Moz, J. (1999) *Boiling point: the high cost of unhealthy anger to individuals and society*. Deerfield, F., USA: HCI Publishers.
- Pearlman, L.A., & Saakvitne, K.W. (1995). Treating therapists with vicarious traumatization and secondary traumatic stress disorders. In C. Figley (Ed.), *Compassion fatigue: coping with secondary traumatic stress disorder in those who treat the traumatized* (pp. 150-177). New York: Brunner/Mazel.

## 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

Volume 4, Number 2, 2009, pp. 30-43

# Irihapeti Ramsden: The Public Narrative on Cultural Safety

Steve Koptie<sup>a</sup>

<sup>a</sup>M.Ed Student, University of Toronto, Toronto, Ontario, Canada.

*Although the daughter of an historian I had little knowledge of the political history or the legislative manipulation of the ownership of Maori land and the social, economic, educational and legislative processes, which led to the poverty of Maori people ..., I did not understand why Maori were stereotyped as unintelligent, irresponsible and lazy. Why Maori were demonized in the media, filled the prisons and hospitals and were told that they had the same opportunities for successful social accomplishment as everyone else. My whole experience showed me that there were fundamental and brutal injustices in our society and I wanted to know how and why they got there, how they worked and how they were sustained (Irihapeti Ramsden, 2003).*

### Introduction

This paper started as an examination of the concept of Cultural Safety and the need to adopt imaginative cross-cultural approaches to recovery in Indigenous communities (Ramsden, 2003). Sometimes Indigenous scholars write research papers that morph into transcendental and transformative journeys of reclamation and recovery of our distinct ancestral voice. In this instance, the narrative did become such a self-reflective personal locating process. A search for the initiation of the concept of "Cultural Safety" became a loving celebration of the amazing role models and mentors, especially women, who nurtured and directed my community healing work. Irihapeti Ramsden's

Questions or correspondence concerning this article may be addressed to:

[koptie.steven@gmail.com](mailto:koptie.steven@gmail.com)

### Abstract

The magnificent voices of Indigenous women who want to restore, preserve and extend the beauty of Indigenous culture must be relocated and honoured as the last best hope of escaping the tragic impacts of colonization. This paper started as an exploration of New Zealand Indigenous scholar Irihapeti Ramsden's extraordinary efforts to imbed Cultural Safety as a foundation for nursing training and unity of purpose for all community helpers to alter the trajectory of colonization and its tragic impacts on Indigenous peoples. It morphed into a celebration of the powerful 'reflective topical autobiographies' or meta-narratives of adaptability and resilience all Indigenous people need to share as we recover and heal from intergenerational traumas inflicted in the name of civilization and racial supremacy. Transformative change starts with self discovery as Irihapeti Ramsden taught her student nurses. Women and children are the most poignant victims of that foolish colonial project and their survival stories can lead all humanity back to respectful and loving sustainability. Indigenous women's resilience stories need a special space in academic literature. Their enduring women-spirit has always guided this First Nations man to be better first as an Indigenous man and more importantly as a human being. Irihapeti Ramsden's journey to put Cultural Safety out there in mainstream academia began with a powerful reflective inner healing journey. Her life and work was a remarkable gift to all. The title of this paper derives from Section Three of her PhD thesis. It must be shared throughout all the worlds' spaces in need of decolonization. Her ultimately political meta-narrative to alter ignorance and arrogance within education, government and society is one all Indigenous writers and scholars must study and articulate across often culturally unsafe places and spaces within Canada's colleges and universities.

efforts conjured up a deep appreciation for the strong women-spirit put in place to fight for the protection of cultural integrity in many Indigenous spaces. Dr. Irihapeti Ramsden belonged to the people of Ngai Tahu potiki and Rangitane or if expressed in colonial identity markers, she was a Maori woman of Aotearoa, New Zealand.



Her 2003 Ph.D. thesis has become a reference point for Indigenous peoples around the globe struggling to locate their identity and to have it properly reflected in the mainstream/dominant culture, academia, and health and social services. Her thesis was completed just ahead of her death at age 57 after a 5-year battle with breast cancer. Irihapeti Ramsden influenced the training of nurses and midwives in her homeland and through her ground breaking work it became mandatory that a Cultural Safety curriculum would constitute 20% of Zealand nursing and midwifery courses. State examinations for all nurses and midwives were held to standards set in the above descriptions. These principles also initiated an important dialogue within her homeland on workforce development and intellectual property rights, and continue today to impact all international nurses associations. This increasing awareness highlights the heroic achievements of Irihapeti Ramsden's Indigenous women-spirit.

From 1992, when Irihapeti Ramsden introduced the concept of Cultural Safety into the nursing academic literature, an evolutionary movement sprang from cultural awareness, cultural sensitivity, and culminated in a Cultural Safety education requirement for all New Zealand nurses. The movement shifted the paradigm of service, and Irihapeti Ramsden (2003) expressed Cultural Safety as:

The process towards achieving Cultural Safety in nursing and midwifery practice can be seen as a step-wise progression from cultural awareness through to cultural sensitivity and on to Cultural Safety. However, the terms cultural awareness and cultural sensitivity are not interchangeable with Cultural Safety. These are separate concepts:

*CULTURAL SAFETY is an outcome of nursing and midwifery education that enables safe service to be defined by those that receive the service.*

*CULTURAL SENSITIVITY alerts students to the legitimacy of difference and begins a process of self-exploration as the powerful bearers of their own life experience and realities and the impact this may have on others.*

*CULTURAL AWARENESS is a beginning step towards understanding that there is difference. Many*

*people undergo courses designed to sensitize them to formal ritual rather than the emotional, social, economic and political content in which people exist* (Ramsden, 1992a) (Ramsden, 2003, p.116).

A student mentored by Irihapeti Ramsden, Lis Ellison-Loschmann (2003) wrote in an obituary in the British Medical Journal that Irihapeti Ramsden's legacy was bringing Maori health disparities to public consciousness and marking them as indicators of historical, social, economic, and political colonial upheavals. Ellison-Loschmann (2003) reminds proponents of Cultural Safety that Irihapeti Ramsden "calmly and eloquently responded to misrepresentations and accusations about the aims of Cultural Safety, which in the end, allowed for paradigm shift and the beginning of the de-colonization of New Zealand. I. M. Ramsden (2003) would inspire a framework from which Indigenous scholars could explore and express the impacts of colonization on Maori people. She cautioned Indigenous writers and thinkers to first contextualize their ancestors struggle for "change in a climate of colonially inherited institutional racism" (Ellison-Loschmann, 2003). Ellison-Loschmann (2003) in her obituary for Irihapeti Ramsden shared a reflective narrative of an opening statement Irihapeti Ramsden made at a lecture in 2001. Irihapeti Ramsden challenged the nurse trainees: "there are three kinds of people; those who make things happen, those who watch things happen and those who never knew what hit them-let nurses be in the first category" (Ellison-Loschmann, 2003). This is the true essence of women-spirit, something and someone that nurtures and empowers all who envision a better world for all. Indigenous women have carried in their blood memories, according to Jan Longboat (2009), the teachings and values to live a good and balanced life.

Recently I spent a week at the first Indigenous Graduate student writing retreat held by the Supporting Aboriginal Graduate Enhancement (SAGE) group in March 2009 on Lake Simcoe, Ontario. The SAGE initiative follows the model for increasing the professional workforce development of Indigenous peoples created in New Zealand as a result of Irihapeti Ramsden's legacy. The University of Toronto SAGE group mentored by Canadian Indigenous scholar Dr. Jean-Paul Restoule seeks

#### **Acknowledgements:**

*It is one thing to consider great thoughts but as most Indigenous men the requirement to listen deeply to the words of women with enduring woman-spirit restores the magic of our ancestors' intentions. I want to graciously extend the warmest possible admiration and appreciation to the women who guide my work. This paper was only possible by the guidance of Indigenous women such as Dr. Cynthia Wesley-Esquimaux, Dr. Suzanne Stewart, Lee Maracle, Jan Longboat, Pauline Shirt and fellow graduate student Ashley Quinn whose women-spirit is generously shared as Irihapeti Ramsden's life work highlights. A special expression of gratitude for creative nurturance goes to Dr. Sharon Sbrocchi who courageously teaches with Cultural Safety embedded pedagogy. That is another paper. Indigenous scholars thrive with such powerful role-models, mentors and allies.*

to recruit, and promote higher education and Cultural Safety within Canadian universities in order to create a vibrant professional knowledge and skills transfer to and from Indigenous communities. The SAGE writing retreat was guided by renowned Indigenous author Lee Maracle and Cree Elder Pauline Shirt. Their deeply embedded grace, generosity, compassion, kindness and patience expressed through their nurturing women-spirit reinforced, for me, the strength of natural Indigenous resilience in the face of oppression and Euro-centric misunderstandings and misconceptions that threaten harmony on Mother Earth. Lee Maracle and Pauline Shirt (2009) spun webs of spell binding stories and narratives to explore and root out the “pathos” of colonization that created the trajectory of pathology we struggle within our families, communities and nations. Lee Maracle (2009) inspired the group to write from a place of spiritual desire in order to reclaim the resilience bequeathed from ancestral legacies we still carry in spite of the colonial siege we have endured and survived. Too much focus on pathology according to Lee Maracle distracts us from our abilities to think deeply, to ponder, to wonder, and to connect with all Creation. We can call on the wisdom of generations of demonstrated and remarkable resilience, and formulate creative life-ways to prepare future generations for good lives and ecological harmony. Our enduring gift to humanity, according to Pauline Shirt (2009), is a cultural imperative to seek out higher levels of consciousness so that we can instruct on engaging Turtle Island [North America] sensibilities based on goodness for all, without harm. The women-spirit Irihapeti Ramsden, Lee Maracle, Pauline Shirt, Jan Longboat and many of this author’s mentors represent the promise of a restoration of resilience that will heal all humanity. This is especially true when articulated through their *Reflective Topical Autobiographies* (Ramsden, 2003:7). They invite their students to explore and express goodness from the Seven Traditional Values: Courage, Honesty, Humility, Respect, Truth, Love, and Wisdom. Indigenous writers can imbue these values within academic literature as a Indigenous road map to de-colonization. Knowing a narrative or teaching from each of those values is path-way to knowing the intentionality of our ancestors to remain with us. This author pleads all Indigenous scholars to meditate on the beautiful synergy in Section Three of Irihapeti Ramsden’s doctorate thesis. At one point in study for this paper I found myself weeping with enlightenment on my personal journey to make sense of the historical impacts of my ancestors’ legacy on my own life.

Irihapeti Ramsden spoke in terms of neo-colonial attitudes, believing that New Zealand had not yet reached the maturity or reconciled the longstanding harm their colonial systems brought to a naturally sovereign people. The dilemma for Indigenous scholars is how to articulate

colonial interactions in all spheres of engagement that trap First Nations citizens in their traditional homelands within debilitating power imbalances. This longstanding dilemma of inequity makes notions of post-colonial collaboration and reconciliation premature. This author would suggest that Canadian Indigenous scholars face the equivalent frustration in educating our peers on the significance of this power imbalance. Irihapeti Ramsden (2003) quotes a friend and colleague Maori lawyer and expert on legal fights on Maori human rights, Moana Jackson;

*The key to Cultural Safety for me is it part of making our people strong again and protecting our people where ever they are. And inventing a concept of Cultural Safety I think you’ve given our people a tool and although I didn’t know much at the time of it’s nursing ramifications, I could see it’s value as a...if you like, a cementing tool, in the development of our people, and that’s the effect it had on me...It had to develop in a particular context in nursing therefore it had all sorts of professional and nursing consequences. But it also had a much wider ramification that our people could use the idea of being culturally safe as part of their reclaiming of our sovereignty, of our rights and so on...because for me, you can’t claim rights unless you’re safe and then have the power to do so. (Ramsden 2003 thesis chapter 9:1)*

Irihapeti Ramsden has contextualized for all future Indigenous scholars and thinkers the experience of colonization and the resultant cultural and economic poverty she witnessed within her people in their ancestral homelands. This paper expands her powerful narrative, with concepts of Cultural Safety and reflective topical autobiography as honouring healing women-spirit in resistance to the oppression, sexism, racism and marginalization that came with colonization and the destruction of Indigenous life-ways and world views. It is the arduous journey from victim to survivor to victor (Wesley-Esquimaux, 2009) that Irihapeti Ramsden exemplifies in her narratives. Canada is in conflict with its Indigenous people in most areas of social, political, cultural and economic engagement and must provide safe spaces for the academic and bureaucratic transformation to occur. Cultural change is necessary to alter the trajectory of suffering of Indigenous peoples worldwide. The dependence wrought through state control of Indigenous homelands, just to facilitate the plundering of wealth and resources is now globally recognized, as indicated by the adoption of a framework for Indigenous Human Rights at the United Nations, from which Canada hides. This is a modern struggle of attrition where poverty and marginalization become the bureaucratic weapons to force Indigenous people off their resource rich lands. Forced cultural assimilation,

and integration into a culturally unsafe and unreceptive mainstream milieu is leading more and more to uncover the image of unsustainable, destructive and unjust exploitation, especially in the vast boreal forest and northern land mass known as “Indian Country” (Koptie, 2009). While presenting at a Spirituality and Social Work Conference (2008) in Fredericton, New Brunswick, I was asked to comment on “Third World” conditions on Canada’s remote reserves. I cautioned the group to reflect on the truth of that common mis-representation of Indigenous living conditions. To compare Canada’s First Nations as a Third World confirms the perception of Canadian global indifference and complicity in the negative mining, forestry and resource plunder conducted in places no one sees or seems to care about to maintain privilege for mostly southern Canada. Canadian’s are not innocent to the global wrongs of those who act on their behalf to sustain those privileges who disregard rights and responsibilities to preserve a living planet for future generations. Where does Canada find the moral imperative to challenge international violations to human rights yet justify by its silence at home the loss of human rights it refuses to provide to Indigenous peoples within its own backyard? Should the First Peoples of Canada remain captive to historic injustices kept just out of sight, victims of foolish and failed colonial policies just for political expediency and inequitable wealth generation? Constant media representations of drunken, lazy Indians dependent on tax payers’ generosity belie the one-sided greed and selfishness of colonization (Koptie, 2009).

Indigenous scholars must emulate Irihapeti Ramsden’s journey of enlightenment and help articulate how legislation like the Canadian Indian Act legitimized colonization of a naturally sovereign people (Longboat, 2009). The strained relations between Canadians and Indigenous people will not survive 21<sup>st</sup> century sensitivities to social justice. We need to ensure the prevention of dangerous political, social, environmental and religious upheavals that threaten global well-being. Irihapeti Ramsden became a path-finder in finding ways to empower future generations to challenge the status quo that endorses indifferent or dismissive attitudes on human responsibility, she demanded that we learn to respect and accommodate the diversity of humanity. She taught her students to resist and rebel against the ignorance and arrogance of the settlers of New Zealand that continues to prevent deep soul searching of privileged colonizers just as in Canada. It requires extraordinary good will to escape the enmeshment of historic errors, misconceptions and misrepresentations and urgent need to correct the ensuing injustices that marginalize and demean, diminish and destroy the lives of too many Indigenous peoples. Irihapeti Ramsden’s movement towards a model of Cultural Safety is a superb road map to places of unity

and collaboration for decolonization as well as equity of access for all of Creation’s diverse richness especially within the human diversity. She asked Moana Jackson to express the strengths of Cultural Safety in their sharing of reflective topical interviews (autobiographies). She records his narrative (Ramsden 2003:127):

*First, its strength is to challenge students to analyze where they’ve come from. I don’t think we should under-estimate that in New Zealand educational system because there is one thing that education lacks in this country, it is the teaching of an ability to be critical, the colonizing mentality doesn’t encourage criticism, it encourages conformity. But what Cultural Safety as an academic idea does, is that it re-invents or reclaims the need to critically analyze things, and I think that’s most important and its greatest strength in a general academic sense.*

*In a more specific sense of nursing education, we as a people are not going to be able to remedy the unwellness of our people in six months or a year because it’s the consequence of a hundred and fifty-seven years of dispossession. And so it’s crucial that we have people working in that area who are actually going to help our people be well. And so, I think its strength is that it, it helps provide that in nursing education in a specific area. But then its broadest strength I think, is what we’ve been talking about a lot and that is, that a political idea and in the end remedying the ills of our people is a political and a constitutional issue, not in terms of the Beehive and Parliament, but in terms of changing the mindset of our people about our power and our powerlessness and so on. (Ramsden 2003 thesis chapter 9:2)*

The above Indigenous worldview on the suffering of Indigenous populations from another colonial place requires a great deal of re-telling across Canada. Canada faces major challenges to its fragile confederation if it does not immediately address simmering Indigenous demands for a Fair Country (Saul, 2008). Saul (2008) in his book *A Fair Country: Telling Truths About Canada*, notes that Canada must revise how the meta-narratives of its colonial past form our collective identity. The very existence of this country beyond a colony requires accepting the contributions of many races (233). The collective soul of Canada according to Saul (2008) may be trapped in self-loathing, humiliation and false adoration because of our dependency on an identity flowing from British imperialism (243). John Ralston Saul on the subject of reconciliation highlights the growing contributions of Indigenous leaders:

*Reconciliation can only happen if these concepts [Canadian identity from merely European influences] are based on truth—a truth that works for all people—and clarity of understanding between*



*people. Guilt and pity, on the other hand, destroy human relations. Of course, these very real social problems were produced by the residential schools, the lack of respect for treaties, and the long period of institutionalized racism. These cannot be solved in an atmosphere of guilt and pity. The most basic need is to obtain knowledge and therefore understanding. There is a remarkable and fast-growing new Aboriginal leadership, which has a very good understanding of both Indigenous and non-Indigenous civilizations, such as how they fit together in their historic and modern forms and how they are influenced by each other. These leaders are finding new ways to be heard by their own communities and, also, by Canadians in general. This is happening because they are novelists, playwrights, lawyers, academics, and political figures. Their influence is growing incrementally and their understanding is key to breaking the old, intellectually lazy assumptions of most Canadians. The central need is not incremental; it is for a broad understanding of what change would look and feel like for everyone. (Saul 2009:313)*

Saul's narrative endorses the work of Indigenous leaders like Irihapeti Ramsden who present ideas that can alter minds still clinging to the convenience of colonization. Those that cling continue to miss the disease that has resulted from the imposition of its Indian Act processes on First Nation, Métis, and Inuit worlds within the territory re-named Canada.

Ratinyenkehaka (Mohawk) Elder Jan Longboat (2009) teaches that Indigenous natural sovereignty has never been surrendered. She calls for Indigenous people to strengthen the spiritual ties to 'our place' and recover the 'richness' existing within traditional life-ways. Those are the ways that allowed us to feed ourselves, doctor ourselves, educate ourselves, and maintain disciplined just societies for hundreds of generations before the experience of imposed external domination by racist settler states. Jan Longboat (2009) claims we always had a richness that came from knowing how to plant gardens, hunt for sustenance, find the medicines we utilized for sustaining wellness and communicated in our beautiful languages. All of which made it possible to maintain and restore good will and address Creation with gratitude. Through these time proven practices our ancestors embedded the intergenerational worldviews and life-ways necessary for us to thrive in the places where we lived. We currently face a massive mourning challenge to recover from the historic intergenerational trauma colonization brought to Turtle Island [North America]. Jan Longboat defined 'poorness' in terms of elders identifying suffering people who had lost the richness of collective reciprocity and interdependence, who failed to follow culturally imperative teachings and the traditional

skills necessary to provide a good life for themselves and their families. Promises of sharing, friendship and peace from faith in treaties never came true. Dispossession and dependency on hand-outs replaced efficacy and resilience. The loss of natural sovereignty meant citizens equipped with exceptional abilities to share beyond individual needs lost the ability to help in times of need and were replaced by Indian agents of tyranny and domination. Canada needs a truth telling on the destructive impacts of Indian agents through the 18<sup>th</sup>, 19<sup>th</sup> and 20<sup>th</sup> century to fully grasp the transfer of poverty from refugees to those seeking refuge from the atrocities of Canada's colonial history that paradoxically made reserves inhabitable remnants of Indigenous territories. The extreme circumstances of poverty in First Nations is a testament of stolen lands, stolen human rights to self-determination and stolen communities, or as Lee Maracle teaches "places we would want to stand under" (Maracle, 2009).

Indigenous scholars can now provide a culturally fair analysis of cultural adaptability and resilience, prompted by the forces of traumatic attacks through warfare, new diseases, land dispossession, forced assimilation and cultural genocide (Wesley-Esquiaux, 2004, Yellow Horse, 2004, Churchill, 1998). Attempts towards reconciliation over the national atrocities of residential schools, jails as reserves, and hate based identities that marginalized and sustained injustice is a hopeless ideal if Irihapeti Ramsden's Cultural Safety research is not enlivened through the teachings of our ancestors (Couture, 2002). Her thesis gives an excellent road map through what are mainly uncharted waters of tolerance and respect, especially when it comes to engaging, preparing and collaborating with Canadian change agents outside and inside Indigenous communities.

Irihapeti Ramsden (2003) chose to formulate her thesis as a reflective topical autobiography, a research writing method she attributes to Dr. Megan-Jane Johnston (1999), a nursing researcher interested in the "multiple realities and interpretations of lived experiences." Johnston (1999) draws on the work of Clark Moustakas who wrote on existential exploration through 'reflective topical account' narratives that could be compared with "other kinds of lives" narratives to explore and learn to express common experiences of human suffering. Self-research is an opportunity to revise and re-tell stories towards understanding the 'whole story' and leading to new consciousness and insights. I. M. Ramsden (2003) begins her self-exploratory reflective topical autobiography with a story of how her life-path led to the nursing profession. She wanted to find a way to maintain a family connection with her brother who had been sent to a boarding or residential school. A local nursing school offered such an opportunity for lodging and education as well as a way to visit her brother. Most Maori workers

in the Wellington, New Zealand hospital where she trained were found in the kitchen, laundry, and garden or as orderlies (Ramsden, 2003:32). Her presence in a place of influence led to Irihapeti Ramsden becoming the trusting arbitrator between Maori patients and hospital staff negotiating for fairer access to services beyond the 'invisible boundaries of history and ideology' that feels like racism, classism and sexism. Irihapeti Ramsden looked to Paulo Freire's work who she credits for giving her a framework of understanding of the disregard for Indigenous human rights that infused colonial approaches:

*"And so Friere's work, in its global understanding of liberation struggles, always emphasizes that this is the important initial stage of transformation—that historical moment when one begins to think critically about the self and identity in relation to one's political circumstances". (Ramsden, 2003:42)*

She sought an approach that would resist and rebel against entrenched ignorance and arrogance that sustains social, political and economic domination over Indigenous peoples and their traditional territories. The responsibility to end the silence of indifference and false innocence comes with awareness of the circumstances of the self and others:

*Human existence cannot be silent, nor can it be nourished by false words, but only by true words, with which men and women transform the world. To exist, humanly, is to name the world, to change it. Once named the world in its turn reappears to the namers as a problem and requires of them a new naming. Human beings are not built in silence, but in word, in work, in action-reflection. But while to say the true word—which is work, which is praxis—is to transform the world, saying that word is not the privilege of some few persons, but the right of everyone. (Ramsden 2003:34)*

The Cultural Safety journey according to Irihapeti Ramsden (2003) also includes the, "ridicule, dismissal and marginalization" that comes from challenging conventional practice and perceived experts that avoid orientations requiring emotional or spiritual connections with "subjects" (180). It takes courage to engage others outside of the professional constraints that have created hierarchal expertise and power structures that eliminate humanism. This is paradoxical to Indigenous peoples who respect lived experience and ancient wisdom as vehicles to helping and healing their communities. Western practices often set up conflicting understandings and dismiss cultural needs instead of giving advice or pushing remedial interventions by experts. Irihapeti Ramsden (2003) laments that for Indigenous people this often looks and feels like racism. It allows for the transfer of misinformation both ways. The ensuing confusion often becomes painful and a ridiculous form of "dis-ease"

making that eventually becomes politically charged. Irihapeti Ramsden wanted to understand the ensuing vicious circle caused by a pedagogy that maintains oppressive ways of interacting with marginalized and de-humanized patients.

The pathos, confusion and pathology that maintain Indigenous peoples' social, cultural and spiritual marginalization are evidence enough that forced assimilation has created historic trauma and unresolved grief across at least seven generations. In February of this year (2009), I sat in a graduate course at University of Toronto's Ontario Institute of Studies in Education (OISE) that ostensibly prepares future change agents across all cultures. The class is on community healing and peace-building and a fellow student asked for clarification on why Aboriginal people always talk about lessons from their ancestors, "Why can't they just move on to the here and now?" Fortunately, the instructor reminded the student that many Indigenous peoples globally follow the same cultural pattern of holding to traditional worldviews that embrace alternative paths of natural wellness and sovereignty. Jan Longboat (2009) provided a far superior teaching on this cultural misunderstanding, especially in relation to healing from our historical and traumatic experience of colonization. Jan Longboat suggests that Western mainstream culture is ignorant of the disruptions of the natural order of humans and of their home, Mother Earth. The concepts of past, present and future are held up as guides of progress and orientation. Modern culture seems to think that only scientific advances in the present can fix things, and if not, we can ignore suffering because there is always a heaven in the future. Jan Longboat (2009) reminds Indigenous survivors of historic trauma that our spiritual roles and responsibilities flow inter-generationally from seven generations back and forward and we must cherish the "blood memory" that ties us to what she calls the now, now and now. The word "now" is a loose English translation for Longhouse teachings on the roles and responsibilities that flow from ancestral cultural inheritances. Her Elders educated her, instructing her on why we are here, and clarified roles and responsibilities for good spiritual relationships. The three orders of instructions Jan Longboat highlighted as necessary for healthy communities are those for women and men, and for men and women that precede family responsibilities on how children can know their culture; all inclusive of men, women and children. The interference from and the resulting sickness from adopting foreign concepts of competitive and predatory interactions requires much more deliberation within our communities.

John Mohawk crafted a beautiful and eloquent Ph.D. thesis; *A View from Turtle Island: Chapters in Iroquois Mythology, History and Culture*. It contains a chapter titled "The Ancient Longhouse" where Mohawk (1994)

offers powerful endorsements to an enduring women-spirit and the extensive roles and responsibilities women had to organize and orient Indigenous communities to communal harmony. The clan mothers and the older women of each communal longhouse controlled the sexual economy and negotiated marriages. They held the responsibility of preserving the land and the agricultural fields. Their role as overseers of the community development of the youth, including the young men, gave them the authority to manage the formation of healthy relationships. They knew the health of the men, their work habits and desirable qualities for ensuring longhouse cohesion. Violence, especially sexual violence carried severe sanction including possible death penalties, and therefore was rare. The coming of alcohol and cultural upheaval altered long held values and social order and created “mayhem and misery” in “gentle and loving communities” (Mohawk, 1994: 160). This is not a denial of intertribal conflict, the Iroquois Great Law established external conflict resolution processes which remain models of diplomacy and foster a respect for peaceful co-existence. Muller (2007) offers a remarkable history of the intent of the Haudenosaunee (Six Nations) people in the exchange of the non-interference Friendship Two Row Wampum. The belts which were to affirm the sovereignty of the Six Nations Confederacy internationally was described in the 1996 Canadian Royal Commission on Aboriginal People as “a model of parallelism with which to guide Canadian-Aboriginal relations” (Muller, 2007:152). It is important that we realign ourselves towards the reclamation of respectful existences that are not bound by poverty or powerlessness. Our present existence allows for insensitive inquisitors who want explanations on why we seek to disabuse ourselves of our pathological realities. These pathologies have become all too common images splashed across media, but traditional values continue to get little attention in learning spaces. Those spaces remain unprepared to accept Indigenous knowledge, and therefore our worldviews remain under-represented and undervalued in academia. The lack of opportunity to address a wider audience and to inform new intellectuals with lessons from cultural informants like Irihapeti Ramsden, John Mohawk, Lee Maracle, Pauline Shirt and Jan Longboat is the greatest tragedy in post-colonial education. This loss makes the concept of Cultural Safety in Canadian higher education and workforce preparation somewhat premature. It makes modern social work, education, medical, legal, health and political schools of thought outdated, largely irrelevant, and in practice, dangerous for Indigenous peoples seeking refuge and recovery from colonial injustices. Canada faces an uncertain existential future and requires the incorporation of ideas like ‘Cultural Safety’ to reconcile the massive mistakes that have alienated First Peoples

over the past seven generations. Irihapeti Ramsden (2003) and her students offer marvellous anecdotes to assisting in the evolution of the equitable society Canadians may be seeking. Crean (2009) in reviewing the lack of informing the public on the residential school era in Canada states:

*Rarely do we connect the dots to see, for example, the pattern of governments resorting to the exclusion, discrimination, and exploitation of the disadvantaged and racially other. It started with the Indian Act, which was followed by the Chinese Head Tax, the Chinese Immigration Restriction Acts, and the Internment of Japanese Canadians. These are merely the highlights, for the list is long and the pattern is ingrained. Even with the Charter of Rights, equity laws could come and go, and no apology in the House of Commons, made to the sound of land claims stalling in the background, can atone for, much less change, the culture that produced the residential schools. That culture must take it upon itself to alter the stereotypes, correct the history, fill the gaps, or re-educate the public. What is the public to make of it anyway, given the government's continuing refusal to sign the United Nations' Declaration on the Rights of Indigenous Peoples? This confusion is symptomatic. The mixed signals are a product of a lack of leadership by non-Native elites and intellectuals and an absence of any real discourse in mainstream society. (Crean, 2009:63)*

This paper honours the lessons of humility received from those with a strong women-spirit who gaze towards voices that get silenced all too often when shifting healing modalities and worlds collide (Little Bear, 2000). My loving, strong and generous Mohawk mother had a quiet firmness, and an endearing women-spirit who directed her children to always do what was right even the hardest choices. Even with the challenges of raising a family on a travelling carnival my mother modeled goodness and respect for everyone who engaged our family. It was not always easy and the internal as well as external stresses led to family violence. The struggle to maintain family cohesion is hard and solid life lessons came from her determination and devotion to the welfare of her children. Irihapeti Ramsden attributes her evolving notions of Cultural Safety to Megan-Jane Johnstone's (1999) paper, *Reflective Topical Autobiography: an underutilized interpretive research method in nursing*. These ideas represented here resonated strongly with an Indigenous man who has struggled to maintain loving, safe and peaceful relationships through five decades of not always simple living, feeling ashamed of a stigmatized identity and uncertain of the latent hostility deeply rooted in the strained colonial relationship between my peers. Johnstone (1999) wants social scientists to seek the invaluable personal narratives that inform and provide measures of wellness on all personal, social and emotional



processes. Processes that in turn impacted intellectual and behavioural interventions for social scientists, calls reflective topical autobiography a vital tool that enables the self-researcher to:

*...return at will to his or her life story again and again to re-read, re-vision and re-tell the story in light of new insights, understandings and interpretations of meanings acquired through ongoing lived experience. (1999:25)*

Strong Indigenous women-spirit offers and supports crucial silence breaking and the physical, emotional, social, spiritual and political energy necessary to re-interpret the lived experiences of colonized peoples worldwide. The failure to teach on subjectivity in cross-cultural community healing work becomes evident and problematic when such knowledge, or the lack of it, only surfaces in graduate studies. Indigenous scholars and Indigenous teachers know firsthand the ignorance and arrogance of Canadian citizens, especially the youth, who are allowed to make their way through educational institutions without preparation for engagement with Canadian First Nations people. This creates a double jeopardy for learning outcomes for both groups as neither First Nations scholars nor mainstream scholars get the Cultural Safety training necessary to navigate changing political realities in an increasingly post-colonial world. First Nations students struggle to stay in foreign, culturally unsafe institutions and non-Natives are unprepared to hear the stories coming in from 'Indian country.' Dominant culture students get a "rain check" on the obligation to establish a true reality check on a rapidly deteriorating Canadian/Indigenous relationship, all with global implications for national instability. The real irony is that Canada's First Peoples are gaining recognition outside this country as Indigenous pathfinders in social change, for their legal expertise on land claims, and knowledge about community healing in areas of violence, sexual abuse and addiction (Hodgson, 2008). Their knowledge and multiple skill sets would greatly serve Canadians wanting to do community healing social work at home or abroad where populations are struggling to heal from oppression, repression, state created poverty and political marginalization. Indigenous scholars must inform future generations in the Canadian social science workforce about divergent perspectives and help scholars shift from best practices to wise practices (Thoms, 2007).

Carolyn Ellis and Michael G. Flaherty (1992), in their book titled, *Investigating Subjectivity*, define subjectivity as "human lived experience and the physical, political, and historical context of that experience" (3). Ellis and Flaherty (1992) sought to bring to the attention of researchers the emotional baggage that accompanies all personal journeys of self-reflection. This inner journey is necessary to un-shelter thoughts and to

reveal body reactions to the narratives held within each individual consciousness. Residential school narrative responses contain parallels to other human experiences of intergenerational historic trauma. Canadians generally stand to gain powerful insights into the spiritual, social, cultural, social, and political devastation the colonization of Turtle Island brought to First Nations people within Canada. These insights provide an honest reflection of the Canadian state and create a common experience for other victims of human suffering who now seek to share this bountiful refuge. Attempting to fix foreign colonization catastrophes seems paradoxical when Canadian governments avoid their own truths, responsibilities and obligations for reconciliation right here in our own backyard. Iripapeti Ramsden taught that Indigenous people must start within their homelands to get ready to assert collective natural sovereignty, and work together with allies who seek human justice and fairness. Jan Longboat echoes Ellis and Flaherty's (1992) invitation to reframe painful interpretative stories with "plurality, embracing the power of language to make new and different things possible" (5). This is because who we are is not limited to our suffering and we must seek the full dimensions of our experiences to locate and express blood memories of resilience and richness.

The cultural, historical and social confusion creates many difficult issues for teachers at all levels of education that must venture into the unresolved pain and injury of Canada's colonial past. Indigenous peoples are marginalized and invisible in most areas of study normally relegated to special programs like Aboriginal studies as if Indigenous world-views, knowledge, culture and vision for Canada's future required mere comma's in course material that feel like "oh yea, then there are aboriginal people who feel" that stand for inclusion but feel like after thoughts only if a visible "Indian" finds a seat in the class. Rauna Kuokkanen is a member of the Indigenous peoples of Norway and Finland, the Sami. Her research and work is in the area of colonial pedagogy and Indigenous studies. She is a guest lecturer at the University of Toronto in Aboriginal Studies and author of a must read book, *Reshaping the University: Responsibility, Indigenous Epistemologies [Worldviews] and the Logic of the Gift*. Rauna Kuokkanen (2007) probes the lack of Indigenous perspectives, narratives and context in places that prepare Indigenous and non-Indigenous community helpers:

*The university remains a contested site where not only knowledge but also middle-class, Eurocentric, patriarchal, and (neo) colonial values are produced and reproduced...the academy is one of the main sites for reproducing hegemony. Not surprisingly, then, the studied silence and willful indifference surrounding the "indigenous"*

*continues unabated in most academic circles. In the same way that indigenous peoples (and their epistemes/worldviews) remain invisible when the nation-states were shaped, indigenous scholarship remains invisible and unreflected in most academic discourses, including that of some of the most progressive intellectuals. (Kuokkanen, 2007:156)*

Neal McLeod (2007) credits Smith Atimoyoo, one of the founders of the Saskatchewan Indian Cultural College for teaching Indigenous people to use “new arrows”, “words that can be shot at the narratives of the colonial power” (McLeod, 2007). McLeod (2007) in a genre creating book *Cree Narrative Memory: From Treaties to Contemporary Times*, demonstrates the cultural revitalization of “coming home through stories” where past and present stories allow the cultural transmission of the struggles to retain human dignity in the face of colonial dispossession, devastation and humiliation. He re-locates a story on “damn lazy Indians:”

*A long time ago, an old man and his grandson went to town. The boy was about fourteen. They had gone to town to by groceries. They milled about the store and collected the items that they needed. After they filled their cart, there was a man by door. He said to his friend, “Damn lazy Indians.” The man then went up to the old man and said, “You are god-damn lazy. Why can’t you just stay on the reserve, where you belong?” The taunts continued, but the old man kept calm. After they gathered their groceries, they stood outside their vehicles. The grandson asked, “nimosom, why didn’t you say something to that man who was there, who was saying those things to us?” The grandfather answered his grandson with another question:*

*“How long were we in the store?”*

*“Well, we were there for five minutes.”*

*“Yes, my grandson. We were in that store for five minutes. We had to deal with that man for five minutes. But he has to deal with himself for the rest of his life” (McLeod, 2007:68-69).*

Pattakos (2008) in his book *Prisoners of our Thoughts* reflects on Viktor Frankl’s principles for discovering meaning in life and work reminding his readers that people do find reasons to live in the most horrendous of circumstances and we must not be prisoners of self-defeating and self-destructive thoughts. Viktor Frankl another 20<sup>th</sup> century survivor of one of man’s most intentional evils, the Holocaust, found numerous stories of enduring humanity in the face of the kind of destruction that must always be remembered in order to give true meaning to life. Viktor Frankl devoted his post Nazi concentration camp survival period to re-write the meaning of life in the most horrendous circumstances. Transformation and transcendence is possible when

a conscious choice to reclaim a good life with a good heart and good mind. Young people especially need Cultural Safety in learning to re-tell, revise and restore traditional wisdom to navigate the despair, helplessness and hopelessness they see in their communities. History is tragically repetitive and like the fourteen year old youth humiliated by the maltreatment of his grandfather in a Prairie grocery store it is Canada’s Indigenous youth who remain the most disillusioned with Canada. The tragic life trajectory to become successful stereotypes of lazy, drunken, suicidal, gang affiliated, incarcerated and militant “damn Indians” is an all too common experience for these youth (Koptie, 2009). Pattakos (2008) offers the following story; “The Echo” to remind us of our engagement with our youth world in the ways they choose to interact with their world:

*A son and his father are walking in the mountains. Suddenly, the son falls, hurts himself, and screams “AAAhhhhhhhh!!!” To his surprise, he hears a voice repeating, somewhere in the Curious, he yells out: “Who are you?” And he screams to the mountain: “I admire you!” The voice answers: “I admire you!” Angered at the response, he screams: “Coward!” He receives the answer: “Coward!” He looks to his father and asks: “What’s going on?” The father smiles and says: “My son, pay attention.” Again, the man screams: “You are a champion!” The boy is surprised, but does not understand. Then the father explains: “People call this ECHO, but really this is LIFE. It gives you back everything you say or do. Our life is simply a reflection of our actions. If you want more love in the world, create more love in your heart...Life will give you back everything you have given to it. Your life is not a coincidence. It’s a reflection of you!*

This follows a style of Indigenous knowledge transfer that the Cree Elder in the above story as well as Jan Longboat, John Mohawk and Irihapeti Ramsden and my mother Iris Grace (Lickers) Koptie. Lee Maracle and Pauline Shirt advocate restoring collective Indigenous social, economic, spiritual and political self-determination narratives and heal the deep collective wounds of colonization.

As we look to the west to spaces and places in the Pacific like New Zealand for road maps through colonization to post-colonial sovereignty we can also look to Hawai’i and teachings from Poka Laenui (2000). Both the Hawai’i State legislature and the United States Congress have admitted to the illegality of the overthrow of the Hawaiian nation, (Laenui, 2000). President Clinton in 1993 oversaw a “Joint Resolution of Apology” by both political bodies to begin a legacy of reconciliation that marks a dramatic shift from denial towards post-colonial reparations for past wrongs. Laenui (2000) has created

crucial points of convergence for Indigenous scholars to review and articulate reflective topical autobiographies being shared by Indigenous peoples throughout Mother Earth. The common experiences of social, cultural, and spiritual devastation to create plunder zones (Maracle, 2009), is the real narrative of mythical lies about modernization and civilization (Trudell, 2004). Laenui (2000) invites all scholars to research the late Philippine social scientist Virgilio Enriques who called for the restoration of the integrity of Indigenous wisdom. Laenui (2000) tracts the process of colonization through five stages: *Denial and Withdrawal, Destruction/Eradiation, Denigration/Belittlement /Insult, Surface Accommodation/Tokenism and Transformation/Exploitation, (Battiste, 2000: 150-152)*

European settlers still cling to the myths of discovery, entitlement, prerogative power and racial superiority that foster the denial of the very existence of a vibrant culture among Indigenous people. Where interdependency developed, it was assumed Indigenous groups would yield their own cultural practices, yet the majority of Indigenous groups actually resisted imposed dependency for the sake of self-preservation and to protect their traditional life-ways. A battle for conversion began with the imposition of colonization. This rush of religions to replace what they deemed “devil worship” with a new spiritually, and medical experts for the “witch doctors” they despised, criminalizing traditional ceremonies and practices, and reducing Indigenous peoples’ cultural structures to ignorant superstitions, set up cultural warfare where arrogance replaced Cultural Safety with ignorance.

My experience of going back to graduate school after close to 30 years of community work mostly in First Nations communities has been a ‘Dickensian’ tale. It is a tale of two existential extremes the best of times and the worst of times mostly simultaneously as each glorious lesson learned carries the lonely burden of responsibility to challenge the shame and humiliation of each racist, ignorant and arrogant lesson taught. Like *Oliver Twist* we want more. Cook-Lynn (2007) addresses this paradox in her important work *Anti-Indianism in Modern America: Voice from Tatekeya’s Earth*, where she writes about the obligation to project voice to people who “believe in the stereotypical assumption that Indians are ‘damned,’ vanished, or pathetic remnants of a race” and “lets get rid of Indian reservations” or “lets abrogate Indian treaties.” Instead of feeling inspired to find a place of good will far too much energy is sapped escaping spaces of intentional indifference. Times are changing rapidly especially racial realities in North America. The invisibility of Indigenous peoples can not continue and President Obama has enlivened the truth and reconciliation debate across Turtle Island [North America]. Indigenous people look for transformative signs of hope in the son of the civil rights

struggle for African decedents of slavery. Barak Obama’s ascension to power again changes America’s place in the 21<sup>st</sup> century for all humanity. His pledge to re-visit America’s obstruction and non-endorsement of the United Nations Declaration on the Rights of Indigenous Peoples follows Australia and New Zealand change of heart on their colonial pasts leaving Canada the lone hold-out of denial and shameful conduct to reconcile its history based on the Doctrine of Discovery, the sad rationalization to maintain prerogative power and domination over its Indigenous peoples’ lands and resources.

The national Episcopal Church of America during its July 2009 76<sup>th</sup> General Convention in Anaheim, California passed a groundbreaking landmark resolution repudiating the validity of the Christian Doctrine of Discovery that led to the colonizing dispossession of the lands of Indigenous peoples around the planet. The Church also called on Queen Elizabeth II to “disavow, and repudiate publicly, the validity of the Christian Doctrine of Discovery,” (Miller, 2009). Miller (2009) poses a long overdue paradigm shift to re-tell, review and re-negotiate notions of prerogative power myths that permeate so many social structures of race, culture, gender and religion that mark the paternalistic guardian/ward relationships within the “Promise Land”:

*Even if these dramatic events never take place, however, the Episcopal Church has taken a valuable and courageous step by focusing Americans and the world on how European Christians used international law to dominate indigenous peoples and to dispossess them of their lands and assets. Will other Christian churches and the international community have the same courage to look at the foundations, histories and laws that helped create European domination of indigenous peoples? (Miller, 2009:3)*

When western intrusions and assimilation practices generate resistance and rebellion, some form of accommodation was necessary to make the process more palpable to the reluctant colonized. Treaties became the conduit of colonization and Irihapeti Ramsden’s journey to a cross cultural theory on Cultural Safety required reflecting on the New Zealand Treaty of Waitangi which follows the pattern of settlement arrangements between Indigenous peoples and settlers of all British colonies worldwide including Canada. There have always been those with keener insights on historical inertia. Indigenous scholars are gaining recognitions as experts on this phenomenon. Laenui (2000) calls this cultural tokenism disingenuous as the intent remains the eradication of Indigenous identity. The final phase of transformation and exploitation is best understood when we look to early 21<sup>st</sup> century second thoughts about the colonization project by First Nations across Canada. Canadians must begin



to question disturbing aspects of the social decline of their Indigenous wards of state by way of Indian treaties and support calls for a national political renaissance. Indigenous cultures are a natural part of Canada's modern identity. All Canadians need to escape Victorian Age British imperialism that lingers through the Canadian Indian Act which upholds Canada's treaty relationship for all Canadians. On the ground it is always the women and children who suffer the greatest impacts.

In January 2009 I pleaded with a group of water rights activists on their way to initiate legal challenges to stop the oil sands disaster, to first watch Alanis Obomsawin's powerful National Film Board (1986) documentary, *Richard Cardinal: Cry from a Diary of a Metis Child*, a re-telling of the horrific, tragic and fatal experience of Richard Cardinal who committed suicide from within the Alberta child welfare bureaucracy. He killed himself at age 17 after the trauma of being shunted through 28 foster homes, group homes and shelters (National Film Board 2009). I used this documentary to train college social services students at George Brown College in Toronto about Cultural Safety in social work practice. It is set in Fort Chippewa First Nation in northern Alberta and is a true depiction of the human ravages of colonization. Hundreds of birds drowning in poisoned oil tailing ponds are recent disturbing images that garner a great deal of national and international outrage. Rarely does the Canadian public witness the true human impact of their privileged society's greed for the stuff needed for unsustainable progress located mostly in Indigenous homelands. For generations Alberta's Indigenous people have witnessed the destruction, plundering and disregard for all creation on Mother Earth, including human. Alanis Obomsawin's (1986) film is an on the ground testimony of the legacies that follow the loss of Indigenous natural sovereignty to maintain and protect the lands and future generations of their ancestors. What happens when a people lose the most fundamental purpose of their lives to exist with seven generations in good minds? The limited attention span of the dominant culture calls for a greater distribution of Jan Longboat's teachings on NOW/NOW and NOW. Jan Longboat (2009) is clear that to survive seven generations ahead we as Indigenous people must not linger in the traumas of our pasts, not fear our future and not live in the present as if we had no past or will have no future. Our recovery is finding our way in the NOW. The disregard of nurturing and healing women-spirit is tearing at our collective souls and creating wounds that may never heal (Duran, 2006). De-colonizing requires reactivating that life force that women have always known. They are the protectors of water and the traditional teachings on water must be re-located. We all enter the living world through our mothers' water.

Laenui (2000) presents five processes for Indigenous decolonization: *Rediscovery and Recovery, Mourning, Dreaming, and Action*. These phases are interchangeable and follow various combinations. They provide a healing model most Indigenous helpers recognize. Ramsden (2003) and Longboat (2009) use their powerful women-spirit to mentor the use of reflective topical autobiographies and narratives within this framework and to offer on the ground practical community healing through trained and informed key workers.

The rediscovery of a positive Indigenous identity, the stopping of suffering based on ridiculous concepts of inferiority in the face of constant ignorance and arrogance that prop up colonial lies of superiority by settlers, is vital to begin a journey towards recovery. This journey may seem overwhelming for beaten down victims of violence. The roots of violence come from all forms of violation that impede human freedom and impede a just humanity up to crimes against humanity. Canada's choice of residential schools as a tool to "de-Indianize" Aboriginal peoples will soon be a global marker for future generations on the evils of state abuse of power and human rights. The intentional denial or limitation of human rights protection for all citizens contravenes the ultimate indicator of good governance and legitimate sovereignty. Failure to act is symptomatic of failed states. If we continue to see painful images in our mirrors of identity, we cannot forget to reverse that mirror so all Canadians have to challenge the images of political, social, economic, judicial injustices. Then as Saul (2008) proposes, the people of Canada can join First Nations people in a mourning of the victimization that followed colonization. "I didn't know" is a frequent pronouncement in the face of unawareness of suffering and pain, but this statement needs to precede "I am sorry." Genuine remorse comes through the honesty and courage to face the wrong and declare "NEVER AGAIN!" Indigenous victims can then be helped to transcend the "awfulizing" that is the result of mourning (Laenui, 2000) and begin a transformative journey from "victimization" through "survivorship" to "victorization" (Wesley-Esquimaux, 2007).

Dreaming is the stage of decolonization that offers the buried remnants of ancestral blood memory (Longboat, 2009). Longboat (2009) calls our dreams a spiritual mirror. She teaches that colonization has been a heavy burden on our spirits. Jan Longboat through her wry humour tells how science is finally catching up with Indigenous wisdom. Science informs us that we may have 30,000 thoughts in any given day and that the ensuing confusion that comes from undisciplined thinking can cause much stress in modern day to day living. Indigenous healers were traditionally advised to meditate on the messages in dreams as guides to fulfilling roles

and responsibilities “before your feet hit the ground.” Jan Longboat teaches that winter time is a time of sharing narratives from those dreams to articulate the collective unconscious of all communities and to plan a way forward that follows ancestral wisdom coming from our ancient sense of place and time. The humble way forward has always come from the way we chose to engage the magnificence of Creation. Dreams create path-ways for knowing how we are doing. This was true prior to the onslaught of colonial interference that now creates thousands of troubling thoughts. Remember the above EHCO story. The final stage of action comes through understanding; “WHAT IS OUR NOW?”

Irihapeti Ramsden’s devotion and remarkable legacy to carry out her role as a life nurturer with enduring women-spirit remains a powerful role model to all who struggle to maintain a distinct Indigenous identity. Her approach must be further studied and emulated by Indigenous scholars. We honour her spirit of service by following her path. Although we may become tired in our struggles to transform the structures of governance that cripple our communities, we are part of a resistance and rebellion against the fracturing of our civil societies. Natural sovereignty, alongside political and judicial processes helps to maintain order and foster a natural interdependency and reciprocity that will economically sustain our right to self-determination of our future on Turtle Island. After studying the journey of reclamation written in Irihapeti Ramsden’s doctoral thesis I remain humbled by her struggle. She was able to inspire an entire population of Indigenous peoples to redefine themselves in their ancestor’s original image and the legacy of treaty violations on all citizens. Key elements of her thesis and work must be transmitted across Canada as an invitation to explore tarnished Canadian treaty relationships and their implications for future wellness for all Canadians. We will return once more to her mentor Moana Jackson for a narrative of inspiration;

*...In a general New Zealand sense, to teach de-colonization you have to teach history, you have to teach the ideas and philosophies of dispossession. And in nursing, as part of the culture, there is a need for it as well. So to have a de-colonized nurse requires the teaching of all the things Cultural Safety tries to do.*

*...I actually see that the treaty has been recaptured and redefined and tin rangatiratanga [good leadership] has been redefined because the treaty has been redefined and if the treaty is to be part of Cultural Safety, then it has to be seen for what it is, that is a colonizing text. It was, in the eyes of the colonizers, a tool to facilitate our dispossession. Now that’s not how it was seen by our tipuna [ancestors] and I think both sides need to be seen and understood and again, if you have a culturally*

*safe nurse they need to understand both sides. But what happens is, because of the redefinition that’s taken place, if two sides are taught, it’s the Crown side and the Crown version of the Maori side so they’re still getting the treaty as a colonizing text. They’re not getting the treaty as a reaffirmation of Maori rights, but the treaty as a colonizing text, then it has no part in Cultural Safety. If it is seen as a colonizing text in the eyes of the Crown but as an affirmation of our independence, in the eyes of our people, then it has to be part of the history and the background that Cultural Safety seeks to address. I get increasingly disheartened when I hear our people talk about our rights as if they begun on the 6<sup>th</sup> February 1840, as if prior to that we were right-less. As though we didn’t have a process that defined who we were, what our rights were what our obligations were and so on...But the treaty is not the reason for Cultural Safety, colonization is the reason for Cultural Safety and therefore the treaty is part of the colonization story. If there’d been no treaty, our rights would still be there, and what I think is important to do is to place it firmly in that context. (Ramsden 2003:127-128)*

Irihapeti Ramsden’s work on Cultural Safety is a path-way to collaborative de-colonization and an invitation for all humanity to grow in understanding and unity. Canada is approaching a place in our history where her journey can guide the truth and reconciliation experience which could in turn, transform a colony into a nation. Since starting this writing project I have shared numerous copies of her Cultural Safety thesis as an expression of an excellent narrative creation and world-view that can be disseminated across diverse disciplines beyond nursing and teaching. Irihapeti Ramsden’s Cultural Safety legacy is truly a gift as Kuokkanen (2007) invites us to re-locate and re-enliven from Indigenous worldviews:

*Instead of viewing the gift as a form of exchange or having only an economic function, I argue that the gift is a reflection of a particular worldview, one characterized by the perception that the natural environment is a living entity which gives its gifts and abundance to people provided that they observe certain responsibilities and provided that those people treat it with respect and gratitude. Central to this perception is that the world as a whole comprises an infinite web of relationships, which extend and are incorporated into the entire social condition of the individual. Social ties apply to everyone and everything, including the land, which is considered a living conscious entity. People are related to their physical and natural surroundings through their genealogies, their oral traditions, and their personal and collective experiences with certain locations. Interrelatedness is also reflected in many indigenous peoples’ systems of knowledge. These systems are commonly*

explained in terms of relations and are arranged in a circular format that consists mainly (if not solely) of sets of relationships whose purpose is to explain phenomena. In many of these systems of knowledge, concepts do not stand alone; rather, they are constituted of "the elements of other ideas to which they were related." (Kuokkanen, 2007:32)

## Bibliography:

- Arnold, K. (2007). *Domestic War: Locke's Concept of Prerogative and Implications for U.S. Wars Today*, Polity (39), 1-28. Available at <http://www.palgrave-journals.com/polity>.
- Blaser, M., Feit, H. & McRae, G. (2004). *In the Way of Development: Indigenous Peoples, Life Projects and Globalization*, located at [http://www.idrc.ca/en/ev-58137-201-1-DO\\_TOPIC.html](http://www.idrc.ca/en/ev-58137-201-1-DO_TOPIC.html).
- Churchill, Ward (1998). *A Little Matter of Genocide: Holocaust and Denial in the Americas 1492 to the Present*. Winnipeg, MB: Arbeiter Ring Publishing.
- Cook-Lynn, E. (2001). *Anti-Indianism in Modern America: a voice from Tatekeya's Earth*. Chicago, IL: University of Illinois Press.
- Couture, Joseph (2002). *Indigenous Knowledge in the Academy*, in *Indigenous Knowledge in Global Context: Multiple Readings of Our World*, George J Sefa Dei et al (Eds.). Toronto, ON: University of Toronto Press.
- Crean, S. (2009). Both Sides Now: Designing White Men and the Other side of History. In *Response, Responsibility, and Renewal: Canada's Truth and Reconciliation Journey*, Younging, G., Dewar, J., and DeGagne, M. (Eds.). Ottawa, ON: Dollco Printing.
- Duran, Eduardo (2006). *Healing the Soul Wound: Counseling with American Indians and other Native Peoples*. New York, NY: Teachers College Press, Columbia University.
- Durie, M. (2009). *Indigenous Health Workforce Development: Maori Experience*, paper delivered at First Nations Health Managers Second National Conference. Vancouver, BC.
- Ellis, C. & Flaherty, M. (1992). *Investigating Subjectivity*, Newbury Park, CA: Sage Publications.
- Ellison-Loschmann, L. (2003). *Irihapeti Ramsden: Obituary*, located: <http://culturalsafety.massey.ac.nz/>.
- Hodgson, M. (2008). *Personal reflection on the Healing Our Spirit Worldwide Conference* to be held in Hawaii, September 3-10, 2010.
- Johnstone, M. (1999). Reflective topical autobiography: an underutilized interpretive research method in nursing. *Collegian*, Vol. 6 (1).
- Koptie, S. (2009). Metaphoric Reflections on the Colonial Circus of the Drunken Indian and the Kidney Machine. *First Peoples Child and Family Review*, 4(1), 66-79.
- Kuokkanen, R. (2007). *Reshaping The University: Responsibility, Indigenous Epistemes, and the Logic of the Gift*. Vancouver, BC: University of British Columbia Press.
- Little Bear, Leroy (2000). *Jagged Worlds Colliding, in Reclaiming Indigenous Voice and Vision*. Vancouver, BC: UBC Press.
- Laenui, P. (2000). Processes of Decolonization. In *Reclaiming Indigenous Voice and Vision*, Battiste, M. (Ed.). Vancouver, BC: University of British Columbia Press.
- Longboat, J. (2009). Traditional Teaching: "How to Create Healthy Dreams and Healthy Dreams," at Queen's University, 10<sup>th</sup> Annual Aboriginal Symposium: "Spirituality", January 24, 2009.
- Macklem, Patrick (2001). *Indigenous Difference and the Constitution of Canada*. Toronto, ON: University of Toronto.
- Maracle, Lee (2009). *Lectures: Indigenous Writing*. SAGE, University of Toronto, Ontario.
- McLeod, N. (2007). *Cree Narrative Memory: From Treaties to Contemporary Times*. Saskatoon, SK: Purich Publishing.
- Mitchell (Kanentakeron), M. (1984). *Traditional Teachings*. Cornwall Island, On: North American Indian Travelling College.
- Miller, R. (2009). "Miller: Will others follow Episcopal Church's lead?" *Indian Country Today*, August 9, 2009. Online: <http://www.indiancountrytoday.com/internal?st=prnt&id=52646107&path=/archive>.
- Mohawk, J. (1994). *A View From Turtle Island: Chapters in Iroquois Mythology, History and Culture*. Buffalo, NY: University of New York at Buffalo.
- Muller, K. (2007). The Two 'Mystery' Belts of Grand River: A Biography of the Two Row Wampum and the Friendship Belt. *American Indian Quarterly*, 31:129-64.
- Obomsawin, A. (1986). *Richard Cardinal: Cry from a Diary of a Metis Child*, film by National Film Board of Canada.
- Pattakos, A. (2008). *Prisoners of Our Thoughts: Viktor Frankl's Principles at Work*. San Francisco, CA: Barrett-Koehler Publishing.
- Rae, H. & Katz, E. (2007). *Trudel: The Movie*, Boise, ID: Apaloosa Pictures and Balcony Releasing.
- Ramsden, I. (2003). *Cultural Safety and Nursing Education in Aotearoa and Te Waipounamu*. Doctoral Thesis, located: <http://culturalsafety.massey.ac.nz/>.
- Saul, J. (2008). *A Fair Country: Telling Truths About Canada*. Toronto, ON: Viking Canada.
- Saul, J. (2009). Reconciliation: Four Barriers to Paradigm Shifting. In *Response, Responsibility, and Renewal: Canada's Truth and Reconciliation Journey*, Younging, G., Dewar, J., and DeGagne, M. (Eds.). Ottawa, ON: Dollco Printing.
- Shirt, P. (2009). *Lectures: Indigenous Writing*. SAGE, University of Toronto, Ontario.
- Thoms, M. J. (2007). *Leading an Extraordinary Life: Wise Practices for an HIV Prevention Campaign with Two-Spirit Men*. Prepared for 2 Spirited People of the First Nations: Toronto.
- Wesley-Esquimaux, C. & Smolewski, M. (2004). *Historic Trauma and Aboriginal Healing, Aboriginal Healing Foundation*. Ottawa, ON: Dollco Printing.



Wesley-Esquimaux, C. (2009). Trauma to Resilience: Notes on Decolonization. In *Restoring the Balance: First Nations Women, Community, and Culture*, Valaskakis, G. and Stout, M., and Guimond, E. (Eds.). Winnipeg, MB: University of Manitoba Press.

Yellow Horse-Brave Heart, M. (2004). the Historical Trauma response among natives and Its relationship with substance abuse: A Lakota illustration, in Nebelkopf, E. and Phillips, M. (Eds.). *Healing and Mental Health for Native Americans: Speaking in Red*.

## 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

Volume 4, Number 2, 2009, pp. 44-61

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

Estelle Simard, MSW<sup>a</sup>

<sup>a</sup> Master of Social Work, University of Minnesota Duluth; Child Welfare Contractor (Fort Frances Ontario, Canada), British Columbia, Canada.

## 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 Nation people, families, and communities. These laws created latent consequences for First Nation 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 suggests the need to create alternatives that support the recognition of culturally distinctive services practices (Rusk-Keltner, 1993; Brant, 1990), which promote better outcomes for First Nation children. Failure to change policies and regulations on First Nation child welfare practices leads to the over-representation of First Nation children in care across Canada (Blackstock, Trocmé, and Bennett, 2004). Often times, the engagement of family, extended family, and communities' falls short of the type of intervention needed to rebuild the family system. A consequence to the lack of culturally distinct practices are First Nation children becoming "split feathers", a term used to describe the deep loss effects of children displaced from their ancestral roots (Locust, 1998).

Questions or correspondence concerning this article may be addressed to:

[estelle\\_simard@hotmail.com](mailto:estelle_simard@hotmail.com)

## 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 Nation children the greater the application of cultural attachment strategies the greater the response to cultural restoration processes within a First Nation community.

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 ten First Nation 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 child 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 Nation children. The cultural diversity and cultural integrity of Weechee-it-te-win's model allows for the development of stand alone Native Child Welfare agencies or First Nation communities to champion their own children according to their own customs and traditions. The fluidity of Weechee-it-te-win's model recognizes that cultural diversity is a necessary component in First Nation 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 Weechee-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 Nation people whom 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 support and foster 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 Nation 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 Nation children, families, and communities.

## Literature Review

### *History of First Nation People*

Looking at the history of First Nation 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 Nation people. This means knowing the truth, appreciating, and understanding the history of First Nation people, and understanding how this history often brings about strong feelings towards cultural restoration

in First Nation communities. Often time it is painful to look at the history of First Nation people across Canada. As it is often based in 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 Nation people, as this recorded history does not typically include First Nation history and cultural norms from a First Nation perspective.

In our understanding of history we investigate the historical relationship between First Nation people and the "church and state" policies. But as First Nation 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 Nation 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 Nation 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 (2006) description of cultural competency through the lens of the critical theory paradigm looks at the outcomes of oppression through historical, political or economic constructs. In addition Weaver (1999) stated 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 Nation people, practitioners embark on understanding the root of the problems.

Irit Felsen's (1998) in his chapter *Trans-generational Transmission of Effects of the Holocaust*, 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 Nation, American Indian, or Native American peoples throughout the United States of America to Canada (Morrisette, 1994; Yellow Horse Brave Heart, 2003; Duran, Duran, Yellow Horse Brave Heart, & Yellow Horse- Davis, 1998; Duran & Duran, 1995).

Morrisette (1994) discussed the holocaust of First Nation people, and specifically discussed the residential schools and how this genocidal experience continues to haunt First Nation people. Yellow Horse Brave Heart (2003) has a significant amount of research related to historical trauma, historical trauma response, and psycho-educational programs with the historical trauma in First Nation communities specifically the Lakota Nation. She defined historical trauma (HT) as “the cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma experiences” (Yellow Horse Brave Heart, 2003, p.7). She described historical trauma response (HTR) as “the constellation of features in reaction to this trauma, and that HT and HTR 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” (Yellow Horse Brave Heart, 2003, p.7). Duran et al., (1998) in their article *Healing the American Indian Soul Wound*, discussed the implications of First Nation traumatic history and the connection to the soul wound otherwise described by other researchers as “historical trauma, historical legacy, American Indian holocaust, 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., 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 Nation people. The link between history and contemporary issues for First Nation 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 labeling 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 culture 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 Nation people, as the unacknowledgement of history and its impact on current realities is by definition to continue culturally destructive practices.

### *Canadian Profile*

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

First Nation people of 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 Nation continuum of care. An epidemic of Native children being placed in foster care systems throughout Canada is a growing concern for First Nation people. According to the Assembly of First Nation, “1 in 4 children live in poverty as compared to the National average 1 in 6” (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 (CIS-98) is one current National study that has documented the over-representation of First Nation children in care across Canada (Trocmé et al., 2005). 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 labeled “Indian” or “Native American”, yet fewer than 5% of the children in Canada are Aboriginal” (Trocmé et al., 2005, p.2). In some provinces 80 percent of the children in out of home placements are of First Nation descent (Trocmé, et al.). Blackstock, Trocmé, and Bennett (2004), stated

“at every decision point in cases, Aboriginal children are overrepresented; 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 the light of this knowledge it is a vital indication of the need to re-evaluate mainstream child welfare practices with First Nation people.

### ***Child Welfare Laws and Implications for First Nation People***

First Nation 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 Nation people, so much so, First Nation 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” (p. 141). Patrick Johnston, author of *Native Children and the Child Welfare System*, called this era the “sixties scoop” (p. 143). Comeau and Santin describe the amendments to the Indian Act in 1951, which gives provincial governments the jurisdiction to provide child welfare services on First Nation communities (p. 145), thereby washing their hands of their fiduciary responsibility to First Nation 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 1970-1980’s, cross cultural placements were used as the primary modus operandi to adoption (p. 143). “In 1985, Edwin C. Kimelman, Associate Chief Judge of the Manitoba Family Court reported, “on Native adoptions and foster placements described the situation as the routine and systematize “cultural genocide” of Indian people” (p. 145). The child welfare paradigm in Canada does not include cultural restorative practices as a standard of care for First Nation 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, need for safety and security with the help of a significant caregiver (Waters and Cummings, 2000). Bowlby further hypothesized attachment as control systems or behavioral systems that are driven and shaped by evolutionary theory (Waters et al., 2000). Two major themes in Bowlby’s work evolved a) secure base concept and b) working models (Waters et al., 2000). In their critical analysis of attachment theory, Waters and Cummings (2000) suggested a need to have 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 behaviors emerges rather quickly and missed opportunities because it doesn’t direct attention to the maintaining and shaping influence of caregiver behavior or developmental changes in secure base use beyond infancy, much less in the course of adult-adult relationships” (Waters, et al., 2000, 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” (Waters, et al., 2000, 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 communities. First Nation children and families often fall victims to the misapplication of attachment theory. A child welfare practitioners competing interest, noted by Mennen et al. (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” (Mennen et al., 2005, p. 578). Often times attachment theory’s link to suggested long term psychological issues, maladjusted members of society, or links to behavioral issues in relationship 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 et al. (2005) study had hypothesized the problematic behaviors are associated with a lack of immediate attachment to a significant caregiver. “Unfortunately the research on attachment behavior 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” (Mennen et al., 2005, 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 Nation communities. The complete disregard to elements of cultural competency, historical implications and latent consequences of policies on First Nation people is evident in the literature. A defined culturally congruent child welfare service practice model is minimal if not non-existent in the research. Currently there exists a deficiency on culturally specific research on First Nation children, and statistics continue to show a gross over-representation of First Nation children in the 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 (Williams, 2006; Weaver, 2004). 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 a growing trend to further cultural competence strategies, 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**

Culture has been defined in many different books, literature, journals, magazines, and dictionaries. Cross (2006), defined culture as “the integrated pattern of human behavior 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 life ways of a group which are generally transmitted inter-generationally and influence one’s thinking and action, and supplementary to this definition is the beliefs, the arts, the laws, morals, customs or values which make up the societal structure of a Nation (Wiley-Liss, 2005).

### **Competency**

Williams (2006) stated, “culture defines the norms, symbols, and behaviors 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, Davis-Chamber, Haugland, Bank, Aponte, and McCombs (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 care givers to work effectively and efficiently in cross/multicultural situations” (p. 92). Cross (2006) provided a similar definition of cultural competence “a set of congruent behaviors, 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 ethno-



cultural groups [...], generic social work skills [...], and competencies include self awareness [...], analysis of power structures [...], empowerment [...], critical thinking [...], and development of an effective working alliance” (Williams, 2006, p. 211).

#### *Organizational*

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 (Cross, 2006). 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). Six domains were identified “needs assessment, information exchange, services, human resources, policies and procedures, and outcomes” (Siegel, et al., 2000, p. 95). In addition, the model evaluates each domain on three different organizational levels – administrative, provider network, and individual levels. Each domain and each level have outcome indicators to evaluate the effectiveness of culturally competent service delivery (Siegel, et al., 2000). All discussions on cultural competency at an organizational level are important, as it is 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 at times illustrative they don't, 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 – cultural competence. The manner in which we incorporate service standards and practice into accountable organizational frameworks is the threshold of cultural competence within any service organization.

#### ***Weechi-it-te-win Family Services Mandate***

Weechi-it-te-win Family Services is a Native Child Welfare Agency in Fort Frances Ontario, Canada. Weechi-it-te-win Family Services (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. Weechi-it-te-win Family Services 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 on within ten First Nation communities (Ferris, Simard, Simard, 2005).

Weechi-it-te-win Family Services 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 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). There are six principles by which Community Care is consistent with community customs, standards and values. These principles are: “family focused; respectful; community oriented; community based; Native staffed; community directed” (Ferris et al., 2005, p.5). Since its inception, WFS has endeavored 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 the 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 Weechi-it-te-win Family Services (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.” (Weechi-it-*

*te-win Family Services, 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 is the foundation for agencies structure.

### **Culturally Restorative Child Welfare Practices Models**

Limited information on culturally restorative child welfare practice has been found in the literature; however, many best practice models on First Nation child welfare practices are alive and well through out Canada and Abroad. The integration of cultural frameworks into service practice is not new, as First Nation child welfare or children's mental health agencies have been advocating for this type of practice for decades. As key First Nation stakeholders and First Nation 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 vigor, but applied this research vigor 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 to cultural restoration processes. The literature advises careful reflection and critical analysis of the frame of reference in the presenting of the definitions of cultural identity for First Nation people (Oetting, Swaim, Chairella, 1998; Weaver, 2001; Peroff, 1997). 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, H., 2001, p. 245). Peroff (1997) in his article *Indian Identity* 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 Nation 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 (Weaver, 1996; Weaver, 2001; Weaver et al., 1999, Peroff, 1997; Oetting et al., 1998; Novins, Bechtold, Sack, Thompson, Carter, & Manson, 1997); historical implications related to cultural identity; and the adoption of culturally restorative strategies into child welfare practice.

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

Weaver (2001) discussed culture 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" (Weaver, 2001, 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" (Weaver, 2001, p. 241). Further identity is "multi-layered, (and may include) sub-tribal identification like clan affiliations, tribes or regions, descent, or lineage" (Weaver, 2001, p. 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” (Weaver, 2001, p.243 ). She also suggests that as an individual age the cultural formations becomes 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 compares 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 DSM-IV assessments (Novins et al., 1997). One of the mechanisms to achieve this goal was the development of an outline for cultural formation (Novins et al, 1997), the importance of the child’s family system in the course of therapeutic treatment (Novins et al., 1997) and overall cultural identity formation.

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 Nation people had and continue to have dire impacts on First Nation 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 community, in 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 others 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 color 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 Weechi-it-te-win Family Services. It was designed to address the question: What is culturally restorative child welfare practice? The researcher looked at ten, one to one and a half hours of qualitative video footage, 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 Weechi-it-te-win 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

Weechi-it-te-win is an agency that has developed a solid culturally competent social work practice. Weechi-it-te-win’s 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 Nation communities of Weechi-it-te-win. As a result, of this collaborative effort, a cultural attachment theory has been re-vitalized, developed and fostered by the people of Weechi-it-te-win. This model has shown the importance of Cultural Restoration when working with First Nation populations based on ethical considerations, effective practice, evidence-based practice, and cultural skill development.

In review the data, it is clear to state the existence of the concept of Weechi-it-te-win (wiji’ittiwini) before the organization became a corporate structure. The Anishinaabe concept of wiji’ittiwini 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 exists systems, structures, meanings, teachings, legends, roles, responsibilities, and often time, 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 *Weechi-it-te-win* 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 Nation people in the Rainy River District. The First Nation 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 Nation children with the social services agencies of the time, clearly indicating the over-representation of First Nation 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 practice. This was interlaced with the multigenerational pain of First Nation's peoples as a result of the despairing poverty, residential school trauma and 60's "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 Nation 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 thereby suffering a loss of attachment to the resiliency that exists within the Anishinaabe culture. As a result, *Weechi-it-te-win* 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 cultural context or cultural continuity, which had significant impacts on attachment to culture. Mass or generational removals of children in the First Nation communities began to erode the natural resiliencies that existed within the First Nation 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 the following, "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" (Lees, 1984). He went on to further say, "ignorant practice resulted in gross patterns of injustice for First Nation children, families, and communities" (Lees, 1984). The mainstream system focused narrowly on the 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 Nation people.

The research indicated there wasn't a blanket acceptance, by First Nation people, of the child welfare paradigm in the early 1950 to 1985, it was a system based on coercion. It is important to note, for those that were taken from their families and communities during this era, 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 Nation people only to eventually collide with each other, as often two worldviews do. It was in the early 1960's 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 Nation communities. It was always the intent of these advocates to re-establish tribal jurisdiction. Two key position governmental documents lead way to the development

of the Weechi-it-te-win: “A Starving Man Doesn’t Argue” (Unknown Author, 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 Nation child welfare jurisdiction in the First Nation 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 Nation road blocks to the guarding of tribal lands to ensure children would not be taken away by Children’s Aid Society. Men like Moses Tom and Joseph Big George are credited with the community initiatives across the territory, the province and other provinces in Canada. Their commitment as tribal leaders to empower Anishinaabe child welfare systems was core to the development of the agency, but also core to the steadfast vision of “saving” First Nation 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 political lead by PTO’s 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 Weechi-it-te-win it is consistent in the tribal sovereignty development of the agency. This is clearly seen in the following timeline of policy development:

- 1970’s the prevention programs in each of the 10 First Nations
- 1984 the planning committee designed to create the foundation of Weechi-it-te-win’s and the community care program’s vision, mission, goals, and objectives
- 1986 society status attained by Weechi-it-te-win
- 1990 cultural competency strategies were documented into bylaws, policies, and service practice
- 2000 the beginning of the devolution process for Weechi-it-te-win
- 2005 Weechi-it-te-win implemented Naaniigan Abiinooji as a best interest strategy for children of Weechi-it-te-win Family Services.

As an agency of National interest for the territorial Nation of Treaty #3, Weechi-it-te-win is responsible to a restorative approach to child welfare. They do not condone or accept blindly the rapid child welfare changes under the Child and Family Service Act or its

amendments. Weechi-it-te-win’s role is to be a resource to the communities in their attempt to rectify the damage done to their community as they rebuild their natural structures and to protect the communities from the continual distortion and exploitation of power exerted on First Nation people. Further, Weechi-it-te-win 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” (Lees, 1984).

The research themes have shown the need to change the policies always existed, but the government failed to acknowledge the cultural wisdom, often believing it had no place in modern day First Nation communities. It was important in the development of Weechi-it-te-win 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, Weechi-it-te-win 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 the instilling of values, traditions, roles and responsibilities of the First Nation community. Further it allowed for the opportunity to safeguard the child’s inherent cultural identity and dignity related to the knowing of one’s purpose and place within the cultural context of Anishinaabe mino-bimaatziwin.

#### ***Culturally Restorative Child Welfare Practice***

Cultural restoration is the rebuilding of a Nation of people based on the 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 Nation advocates that has lead way to the creation of this system of care. Cultural restoration uses the concepts involved in the Naaniigan Abiinooji’s Anishinaabe Natural Protective Network Principles. Some of these include customary care principles, best interest of the child principles, identity principles, developmental milestones principles, cultural placement principles, definitions of family principles, Anishinaabe rights of the child principles, cultural ceremony principles, and Anishinaabemowin - the language of the people to achieve this feat. All of these factors are the

mechanism – 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 Nation community. This directly proportional proposition suggests an alternative strategy to governmental engagement with First Nation people, which are based on reinvestment in cultural attachment strategies in First Nation communities. Cultural presence in First Nation 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 Nation 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 preservation of Anishinaabe identity requires control over the care and protection of children” (Simard, 2006). The laws of the Anishinaabe are from the Creator 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 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 child in their role within the Anishinaabe society. Within Weechi-it-te-win’s training presentations, they have contrasted their approach with the mainstream approach as it relates to First Nation (FN) families, extended families, FN 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 falls 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 centered 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 in the teachings of the Anishinaabe; however, it was researched and documented by Jourdain in the early 1990’s. It consists of the following:

“Spiritual name: Anishinaabe ishinkassowin  
Clan: ododemun  
Identity: anishinabewin  
Language: anishinabemoowin  
Cultural and healing ways: anishinabe miingoosiwin  
Good life: minobimatiziwin  
Land: anishinabe akiing  
Lifestye: anishinabechigewin  
Education: kinamaatiwin  
Protection: shawentassowin and ganawentasowin  
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 mino-biimaatiziwin 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 describe identity as a living, 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 *Daatisookaanug* – my spirit/my identity, and is similar to *Atisookaanug* which is of the spirit or the sum of the spirit, 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 concepts of Anishinaabe Rights of the Child Principle, is the concept related to Anishinaabe Developmental Milestones Principles 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 *Weechi-it-te-win's* service practices. Jourdain (2006) has captured and discusses the elder's 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) discusses 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 Kitisiiwin – elderhood" (Jourdain, 2006). Jourdain also points 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 own 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 Kitisiiwin 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) discusses 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 Nation people. It is also important to note, although the research has show 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” (Jourdain, 2006).

Building on this foundation on Anishinaabe family structures, Weechi-it-te-win 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 1990’s. 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 placement principle is as follows: 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 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 neighboring 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 Weechi-it-te-win 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 for all children to be placed within their cultural context of family and community.

### *Customary Care*

Another part of 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 identity and rights of the child are adhered to, as they are a part of teaching vital life skills for each First Nation child. It is a community approach to making decisions on children and families by the community because they know the family 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 a 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 cultural competent services” (Lees, 1984). 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” (Tom, 1984). The underlying principle of customary care is the commitment to working in a respectful manner, speaking from the heart, with 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 Nation and Nationhood governance. The people within First Nation 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 whom 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 services 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 Weechi-it-te-win Family Services.

As an agency Weechi-it-te-win 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 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, spiritual needs. It is also what we do as service providers to ensure the molding 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, and 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 Weechi-it-te-win 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 our responsibility to ensure access to these standards of care for children in our care, thereby allowing the community to increase community wellness and wellbeing. This is one of the inherent roles of leadership in First Nation governance and Nationhood building.

Weechi-it-te-win's model has shown the sacredness of raising an Anishinaabe child and the some of the foundations based in 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 whom 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 Nation 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 Nation 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 is what foundation do we want to work from? What standards or principles? 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) states, "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 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 illusive. A child welfare system can adopt strategies to improve better outcomes for First Nation children. Much of the research has shown various cultural attachment strategies to support this venture. The creation of Weechi-it-te-win was a systematic approach to the administrative harmonization of the cultural concepts introduced in this research. The promotion of harmonization has allowed a



systematic culturally competent organization to begin to devolve services to the First Nation community through the devolutions principles. This process allows for the spiritually educated task of implementing Abiinooji Innakonegwin (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.

### Discussions

An implication for practice is the concept of cultural diversity that exists on Mother Earth. The fluidity of Weechi-it-te-win's 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 lead by the Indigenous Nation 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 Nation 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 policy makers, institutions, and agencies. The opportunities within cultural attachment into social work practice are an immense task. Literature, systematic study and research analysis is 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 Weechi-it-te-win 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 cultural 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 Nation researchers.

Cultural attachment is found in the protective network principle and cultural restorative child welfare practice is the systematic embracing of culture to meet the cultural needs of the First Nation child. Cultural attachment is one tool for the rebuilding of a Nation of people. Cultural restorative child welfare practice is a conceptual framework based in 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.

Weechi-it-te-win Family Services 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 in 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.

### Biography:

Estelle Simard is from the Anishinaabe Nation. She is enrolled in the Doctor of Education in Educational Leadership/Curriculum and Instruction program with the University of Phoenix. Much of Estelle's experience is in the culturally competent management of children's mental health and child welfare services. She has direct supervisory and clinical services expertise with Aboriginal people and has specialized in family preservation strategies by incorporating cultural activities into service delivery and practice. In addition, she has presented at National and International forums on child welfare on "cultural attachment theory". This article contains excerpts from Ms. Simard's MSW research project with the University of Minnesota Duluth.

### References

- Assembly of First Nation. (2007). Royal Commission on Aboriginal People at 10 years: A Report Card. Retrieved from the world wide web: [http://www.afn.ca/cmslip/general/afn\\_rcap.pdf](http://www.afn.ca/cmslip/general/afn_rcap.pdf).
- Assembly of First Nation. (2007). Fact Sheet – Top Misconceptions about Aboriginal Peoples. Retrieved from

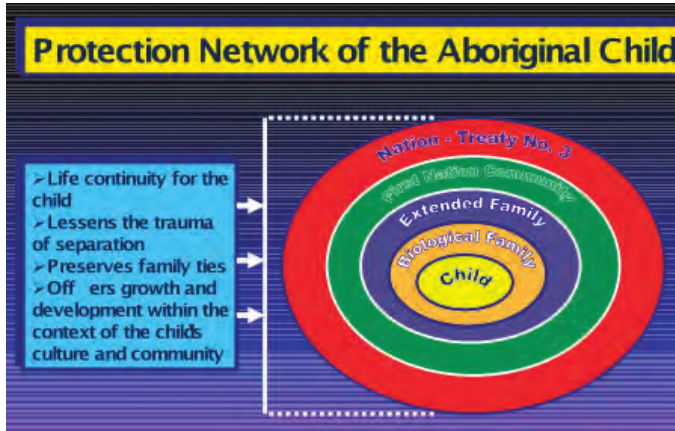
- the world wide web: <http://www.afn.ca/cmslib/general/FS-TM-e.pdf>.
- Assembly of First Nation. (2007). Fact Sheet – First Nation Population. Retrieved from the world wide web: <http://www.afn.ca/article.asp?id=2918>.
- Assembly of First Nation. (2007). Residential School History. Retrieved from the world wide web: <http://www.afn.ca/residentialschools/history.html>.
- Attachment Reference. (2007). Retrieved from the world wide web: <http://www.umn.edu/~jka/courses/archive/attach.html>.
- Bellefeuille, G., & Ricks, F. (2003). A Pathway to Restoration from Child Protection to Community Wellness. *1<sup>st</sup> Annual Native Social Work Conference – Articulating Aboriginal Paradigms: Implications for Aboriginal Social Work Practice*. January 23, 2003.
- Berry K., Barrowclough C., & Wearden A., (2006). A review of the role of attachment styles in psychosis: Unexplored issues and questions for further research. *Clinical Psychology Review* 27 (2007), p. 458-475.
- Blackstock, C., Trocome N., & Bennett M. (2004). Child Maltreatment Investigations Among Aboriginal and Non-Aboriginal Families in Canada. *Violence Against Women* 10 (8), 1-16.
- Brave Heart, M. (1998). The Return to the Sacred Path: Healing the Historical Trauma and Historical Unresolved Grief Response Among the Lakota Through a Psycho-educational Group Intervention. *Smith Studies College in Social Work*, 68 (3), 342.
- Comeau, P., & Santin, A. (1995). *The First Canadians: A Profile of Canada's Native People Today (2<sup>nd</sup> ed.)*. Toronto, Ontario, CN: James Lorimer & Company, Publishers.
- Cross, T. (2006). Cultural Competence Continuum. Retrieved on January 20, 2007 from the worldwide web: <http://www.nysccc.org/T-Rarts/CultCompCont.html>.
- Day, Priscilla (2005). *Cultural Competence Conference*. Fort Frances, Ontario Canada.
- Duran, E., & Duran, B., (1995). *Native American Postcolonial Psychology*. Albany New York: State University of New York Press.
- Duran, E., Duran, B., Yellow Horse Brave Heart, M., & Yellow Horse- Davis, S. (1998). *The International Handbook of Multi-generational Legacies of Trauma ed. Yael Danieli. "Healing the American Indian Soul Wound."* Plenum Press: New York, 1998.
- Ellison Williams, E. and Ellison, F. (1996). Culturally Informed Social Work Practice with American Indian Clients: Guidelines for Non-Indian Social Workers. *Social Work*, 41 (2), 147 – 150.
- Felsen, I. (1998). *The International Handbook of Multi-generational Legacies of Trauma ed. Yael Danieli. "Trans generational Transmission of Effects of the Holocaust."* Plenum Press: New York, 1998.
- Ferris, P., Simard, E., Simard, G., & Ramdat, J. (2005). Promising Practices in First Nation Child Welfare Management and Governance: Weechi-it-te-win Family Services: Utilizing a Decentralized Model in the Provision of Bi-cultural Services. Retrieved from the World Wide Web: <http://www.fncfcs.com/docs/WFSPromisingPractices.pdf>.
- Gehue, David (2007). *Traditional Teaching Lecture*. Fort Frances, Ontario, CN.
- Henderson, J. (1984). *Weechi-it-te-win Family Services Interview*. Fort Frances, Ontario.
- Henry, L. (2006). *Traditional Teaching Lecture and Presentation*. Fort Frances, Ontario.
- Hogan, M. (2007). *The Four Skills of Cultural Diversity Competence: A process for understanding and practice*. Belmont, CA: Thomson Higher Education.
- Jourdain, L. (2003). *Cultural Competence in Child Welfare Lecture and Presentation*. Fort Frances, Ontario.
- Jourdain, Larry (2006). *Anishinaabe Child Welfare Lecture and Presentation*. Fort Frances, Ontario.
- Kelly, Fred (2007). *Traditional Teaching Lecture and Presentation*. Fort Frances, Ontario, CN.
- Kishiqueb, Kathy (2006). *Naaniigan Abinooji Presentation*. Fort Frances, Ontario, CN.
- Lees, Jim (1984). *Weechi-it-te-win Family Services Interview*. Fort Frances, Ontario.
- Locust, Carol (2000). Split feathers – Adult American Indians Who Were Placed in Non-Indian Families As Children. *OACAS Journal* 44 (3), 11-16.
- Mennen F.E., & O'Keefe M.O., (2005). Informed decisions in child welfare: The use of attachment theory. *Children and Youth Services Review* 27, 577-593.
- Morrisette, Patrick, J., (1994). The Holocaust of First Nation People: Residual Effects on Parenting and Treatment Implications. *Contemporary Family Therapy*, 16 (5).
- Novins D.K., Bechtold D.W., Sack W.H., Thompson J., Carter D.R., & Manson S.M. (1997). The DSM IV outline for cultural formulations: A critical demonstration with American Indian children. *Journal of the American Academy of Child and Adolescent Psychiatry*, 36 (9), 1244 (8).
- Oetting, E.R., Swaim, R.C., & Chiarella, M.C. (1998). Factors structure and invariance of the orthogonal cultural identification scale among American Indian and Mexican American youth. *Hispanic Journal of Behavioral Sciences*, 20, (2), 131 (24).
- Peroff, N.C., (1997). Indian Identity. *The Social Science Journal*, 34 (4), 485 (10).
- Rusk-Keltner, B. (1993). Native American Children and Adolescents: Cultural Distinctiveness and Mental Health Needs. *Journal of Child and Adolescent Psychiatric and Mental Health Nursing*, 6 (4), 18-23.
- Simard, S. G., (1995). *Historical Lecture on Weechi-it-te-win Family Services*. Fort Frances, Ontario, Canada.

## Culturally Restorative Child Welfare Practices

- Simard, S.G., (2006). *History of Weechi-it-te-win Family Services Lecture*. Fort Frances, Ontario.
- Simard, E (2006). *Rethinking Attachment Theory: Culturally Restorative Child Welfare Practice Lecture*. Fort Frances, Ontario.
- Siegel, C., Davis-Chambers, E., Haugland, G., Bank, R., Aponte, C., & McCombs, H. (2000). Performance Measures of Cultural Competency in Mental Health Organizations. *Administration and Policy in Mental Health, 28 (2)*, 91-106.
- Tibasonaqwat Kinew, (2006). *Traditional Teachings Lecture*. Fort Frances, Ontario, CN.
- Tom, M. (1984). *Weechi-it-te-win Family Services Interview*. Fort Frances, Ontario.
- Trocme, N., Knoke, D., & Blackstock, C. (2004). Pathways to the Overrepresentation of Aboriginal Children in Canada's Child Welfare System. *Social Service Review 78 (4)*. Retrieved from the world wide web: <http://scholar.google.ca/scholar?hl=en&lr=&oi=qs&q=nicep+trocme+author+n-trocme>.
- Water E., & Cummings E.M., (2000). A Secure Base from Which to Explore Close Relationships. *Child Development 71 (1)*,164-172.
- Weaver, N. Hilary (1996). Social Work with American Indian youth using the orthogonal model of cultural identification. *Families in Society, 77 (2)*, 99-109.
- Weaver N. Hilary, & Yellow Horse Brave Heart, M. (1999). Examining Two Facets of American Indian Identity: Exposure to Other Cultures and the Influence of Historical Trauma. *Journal of Human Behavior and the Social Environment. 2 (1/2)*, 19-33.
- Weaver, N. Hilary (1999). Indigenous People and the Social Work Profession: Defining Culturally Competent Services. *Social Work, 44 (3)*, 217- 225.
- Weaver, Hilary (2000). Culture and Professional Education: The Experience of Native American Social Workers. *Journal of Social Work Education, 2000 (36)*, 415.
- Weaver N., Hilary (2001). Indigenous Identity: what is it and who really has it? *American Indian Quarterly, 25 (2)*, 240-255.
- Weaver N., Hilary (2004). The Elements of Cultural Competence: Applications with Native American Clients. *Journal of Ethnic & Cultural Diversity in Social Work, 13 (1)*, 19-35.
- Wikipedia (2008). Human Development Index. Retrieved from the world wide web: [http://en.wikipedia.org/wiki/Human\\_Development\\_Index](http://en.wikipedia.org/wiki/Human_Development_Index).
- Weechi-it-te-win Family Services, 2005. *By-Law number 1: A By-Law relating generally to the transaction of the affairs of Weechi-it-te-win Family Service, Inc.*
- Wiley-Liss. (2005). Media Review: Moving Beyond Culture. *American Journal of Primatology, 66*, 293-295.
- Williams C., C., (2006). The Epistemology of Cultural Competence. *Families in Society, 87 (2)*, 209-222.
- Yellow Horse Brave Heart, M. (2003). The Historical Trauma Response Among Natives and its Relationship with Substance Abuse: A Lakota Illustration. *Journal of Psychoactive Drugs, 35 (1)*, 7.



Appendix One



**Natural Protective Network Principle:**

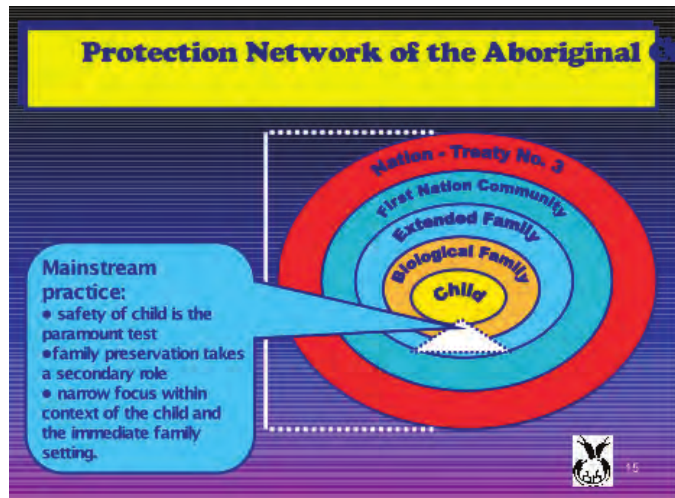
The natural protective factors are the systematic structure which has existed in within the Anishinaabe teachings for a millennium. The structure is a principle of the Anishinaabe Nation and acknowledges the protective factors, the system needed to be in place, and the roles and the responsibilities 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 child in their role within the Anishinaabe society.

S. George 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 Nation families, extended families, FN communities, and even the Anishinaabe Nation. The narrow approaches used by mainstream practices often falls 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" (G. Simard, 2006).

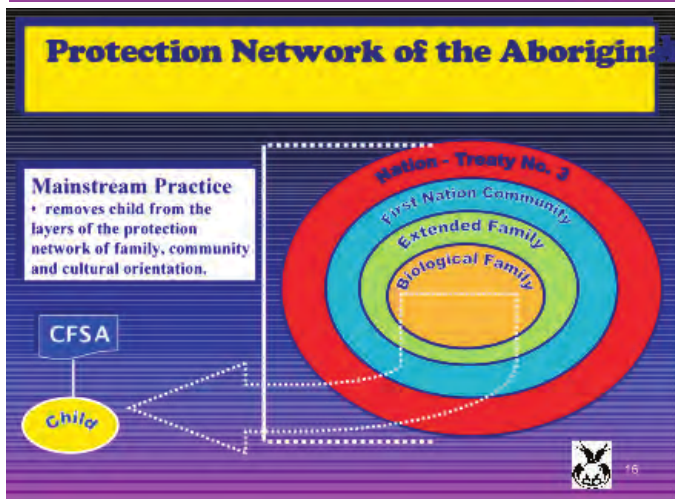
S. George Simard, 2008



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.

S. George Simard, 2008



## 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

Volume 4, Number 1, 2009, pp. 62-70

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

Suzanne Stewart<sup>a</sup>

<sup>a</sup> (Yellowknife Dene) PhD, Assistant Professor of Aboriginal Healing in Counseling Psychology at OISE - University of Toronto, Toronto, Ontario, Canada.

### 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 is 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 learning 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. The underlying assumptions of ideologies and practices which require an Other thus 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.

Questions or correspondence concerning this article may be addressed to:

[slstewart@oise.utoronto.ca](mailto:slstewart@oise.utoronto.ca)

### 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 counseling 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 policy makers 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.

### 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 will be made, 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) offers 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 dominant culture. "According to 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 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 though 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 suggests that Western-based therapies in general usually have goals different and unhelpful to those of an Indigenous client (Trimble & Flemming, 1989; McCormick, 1996).

Diversity within Indigenous communities, both urban and rural or 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) suggest 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 assessment of family or individual mental health problems and the treatment used in dealing with the problem (Duran, 2006; Appleton & Dykeman, 1996). 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 an 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 (see Neckoway, Brownlee, & Castellán, 2007) and psychosexual development (see Duran, 2006) run antithetical to Indigenous notions of wholistic 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 counseling can be viewed as part of the scientific tradition because an important aspect of the scientific endeavor 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 counseling (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 counseling 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 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 incessance 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) writes 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) writes 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 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 age 35). This in a social constructivist understanding, the proof of 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 counseling sessions, gaining insight from other members' perspectives (Gergen, Anderson, & Hoffman, 1996). Understanding contextualization is key in understanding the constructivist approach (Kelly, 1955).

Perspective is also a key aspect of social constructivist theory. For example, my perspective as 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 value in using the metaphor of self as a central aspect of the therapeutic relationship and process (Mahoney, 1991), and 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 context of Indigenous family counselling are twofold: this means that self must then always be changing (since it can't 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 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) write 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 both 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 level of acculturation (Herring, 1999; Wetsit, 1999). Group or cultural identity, according to Trimble and Fleming (1989), is based on each community's history, and 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) reports 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), and 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 to 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 programmes and counsellor education (France, 1997; Peavy, 1995; Darou, 1987). Part of the Indigenous tradition is not separating the individual from the family or community context.

Mahoney (1991) writes 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 is 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) holds 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 counseling. 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) suggests that no human change occur without emotion. The author, as a constructivist counsellor, places 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 sees the self as seeking meaningful purpose, and this leading to self-construction in counselling, or what is therapeutically known as self-empowerment.

The process constructivist therapy is focussed on the understanding of deep human experiences (Csikszentmihalyi, 1990). In this way, language forms an important component to social constructivist counseling. Through this approach clients, such as Indigenous families, for example, are encouraged to examine their options for change within the context of their social, cultural, and historic realities, which clients themselves identify and create. A constructivist helper assumes that there are multiple realities, not a 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 key and most salient meaning structure tools (Csikszentmihalyi, 1990). The author proposes 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 tenant 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. Human realities are thus 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 suggests 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) writes 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 effecting 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 *is* by operating from a second-order change perspective (Mahoney, 1991). What this means for counsellor working with Indigenous families is that the counsellors should consider the client-therapist relationship as dynamic and co-constructed. For example, the counselor 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 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 to 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 restorying 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 effect client change, let's draw attention 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 helper to discuss client change, especially in a context of Indigenous families, meaningfully 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 offers 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, but
- 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 vs. 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 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, 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, backward looking (Davis, 1985) In parallel to the dichotomies of civilized/uncivilized that colonialism posits. Cesaire (1972) compares colonization with notions of objectification. The Indigenous objectification 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 with 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; it has no significance on its own as it is defined only in relation to the Other within a social constructivist counseling context (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 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 intra-personal levels.

The philosophical differences that sets the constructivist approach, as post-modern theory, apart



from most other counselling theories 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.

Understanding the systemic problems of applying traditional counselling models to development and counselling procedures for Indigenous groups is only the first step in a long process of renewal, empowerment, and self-determination that Indigenous peoples are seeking. A potential second step, conceived by LaFromboise (1993), is the idea of recruiting Indigenous people to the field of professional helpers. It was also suggested that adding multicultural training for family workers or counsellors, specific to Aboriginal people, and ensuring that all counsellor training includes helping clients build strengths within their natural community networks, including families, and the promotion of involvement in all levels of government and professional organization.

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 counseling 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.

## References

- Appleton, V.E. & Dykeman, C. (1996). Using art in group counseling with Native American youth. *The Journal for Specialists in Group Work*, 21, 4, 224-231.
- Axelson, J. (1993). *Counseling and development in a multicultural society* (2<sup>nd</sup> ed.). Monterey, CA: Brooks/Cole.
- Berry, J.W. (1993). Psychology in and of Canada: One small step toward a universal psychology. In *Indigenous psychologies: Research and experience in cultural context*. U. Kim and J.W. Berry (Eds.). Newbury Park: CA: Sage.
- Brant, C.C. (1990). Native ethics and rules of behavior. *Canadian Journal of Psychiatry*, 35, 534-539.
- Neckoway, R., Brownlee, K., & Castellan, B. (2007). IS attachment theory consistent with Aboriginal parenting realities. *First Peoples Child & Family Review*, 3, 2, 65-74.
- Cesaire, A. (1972). Discourse on colonialism. In P. Williams and I. Chrisman (Eds.). *Colonial discourse and post-colonial theory: A reader* (162-171). New York: Columbia University.
- Csikszentmihalyi, M. (1990). *Flow: The psychology of Optimal experience*. New York: Harper Perennial.
- Darou, W. (1987). Counseling the northern Native. *Canadian Journal of Counseling*, 21, 33-41.
- Davis, A. (1985). *Violence Against Women and the Ongoing Challenge of Racism*. Latham, NY: Kitchen Table.
- DuBray, W.H. (1985). American Indian values: Critical factor in casework. *Social Casework: The Journal of Contemporary Social Work*, 66, 30-37.
- Duncan, C.F. (1995). Cross-cultural school consultation. In C.C. Lee, ed., *Counseling for diversity*. Needham Heights, MA: Allyn and Bacon.
- Duran, E. (2006). *Healing the Soul Wound*. New York: Teachers College, Columbia University.
- France, H. (1997). First Nations: Helping and Learning in the Aboriginal Community. *Guidance Counseling*, 12(2), 3-8.
- Garrett, M. T. (1999). Soaring on the wings of the eagle: Wellness of Native American High school students. *Professional School Counseling*, 3, 1, 57-64.
- Garrett, J.T. and Garrett, M.W. (1994). The path of good medicine: Understanding and counseling Native Americans. *Journal of Multicultural Counseling and Development (Special Issue)*, 22, 134-144.
- Gergen, K.J., Anderson, H. & Hoffman, L. (1996). Is diagnosis a disaster? A constructionist dialogue. In *Handbook of relational diagnosis and dysfunctional family patterns*, F.W. Kaslow (Ed.), pp. 102-118. Oxford, England: John Wiley & Sons.
- Gone, J. (2004). Keeping culture in mind. In *Indigenizing the Academy*, D.A. Mihesuah and A. C. Wilson Eds., (pp 124-142). Lincoln, NE: University of Nebraska Press.
- Green, H. (1995). "May I Walk in Beauty": First Nations and self-esteem. *Guidance Counseling*, 12, 2, 22-26.
- Guidano, V.F. (1990). *The self in Process: Toward a Post-rationalist Cognitive Therapy*. New York: Guilford.
- Herring, R.D. (1989). The American Native family: Dissolution by coercion. *Journal of Multicultural Counseling and Development*, 17, 4-13.
- Herring, R. (1999). *Counseling Native American Indians and Alaska Natives*. Thousand Oaks, CA: Sage.
- Hodgson, M. (1990). Shattering the silence: Working with violence in Native communities. In Laidlaw, T.A. and Malmo, C. (Eds.), *Healing Voices*. P. 33-44. San Francisco: Jossey-Bass Publishers.
- Ibrahim, F.A. (1985). Effective cross-cultural counseling and psychotherapy: A framework. *The Counseling psychologist*, 13, 625-683.
- Johnson, M.J., Swartz, J.L. & Martin, W.E. (1995). Application of Psychological Theories for Career Development with Native American. In Leong, F.T.L. (Ed), *Career*

- Development and Vocational Behavior of Racial and Ethnic Minorities.* (pp.103-131). Mahwah, New Jersey: Lawrence Erlbaum Associates.
- Kim, U. & Berry, J.W. (1993). *Indigenous psychologies: Research and experience in cultural context.* Newbury Park: CA: Sage.
- Kirmayer, L. J., Brass, G. M., & Tait, C. L. (2000). The mental health of Aboriginal peoples: Transformations of identity and community. *Canadian Journal of Psychiatry, 45,* 7, 607-617.
- Kelly, G. (1955). *The Psychology of Personal Constructs.* New York: W.W. Norton.
- LaFromboise, T.D. (1993). American Indian Mental Health Policy. In Atkinson, D.R.,
- LaFromboise, T.D., Trimble, J.E. & Mohatt, J.V. (1990). Counseling Intervention and American Indian tradition: An integrative approach. *Counseling Psychologist, 18,* 628-654.
- Lewis, R. & Ho, M. (1989). Social work with Native Americans. In D. Atkinson, G.
- Morten, and D. Sue (Eds.), *Counselling American Minorities.* Dubuque, IA: Brown.
- Malone, J. (2000). Working with Aboriginal women: Applying feminist therapy in a multicultural counselling context. *Canadian Journal of Counselling, 34*(1), 33-42.
- Mahoney, M. (1991). *Human Change Processes.* New York: Guilford Press.
- Mahoney, M. J., Norcross, J. C., Prochaska, J.O., & Missar, C. D. (1989). Psychological development and optimal psychotherapy: Converging perspectives among clinical psychologists. *Journal of Integrative and Eclectic Psychotherapy, 8,* 251-263.
- Martin, W.E. & Farris, K.K. (1994). A Cultural and Contextual Decision Path to Career Assessment with Native Americans: A Psychological Perspective. *Journal of Career Assessment, 2,* 3, 258-275.
- McCormick, R. (1996). Culturally appropriate means and ends of counselling as described by the First Nations People of British Columbia. *International Journal for the Advancement of Counselling, 18,* 3, 163-172.
- McCormick, R. (1997). Healing through interdependence: The role of connecting in First Nations healing practices. *Canadian Journal of Counselling, 31,* 3, 172-184.
- Mussell, W. J., Cardiff, K., and White, J. (2004). The mental health and well-being of Aboriginal children and youth: Guidance for new approaches and services. Chilliwack, BC: Sal'i'shan Institute.
- Morten, G., and Sue, D.W. (Eds.), *Counselling American minorities: A cross-cultural perspective.* (4<sup>th</sup> ed.). (p.123-144). Madison, Wisconsin: Brown & Benchmark.
- Neimeyer, R. A. (1995). An invitation to constructivist psychotherapies in Constructivism in Psychotherapy, Neimeyer, R. A. and Mahoney, M.J. (Eds.).
- Raymond Neckoway, Keith Brownlee, & Bruno Castellan (2007). Is attachment theory consistent with Aboriginal parenting realities? *First Peoples Child & Family Review, 4*(1), 47 - 56. Retrieved from: [http://www.fncfcs.com/pubs/vol3num2/Neckoway\\_Brownlee\\_Castellan\\_pp65.pdf](http://www.fncfcs.com/pubs/vol3num2/Neckoway_Brownlee_Castellan_pp65.pdf).
- Oswalt, W.H. (1988). *This land was theirs; A study of North American Indians* (4<sup>th</sup> ed.). Mountainview, CA: Mayfield.
- Peavy, V. (1998). *Socio-Dynamic Counselling: A constructivist Perspective.* Victoria: Trafford Publishing.
- Pedersen, P.B. (1991). Multiculturalism as a generic approach to counselling. *Journal of Counselling and Development, 70,* 6-12
- Pepper, S. (1942). *World Hypotheses.* Berkely: University of California Press.
- Restoule, B. (1997). Providing services to Aboriginal clients. *Guidance Counselling, 12,* 2, 13-17.
- Said, E. (1994). From orientalism. In P. Williams and I. Chrisman (Eds.). *Colonial discourse and post-colonial theory: A reader* (162-171). New York: Columbia University .
- Stewart, S. L. (2008). Promoting Indigenous mental health: Cultural perspective on healing from Native counsellors in Canada. *International Journal of Health Promotion and Education, 46,* 2, 12-19.
- Sue, D.W. & Sue, D. (1990). *Counselling the Culturally Different.* New York: John Wiley & Sons.
- Thomason, T. C. (1991). Counselling Native Americans: An introduction for non-Native American counselors. *Journal of Counseling and Development, 69,* 321-327.
- Trimble, J. E. & Flemming, C. (1989). Providing Counseling Services for Native American Indians: Client, Counselor, and Community Characteristics. In *Counseling across cultures,* 3<sup>rd</sup> ed., edited by P. Pedersen, J.G. Draguns, W.J. Lonner, and J.E. Trimble. Honolulu: University of Hawaii Press.
- Trimble, J. E. & Medicine, B. (1993). Diversification of American Indians: Forming an Indigenous perspective. In *Indigenous psychologies: Research and experience in cultural context.* U. Kim and J.W. Berry (Eds.). Newbury Park: CA: Sage.
- Trimble, J. E. & Thurman, J. P. (2002). Ethnocultural considerations and strategies for providing counseling services to native American Indians," In P. Pedersen, J. Draguns, W. Lonner and J. Trimble's *Counseling Across Cultures, 5<sup>th</sup> Ed.,* pp. 53-91. Thousand Oaks, CA: Sage.
- Weenie, A. (2000). Post colonial recovering and healing. In *Learn in beauty: Indigenous education in a new century.* Retrieved from <http://jan.ucc.nau.edu/~jar/LIB/LIB6.htm>.
- Wetsit, D. (1999). Effective Counseling with American Indian Students. In *Next steps: Research and practice to advance Indian education.* Information Analyses.

## 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

Volume 4, Number 2, 2009, pp. 71-84

# Using a Western-Based Survey to Assess Cultural Perspectives of Dene Mothers in Northern Manitoba

Luella Bernacki Jonk<sup>a</sup>

<sup>a</sup> Ph.D., M.Sc., SLP (C), Speech Language Pathology Services of Manitoba, Winnipeg, Manitoba, Canada.

### Introduction

As a practising speech-language pathologist in Lac Brochet, Manitoba for the last five years, I became curious as to why children in this community, as well as many other First Nation communities I visited, tended to score low in language competency tests. I decided to explore this question by attempting to gather Aboriginal mothers' perspectives on how children learn and use language. A survey was chosen as a method of collecting the perspectives, as previous research indicated such surveys as being a reliable tool (Guitierrez-Clellen & Kreiter, 2003; Johnston & Wong, 2002; Simmons & Johnston, 2007; Siren, 1995; Squires, Bricker, & Potter, 1997). The answers from the Aboriginal mothers were then compared with non-Aboriginal mothers. Results indicated the Dene mothers in Lac Brochet have similar perspectives in terms of how they teach their children language, with some significantly different beliefs and practices noted as well.

The work completed on language development in various cultures has largely been ethnographic, where the researcher would spend an extensive amount of time observing caregiver-child interactions and gathering data within the homes and community. For this cross-cultural study there were restrictions that prevented research from being conducted in a qualitative manner. These restrictions involved limited resources such as time and funding. A survey resulted in a more time- and cost-saving measure to collect data.

Questions or correspondence concerning this article may be addressed to:

[drjonk@mts.net](mailto:drjonk@mts.net) or visit <http://www.slpsofmb.com>

### Abstract

With increasing numbers of immigrants entering Canada over the past several decades, educators have become more sensitive to the various genres of communication competence and discourse patterns within a given culture. This is especially true for the Aboriginal students struggling to acclimate into Western curricula. The purpose of this study was to explore Aboriginal mothers' perspectives on language acquisition for their children. Thirty Dene speaking mothers from a northern first nation community were administered a survey in a face to face format. The survey was replicated in part from previous studies on language acquisition of cultural groups in Canada. This paper will describe the challenges in trying to adapt such a survey, including issues of administration, translation, and survey validity and reliability. Challenges in adhering to Western research standards while displaying cultural sensitivity to its participants by way of acknowledging the community's indigenous knowledge and English as an alternative language (EAL) issues are discussed.

As Johnson (1992) explained "The purpose of a survey is to learn about characteristics of an entire group of interest (a population) by examining a subset of that group (a sample)" (p.104). In a bilingual language acquisition study, Guitierrez-Clellen & Kreiter (2003) made reference to questionnaires being successful when obtaining specific language histories from families. Squires, Bricker, & Potter (1997) noted how questionnaires are valid tools for screening and identification of language impairment. Siren (1995) favourably discussed the use of questionnaires for collecting information on language histories from culturally diverse families.

Two language based studies which used surveys are Johnston and Wong (2002) and Simmons and Johnston (2007), who looked at Canadian Chinese mothers and Canadian Indian mothers, respectively, in comparison to Western mothers, in terms of mother-child interaction

## Using a Western-Based Survey to Assess Cultural Perspectives

### Acknowledgements:

*This project was funded by the Aboriginal Capacity and Developmental Research Environments (ACADRE) Program, a Canadian Institutes for Health Research - Institute of Aboriginal Peoples Health (CIHR-IAPH) initiative coordinated through the Centre for Aboriginal Health Research at the University of Manitoba. In addition, a research grant was received from the Northern Scientific Training Program (NSTP).*

patterns. I based my own survey items on the survey used in these studies, altering the questions where necessary to reflect, as best possible, Aboriginal language and culture. I developed the survey based on the literature and what members of the community reported regarding communicative competence in Aboriginal children.

### Purpose of Study

Three research questions were developed to guide my inquiry into Aboriginal language development, specifically within the Dene families of the northern community of Lac Brochet, Manitoba:

1. Are there any demographic attributes of caregivers that influence their attitudes and beliefs regarding how language is learned in pre-school years?
2. What do caregivers perceive or believe to be child-rearing practices that are influential in promoting language development in their children?
3. What do caregivers report regarding how frequently they use discourse practices believed to be influential in terms of language development?

The significance of gathering these perspectives was to educate language specialists and educators on the extent that culture and community dialect affect how language is learned by children of this community. This information may be further extended by specialists to develop and provide proper assessment protocols and treatment measures when working with Aboriginal children. An information meeting was held in the community prior to addressing the research questions.

Thirty mothers from Lac Brochet were recruited for the study, as well as 30 non-Aboriginal mothers for the comparison group. The two sample groups were matched as best as possible on demographic characteristic, such as socio-economic status, age of children, and level of education. Such environmental factors are noted in the literature to be influential language development of children (Fewell & Deutscher, 2004; Hart & Risley, 1995; Rush, 1999; Schacter, 1979; Snow, Dubber, & De Blauw, 1982; Tough, 1977; Vernon-Feagans, Hurley, Yont, Wamboldt, & Kolak; 2007). These studies revealed how participation in dialogue is crucial to attainment of sophisticated language forms or higher functions of language.

All mothers in Lac Brochet had Dene as their first language while the comparison Western mothers were speakers of Canadian English. To present a cross-cultural perspective on how Aboriginal children acquire language, I looked at studies by Crago (1990a; 1990b) with Inuit children, Scollon & Scollon (1981; 1984) with Athabaskan natives in Alberta, Philips (1983) with Native Americans in the state of Oregon, Schieffelin (1983) with Kaluli people of Papua New Guinea, Heath (1983) with Black and Anglo mothers in the upper Eastern United States, John-Steiner and Panofsky (1992) with Black, Hispanic, and Native American cultural groups, Johnston and Wong (2002) with Canadian Chinese and Anglo mothers, and Simmons and Johnston (2007) with Indian and Euro-Canadian mothers, all of which noted the differing values and beliefs when caring for young children and how social occurrences reflect on language development.

### Survey Development

Members of the community, including a research assistant and cultural informants, were involved in deriving the research questions, administration of the survey, interpreting the results, and discussion of the findings. The survey (Appendix A) used in this study was adapted, with permission, from a survey (Appendix B) used in Johnston and Wong's (2002) study of Western Canadian and Chinese Canadian mothers and their beliefs and practices regarding children's language interactions. In order to include Aboriginal perspectives, questions (items) from the original survey were removed and replaced with items that related more to Aboriginal practices and beliefs.

A research assistant was recruited to complete face to face interviews (survey questions). She was a young female member of the community. As part of the training, a pilot videotaped interview guide with an Aboriginal volunteer was completed before beginning the data collection. The purpose of this step was to reassure me, and the research assistant herself, that she was confident and independently capable of conducting face-to-face interviews. This tape was reviewed with the research assistant to establish if (a) the interview guide was of appropriate length, and (b) the process of collecting the data was appropriate (e.g. the research assistant was comfortable in administering the survey questions and the



participant was at ease in answering the survey items)

The development of effective questionnaires or surveys to gather responses in the context of a cross-cultural study is an area of research that is actively growing due to concerns of *response bias* (Cronbach, 1950; Hui & Triandis, 1989; Marin, Gamba, & Marin, 1992; Paulhus, 1991). *Response bias* is “a systematic tendency to respond to a range of questionnaire items on some basis other than the specific item content (i.e., what the items were designed to measure)” (Paulhus, 1991, p.17). Cross-cultural studies are susceptible to providing conclusions drawn from empirical data that are not sensitive to different response patterns seen in various cultural groups studied. Paulhus (1991) further explains “To the extent that an individual displays the bias consistently across time and situations, the bias is said to be a *response style*” (p.17).

Dolnicar and Grun (2007) list six different response styles in their study, with *Extreme Response Style* (ERS) being the one that has been the focus of most related studies. ERS is a style that is best described as tending to pick the extreme ends of the scale; the extreme negative or extreme positive response. Hui and Triandis (1989) and Marin et al. (1992) are two studies that looked at ERS as a response style in studying Hispanic and Western groups. Both studies concluded there was no difference between the Hispanic and non-Hispanic response styles, as both were classified as ERS. Adding further to the complexity of using surveys to study cultural groups, these studies employed different multi-category scales, ranging from a 4-point scale used in Marin’s study to a 10-point scale used in Hui and Triandis’s study. Dolnicar and Grun (2007) remarked on the lack of consensus in regards to the most appropriate range of scale for use in a cross-cultural study and that further investigation is necessary.

Thus, different response styles will lead to different probabilities for the categories to be chosen (e.g. the choice of Never (1) versus Always (5) on a 5-point Likert scale). A participant classified as having an extreme response style is more likely to pick end points of the scale, while respondents with a mild response style have a lower probability of doing so. Response style bias is a concern for cross-cultural studies, as participants’ responses may not reflect the content of the survey, but instead, the cultural values of those which are surveyed (Dolnicar & Grun, 2007). Of the studies reviewed, there were none completed that looked at Aboriginal response styles.

The measurement scales used in Johnston and Wong’s (2002) study remained unchanged in my study (summative scales or Likert 5-point scale) with the first set of questions pertaining to cultural *beliefs*, and the remaining questions related to the *frequency* in which the

practices (survey items) are maintained. Ten of the 20 *belief* questions were removed from the original survey and 14 new questions were added, making a total of 24 *belief* questions. These new questions are listed 1-14 in the adapted version (Appendix A).

I prepared the 14 survey questions having (a) completed an extensive literature review on cross-cultural language acquisition (b) an educational background in language acquisition, (c) close consultation with a bilingual research assistant, and (d) personal clinical experience as a speech-language pathologist working with young Aboriginal children..

In formulating questions 4, 8, 13 of the survey, I looked at the research by Crago (1990a) and Scollon and Scollon (1981; 1984) concerning their observations of Aboriginal classrooms, in the hope of drawing out similar cultural views from the participants. For example, Crago’s (1990a) study showed how classroom teachers are sometimes more concerned if an Inuit child is overly talkative, rather than quiet. Scollon and Scollon (1984) mentioned how an Athabaskan grandparent felt that it is not desirable to have young children talk a lot. Crago and Eriks-Brophy (1993) noted how Inuit mothers may not feel comfortable stimulating expressive language the same way that Western mothers are taught to do (questions 6, 9, 13). Young children most often learn language as a product of sibling interactions in play, not from direct elicitation methods or one-on-one play with the caregiver. The use of narratives, however, is a more preferred and natural method of teaching (Scollon & Scollon, 1984; John-Steiner & Panofsky, 1992). Two Aboriginal SLPs working in Canada made reference to response lag times, eye contact, and the strong connection these Aboriginal communities have to nature and oral traditions (Ball et al., 2006) (questions 1, 2, 7, 8, 10, 14, 21). Response lag-time differences compared to Western groups were also noted in Philips’ (1983) work with Native Americans and Crago’s studies with the Inuit of Quebec (1990a). Philips showed how young children tend to be more physical and learn best through visual and tactile modes. Ball and Lewis’ (2005) project indicated that Aboriginal children tended to be silent in the presence of Elders (question 11). Other survey items were derived from personal experience working with Aboriginal parents and their knowledge of language acquisition (3, 5). The remaining 10 questions (15 to 24) from the original survey (Appendix B) were maintained, as they were considered strong predictors of cultural variance among the Western and Aboriginal groups. Table 1 in Appendix C displayed how the variables in the study (beliefs, practices) related to the research questions and survey items.

### Survey Administration

Most of the literature on the differing types of survey administration has occurred in the field of health care and pertained mainly to response rate, not the validity of the response nor the cross-cultural issues potentially influencing responses.

Studies such as Amodei, Katerndahl Larme, and Palmer's (2003) study on different methods of gathering data showed that self-report or paper format, and interview formats (used with primary care patients), delivered minimal differences. Siemiatycki (1979) completed a comparison study of data collection measures for three different survey formats: mail, telephone, and home interview strategies for household health surveys. The telephone format showed the greatest response rate. Validity of responses were also checked through individual responses and compared to the national database, noting mail-in surveys to be most valid. The validity of the responses may depend on survey content, specifically where the level of sensitivity of survey items is an issue. In this case, mailed surveys may produce the most valid responses as the respondent would not be overtly disclosing sensitive information.

None of the studies mentioned above noted cross-cultural sample groups. The attitudes of Aboriginal and non-Aboriginal mothers were evaluated using culturally sensitive methodology. In order to ensure that the study design was culturally appropriate for both groups of participants, an asymmetrical research design with different interview techniques for the two groups was used. This required adopting the attitude that "different from" is not the same as "worse than" or "better than", and that the same measure will not necessarily assess all mothers fairly. Specifically, the survey was administered to the Aboriginal mothers in a face-to-face interview conducted by the research assistant, who was fluent in Dene and also a member of the community. This supported elements of oral culture, translation into first language, and clarification of items as needed. Having a personable approach to gathering the Aboriginal mothers' perspective seemed more congruent with the literature on Aboriginal sharing circles and social discourse practices.

The surveys were administered to the non-Aboriginal mothers in written format only. This allowed them to complete the surveys on their own schedule and respond without feeling the judgement of the researcher regarding their interactions with their children. Completing the survey privately may have lessened response bias, as their initials would be the only identifying information linked to their answers.

During the stages of participant recruitment, the research assistant asked the Dene mothers' preference in

terms of a location the questionnaire would take place, offering the option of either a private room in the school, or in their own home. All participants requested the interview to be done in their homes, except for two or the 30 mothers who asked for it to be completed at their place of work. Interestingly, I had completed pilot interviews with five Aboriginal members of the community, and all five requested that the interviews be completed at the school. This differing in request for location assured me of the importance of hiring a research assistant who is a member of the community.

The research assistant also completed a pilot videotaped interview guide with an Aboriginal volunteer before beginning the data collection. The purpose of this step was to reassure me, and the research assistant herself, that she was confident and independently capable of conducting face-to-face interviews. This tape was reviewed with the research assistant to establish if (a) the interview guide was of appropriate length, and (b) the process of collecting the data was appropriate (e.g. the research assistant was comfortable in administering the survey questions and the participant was at ease in answering the survey items).

To ensure the appropriateness of the survey in its current form, it was self-administered by two teachers (Resource and Nursery) from Lac Brochet, to comment on relevancy, ease of comprehension, sensitivity, and length, with the option of making suggestions for change. English was the first language for both teachers. Their responses resulted in making some minor changes to the survey. Once the final version of the survey was completed in both languages (oral Dene version, written English version), a pilot study was conducted. Johnson (1992) noted the importance of pilot testing in the development of a survey, regarding it as "the most crucial step" (p. 114). The pilot study consisted of administering four surveys, two with Aboriginal mothers and two with non-Aboriginal mothers. I completed one of the pilot trials for the Aboriginal group and the research assistant completed the other. The survey trials for the non-Aboriginal mothers were mailed out to willing participants. The completed surveys from both groups did not suggest any misinterpretations or confusion. All respondents fit the inclusion criteria. No comments were made at the end of the four trialed surveys. The data from the pilot surveys were destroyed and not included as part of this study.

A survey form of data collection is limited in that it may only indicate whether differences exist between the two groups, but will not provide an in-depth description of the meaning behind these differences. Thus, this survey was the first step toward understanding a small component of a complex paradigm of practices and beliefs within one FN community.

### Survey Validity and Reliability

Western-based research methods (pilot study) as well as accommodating indigenous ways of knowing (face-to-face interview guide to be administered by a known community member) strengthened the validity of the findings. Indigenous knowledge, confidentiality, sharing, respect, and reciprocity towards members of the community were issues considered throughout the project, but especially during times of participant and research assistant recruitment, survey administration, and finally in the dissemination of results to the community. Having a group of cultural informants assisted me greatly in the interpretation of the surveyed responses. In addition to input from the cultural informants, a small comment section inserted at the end of the survey provided some insight at the time of analysis. This step also served to increase the effectiveness of the survey, as it added a qualitative component to the survey. Hines (1993) acknowledged that certain qualitative aspects of inquiry would assist and ideally be incorporated into the survey tool if used in a cross-cultural study. Using a survey in this manner also helped to ensure that the responses on the Likert scale were consistent with responses found in the comment section.

The use of a previously validated survey increased the effectiveness of my own survey and is an alternative cross-cultural method for investigating views and perspectives of different cultural groups. Given the successful results of two particular cross-cultural studies involving a survey design (Johnston & Wong, 2002; Simmons & Johnston, 2007), I used a similar, quantitative approach for this particular study.

The replication of the study with two different cultural groups also adds to the reliability of the measure, particularly since the findings distinguished significant differences between the target and Western mothers. The survey items were also based on well-established literature related to language acquisition and caregiver-child interaction patterns which further supports the validity of the survey contents.

### Survey Translation

The survey was created first in English and then translated to Dene by an Aboriginal woman who is a well-known translator in the community. The Dene version was then back-translated, that is, a second Dene speaker listened to the taped Dene version and translated it back into English. Comparisons were made of the two English versions (original English and English rendition of the Dene translation) to see where discrepancies occurred.

Three questions no longer conveyed the original message. For Q.10 *My child's connection to spirituality*

*is important to me* was represented in the back translation as *"I don't mind my child learning through other spirituality what is right or wrong and I strongly agree and I encourage my child to learn the belief between right and wrong."* The question now became one regarding teaching the child the difference between right and wrong rather than a more general perspective of the role of spirituality. This was not the meaning I wanted to convey to the caregivers, so the translated version was redone in a way that captured the intended meaning more clearly. The final oral Dene version (in translation) became *"How my child understands his knowledge and belief and faith. I really want this for my child."* The next question requiring some attention was Q. 16 *Children understand some words even before they can speak.* This question was translated into Dene as *"Some kids or most of them learn new words by listening even before they speak."* The corrected English rendition of the Dene version was *"Before a child can even speak, they learn new words by listening to others."* The last question that needed correction was Q.18 *If parents use "baby talk" (like wawa for water, or jammies for pajamas) their child won't learn to speak well.* The first translation of this question became *"When a parent speaks to a child like a little baby, then it will be hard, difficult, for a child to learn how to speak properly or correctly."* The corrected oral Dene version when back-translated into the English version became *"When a child is small they speak in baby language and if parents speak to a child in the same way (baby language) it will be difficult for the child to learn or speak correctly."* These corrected versions were incorporated in the Dene audio-taped version of the survey. Review of the back-translated versions of the survey allowed me to witness the diversity between the two languages in terms of word meanings, grammar, and syntax.

The Dene version was not presented in script to the participants, as very few Lac Brochet community members can read Dene syllabic language forms. Therefore, the participants had three choices of survey administration: (a) listening to the translated version by the initial translator (audio-taped version played during the face-to-face interview), (b) listening to the research assistant read out the question in Dene, or (c) reading the survey question in English as presented in the survey. Nearly all participants declined the use of the audio-taped translation. If needing translation, they would ask the research assistant to provide it. This may have been due to the translated version being less personal. The research assistant had familiarized herself with the taped recording during the training process to the extent of essentially memorizing the Dene version. The research assistant stated that the majority of the participants were read the question in English, but then needed some additional clarification that occurred in Dene. Strict guidelines were

not provided to the research assistant in terms of the chosen language of survey administration. The free use of either English or Dene was permitted to incorporate aspects of indigenous methodology, such as reciprocal respect between participants and researcher, and facilitating comfortable and relaxed participation.

In this study, the fact that the Dene mothers of Lac Brochet used English as a second language was an important point that had direct impact on survey responses. Discourse patterns and lifestyle differences in terms of community demographics and context also impacted how a parent may answer the survey questions. These differences can be displayed by a child through body language, eye contact, whole-to-part learning style, visual–kinaesthetic learning style, verbal response time lags, speaking volume, and frequency.

### Summary and Conclusions

In this article, I attempted to describe the various steps necessary to develop and administer a survey that would accurately gather responses from two culturally different sample groups. Adding even more complexity to the development of a survey is having English as a second language for one of the groups sampled. For such cross-cultural studies, the researcher must adhere to methodological procedures in order to strengthen survey validity and reliability. Other issues relating to this particular survey development and administration included a) employing sensitivity towards cultural dependent survey response styles and response bias, b) limited literature to draw from when creating survey items (content), c) interview format and administration, d) language translation issues, and e) Western research practices colliding with culturally sensitive practices.

It is not known whether Dene culture is associated with a certain response style (Dolnicar & Grun, 2007) and if so, this may bias the way participants responded to the survey items. There were no studies revealed in the literature search which looked at survey response styles relating to Aboriginal culture. The Aboriginal mothers' responses reflected an extreme response style. This response style was especially evident in the final 14 questions which looked at *frequency* of language facilitating practices. These 14 questions were not adapted from the previously used questionnaire. The responses from the Western urban mothers were more evenly distributed across the 4-point Likert scale. The same type of varied responses was not seen from the Dene mothers. Nearly all 30 mothers answered these questions with a (3) Very Often, or (4) Almost Always. A graphic representation of the sample groups' responses for each survey item is presented in Appendix C.

Creating the survey items to reflect both cultures presented significant challenges. Most of the studies completed on Aboriginal groups relating to language acquisition and discourse patterns occurred in the 1980s and were researched largely by qualitative measures. Even with a comment section inserted at the end of this particular survey, additional open-ended questions or other means of gathering qualitative information may have helped.

In the initial preparation of the survey, I consulted with the research assistant regarding each survey item to ensure they were culturally appropriate. In doing so, some questions were deleted, while others were changed slightly to provide clarity and ensure appropriateness. However, the research assistant was not a mother, and perhaps did not detect the nuances that a mother in the community might have. In addition, the very nature of Aboriginal discourse, where speakers are less overt and opinionated compared to Westerners (Scollon & Scollon, 1995), may have influenced how the Dene mothers responded. There were also survey items that included vague vocabulary, such as “play” or “instructions”, and these terms were open to a broad range of interpretations. For example, the first two questions asked about children's preferences for indoor and outdoor play activities. Judging by the varied responses within both groups of mothers, factors other than culture, such as the age of the child or the time of year, may have influenced the mothers' responses.

In terms of the internal validity of the survey, using survey items that were replicated from previous (non-Aboriginal) studies may not have been appropriate. Given the range of variability within First Nation communities and the current findings, these items were not as effective as expected in identifying differences between the Dene and non-Aboriginal mothers' responses.

The reliability of the survey was weakened by using two different forms of survey administration – interviews with the Dene mothers, and mailed, self-administration with the non-Aboriginal mothers. The decision to have the research assistant interview the Dene mothers was based on following a more culturally appropriate protocol, where a trusted member of the community would facilitate open and forthright responses. Allowing the research assistant to have free use of language (Dene and English) also weakened both survey validity and reliability, as it was difficult to determine how confident the Aboriginal women were in answering the questions in either English or their native language.

My absence from the community throughout the majority of the interviews in Lac Brochet may have made a difference in terms of ensuring that the interviews were being conducted in a manner that was



consistent throughout data collection. I had no way of recording how much clarification was necessary during the administration process. This information would have allowed me to have a better sense of whether or not there may have been issues of EAL. Since the interviews were typically occurring in an informal setting (mother's homes), the research assistant may have unknowingly elicited a specific pattern of responses, which I was unable to monitor.

Finally, my reasons for not conducting a similar type of interview with the Western urban mothers stemmed from feelings of apprehension in conducting such personal interviews, as these mothers may have sensed judgement by a professional. However, in retrospect, I could have avoided this presumed bias had I recruited a research assistant to conduct these interviews, who was part of this small, urban, low socioeconomic group of mothers.

Although the demographic information was gathered similarly to what was done in the Johnston and Wong (2002) study, the *extent* to which the caregivers used two languages was not recorded in great detail in the current study. Instead I relied on anecdotal information from the research assistant and the cultural informants. All Dene caregivers listed Dene as their first language and English as a second language. All Western mothers listed English only as their first language. It may have been worthwhile to gather more specific data on language use for the Aboriginal mothers to aid in the interpretations of the results, such as: the language used most often with children, language used with other adults in the home, and views regarding transitioning of the language from home to school. Some of this information was relayed through the comment section; however, not all Dene mothers chose to present their views in such detail.

All of the above factors resulted in differences between the two groups that may have influenced the differences or similarities found in the survey results. In order to truly understand the cultural differences regarding future comparison studies of Aboriginal language acquisition, it would be necessary to match participant groups on age, gender, economic, education, urban/rural, bilingual/ monolingual (with a need to maintain a heritage language) and possibly religious orientation.

### **Strengths of the Study**

Methodologically, the study recognized the ethical principles set out by the various governing agencies (ACUNS, CIHR, NIHR, RCAP) when completing research with Aboriginal people in terms of cultural sensitivity, recruitment, reciprocity, participatory research, respect for indigenous ways of knowing, and dissemination of the findings. Examples of adhering

to issues of cultural sensitivity were shown in hiring a research assistant, as well as cultural informants, to assist in the interpretation of the results. These individuals were key to the success of the study. Accommodating indigenous ways of knowing, such as allowing a face-to-face interview guide to be administered by a known community member, strengthened the validity of the findings. Having worked in this community for several years leading up to this study, I was able to establish a sense of trust with key stakeholders in the community.

Using a survey tool that was replicated from published surveys strengthened the validity of the findings, and added to the reported differences and similarities in language perspectives across varying cultural groups in Canada. The method of analysis chosen was thorough and allowed me to compare both individual participant responses as well as the groups' responses as a whole. Additional analyses, beyond what was completed in the replicated studies, were carried out to further substantiate the results. Furthermore, the survey allowed for qualitative comments to be added by the caregivers, where expansion was necessary to justify their survey responses.

In preparation for this study, I expected the survey to reveal cultural differences in the beliefs and reported practices of language interaction patterns between Aboriginal and non-Aboriginal mothers to a greater extent than what the survey responses revealed. This expectation was based on previous ethnographic studies researching Aboriginal cultural traditions, the strong connection between culture and language, along with the results of similar surveys used with other minority groups in Canada.

As a new researcher and creator of a survey tool, I needed to reflect on the lack of differences seen in the mothers' perspectives between the two groups and try to determine whether it was the survey tool itself or the study's design and methodology that brought about the apparent lack of differences, or was it simply a true reflection of this particular group of Aboriginal mothers. Only future research can determine this, perhaps taking place in the same community, with different methodological procedures. The lack of research in the area of Aboriginal language acquisition justifies further studies to be completed.

Regarding the survey tool itself, researchers attempting to conduct similar studies may want to include more Aboriginal knowledge in the construction of the survey itself by involving members of the community in the initial process. I relied heavily on past literature and the research assistant in creating survey items. I could have instead asked members of the community to help me create appropriate questions specifically related

to language acquisition, and not to rely solely on the research assistant.

The Dene mothers were bilingual, while the urban mothers were not. Although both of Johnston's studies revealed that the main language at home for the non-Western comparison groups was their native language (Cantonese, Hindi, or Punjabi), these non-Western samples were both situated in a large urban centres of Canada. It would be of interest to complete a study comparing urban Aboriginal mothers with urban Western mothers, or alternatively rural Aboriginal mothers with rural Western mothers, so that the demographic attributes of the samples could be more comparable than what occurred with this study. Also, an observed difference between groups is more likely to occur in a larger sample size.

Finally, survey administration methodology that was similar for all targeted groups may have proven more helpful than asymmetrical survey methods in distinguishing groups. However, the researcher's decision to chose a Western-based design over a one that shows more cultural sensitivity towards group participants is one that needs to be well thought through and individualistic in its approach.

In the identification of culturally relevant differences between the two groups of mothers, it would be worthwhile to explore these differences further. Thus, additional research is necessary to understand the meaning behind identified behaviours in this study. Such qualitative-based studies could be in the form of language sampling, both in the home and in the school, which would again add to the emerging database of cultural practices believed to be related to language emergence. These studies could then be compared to the present study which instead incorporated a quantitative-based survey tool.

This study served to provide valuable information on gathering Aboriginal perspectives using an adapted survey, which incorporated aspects of indigenous methodology and included a section for open-ended comments. In addition, assistance from a member of the community in creating the survey, cultural informants to help analyze the data, and incorporating an asymmetrical study design provided additional indigenous methodology.

## References

- Amodei, N., Katerndahl D.A., Larme, A.C., & Palmer, R. (2003). Interview versus self-answer methods of assessing health and emotional functioning in primary care patients. *Psychological Reports*, 92, 937-948.
- Ball, J., Bernhardt, B., & Deby, J. (2006). First Nations English dialects in young children: Forum proceedings. University of Victoria, School of Child and Youth Care & University of British Columbia, School of Audiology and Speech Sciences.
- Ball, J. & Lewis, M. (2005). First nation elders' and parents' views on supporting children's language development. Report presented at the Canadian Association of Speech-Language Pathologists and Audiologists, Regina, SK, May 6.
- Crago, M. (1990a). Development of communicative competence in Inuit children: Implications for speech-language pathology. *Journal of Childhood Communication*, 13, 73-83.
- Crago, M. (1990b). Professional gatekeeping: The multicultural, multilingual challenge. *Communiqué*, April, 10-13.
- Crago, M. & Eriks-Brophy, A. (1994). Feeling right: approaches to family's culture. *Volta Review*, 95(5), 123-129.
- Cronbach, L. (1950). Further evidence on response sets and test design, *Educational and Psychological Measurement*, 10, 3-31.
- Dolnicar, S. & Grun, B. (2007). Cross cultural differences in survey response patterns. *International Marketing Review*, 2-36.
- Gutiérrez-Clellen, V. F. & Kreiter, J. (2003). Understanding child bilingual acquisition using parent and teacher reports. *Applied Psycholinguistics*, 24 (2), 267-288.
- Hines, A. (1993). Linking qualitative and quantitative methods in cross-cultural survey research: Techniques from cognitive science. *American Journal of Community Psychology*, 21, 729-746.
- Hui, C. H., & Triandis, H. C. (1989), "Effects of culture and response format on extreme response style", *Journal of Cross-Cultural Psychology*, 20, 296-309.
- John-Steiner, V. & Panofsky, C. (1992). Narrative competence: cross cultural comparisons. *Journal of Narrative and Life History*, 2 (3), 219-233.
- Johnson, D. (1992). Approaches to research in second language learning. New York: Longman Publishing Group.

- Johnston, J. & Wong, M.Y. A. (2002). Cultural Differences in Beliefs and Practices Concerning Talk to Children. *Journal of Speech, Language, and Hearing Research*, 45, 916-926.
- Marin, G., Gamba, R. J., & Marin, B. V. (1992). Extreme response style and acquiescence among Hispanics - The role of acculturation and education. *Journal of Cross-Cultural Psychology* (23), 498-509.
- Paulhus, D.L. (1991). Measurement and control of response bias. In J.P. Robinson, P.R. Shaver and L.S. Wrightsman (Eds.), *Measures of Personality and Social Psychological Attitudes*, (pp. 17-59), San Diego: Academic Press.
- Philips, S. (1983). A comparison of Indian and Anglo communicative behavior in classroom interaction. In *The invisible culture. Communication in classroom and community on the warm springs Indian reservation*. New York: Longman Inc.
- Scollon, R. & Scollon, S. (1981). Athabaskan-English inter-ethnic communication. In R.O. Freedle, (Ed.), *Narrative, literacy, and face in interethnic communication*, (pp. 7-8). Norwood, New Jersey: Ablex Publishing.
- Scollon, R. & Scollon, S. (1984). Cooking it up and boiling it down. Abstracts in Athabaskan children's story retellings. In: Deborah Tannen (Ed.), *Coherence in spoken and written discourse*. Norwood, NJ: Ablex.
- Siemiatycki, J. (1979). A comparison of mail, telephone, and home interview strategies for household health surveys. *American Journal of Public Health*, 6, 238-245.
- Simmons, N. & Johnston, J. (2007). Cross-cultural differences in beliefs and practices that affect the language spoken to children: mothers with Indian and Western heritage. *International Journal of Language & Communication Disorders*, 42 (4), 445-465.
- Siren, U. (1995). Minority language transmission in early childhood. *International Journal of Early Years Education* (3), 75-85.
- Squires, J., Bricker, D., & Potter, L. (1997). Revision of a parent-completed developmental screening tool: Ages and stages questionnaire. *Journal of Pediatric Psychology*, 22, 313-328.

## Appendix A

### Survey

Thank you for your consent to complete this survey with you. You have the option for this survey to be read to you in English or Dene. We are doing this survey to educate ourselves on how your children learn language. There are many different ways that adults and children talk and play together. We want to find out about how the caregivers in your community talk and play with their children. It is important for us to understand this so that we can assess your children's language in a fair way, and offer appropriate suggestions to you if your child is having trouble learning language or how to speak.

There are no right or wrong answers. The format of the survey is such that you will be asked to choose a number from 1-5 that shows how much you agree with the statement.

For example:

It is important that your child eats breakfast every day



If you strongly disagree with this statement you would answer 1

If you agree with this statement, but not overly agree, you would tell me 4.

If you really have no preference one way or the other, you would answer with 3

When answering these questions, try to think about your children who are in the range of 3-5 years of age or in pre-school.

1. My child spends much of the day playing outside.

Disagree 1    2    3    4    5 Agree

2. My child spends much of the day inside with books and toys (blocks, trucks, play-dough, coloring books, etc.).

Disagree 1    2    3    4    5 Agree

3. I would like to be taught how to help my child to understand and say more words.

Disagree 1    2    3    4    5 Agree

4. I would be concerned if my 4-year old child was not speaking in Nursery/Headstart.

Disagree 1    2    3    4    5 Agree

5. A lot of ear infections may change how a child speaks.

Disagree 1    2    3    4    5 Agree

6. I feel comfortable copying my child's play on the floor (E.g. They are playing with blocks and you go down and play with the blocks too).

Disagree 1    2    3    4    5 Agree

7. It is Ok for my child to not respond to me right after I ask a question.

Disagree 1    2    3    4    5 Agree

8. My child can easily sit and listen to a story without picture books.

Disagree 1    2    3    4    5 Agree

9. My child's brothers and sisters teach him/her new language as much as I do.

Disagree 1    2    3    4    5 Agree

10. My child's connection to spirituality is important to me.

Disagree 1    2    3    4    5 Agree

11. My child will easily talk to an older person (who they know) if given a chance.

Disagree 1    2    3    4    5 Agree



12. My 4-5 year old should attend Nursery/Kindergarten 3-5 days a week.  
Disagree 1 2 3 4 5 Agree
13. When I tell my child a story, it is usually for a purpose (example: teaching).  
Disagree 1 2 3 4 5 Agree
14. Children learn best by doing (provided they are out of danger), for example, how to make toast.  
Disagree 1 2 3 4 5 Agree
15. Parents should ask young children to repeat new words in order to help them learn to talk.  
Disagree 1 2 3 4 5 Agree
16. Children understand some words even before they can speak.  
Disagree 1 2 3 4 5 Agree
17. Speech is especially important because it helps young children to make friends.  
Disagree 1 2 3 4 5 Agree
18. If parents use 'baby talk' (like wawa for water, or 'jamies' for pajamas) their child won't learn to speak well.  
Disagree 1 2 3 4 5 Agree
19. Three year olds are too young to help with household chores.  
Disagree 1 2 3 4 5 Agree
20. Young children learn best when they are given instructions.  
Disagree 1 2 3 4 5 Agree
21. Young children should always be encouraged to communicate with words rather than gestures.  
Disagree 1 2 3 4 5 Agree
22. Young children learn important things while playing.  
Disagree 1 2 3 4 5 Agree
23. Young children should be allowed to take a turn in conversations that include adults who are not family members.  
Disagree 1 2 3 4 5 Agree
24. Grandparents or older family members give good advice about the way that young children grow up.  
Disagree 1 2 3 4 5 Agree

*The following 12 questions will be answered in terms of how often these practices occur. For example, whether or not it always happens or never happens. You will choose the number according to how often it occurs:*

<i>Hardly ever</i>	<i>Sometimes</i>	<i>Very often</i>	<i>Almost always</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<hr/>			
25. Tell my child if s/he uses the wrong word.			
<i>Hardly ever</i>	<i>Sometimes</i>	<i>Very often</i>	<i>Almost always</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
26. Read a book to my child at bedtime or naptime.			
<i>Hardly ever</i>	<i>Sometimes</i>	<i>Very often</i>	<i>Almost always</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
27. Ignore the fact that I do not understand something my child says.			
<i>Hardly ever</i>	<i>Sometimes</i>	<i>Very often</i>	<i>Almost always</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
28. Follow along with my child's topic of conversation.			
<i>Hardly ever</i>	<i>Sometimes</i>	<i>Very often</i>	<i>Almost always</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>

## Using a Western-Based Survey to Assess Cultural Perspectives

29. Repeat what my child says, adding new words.

<i>Hardly ever</i>	<i>Sometimes</i>	<i>Very often</i>	<i>Almost always</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>

30. Talk about what is going on when my child and I are playing or doing things together. Example: When playing tea party, "Now, I'm pouring my tea. You're eating a tea cake. Is it good?"

<i>Hardly ever</i>	<i>Sometimes</i>	<i>Very often</i>	<i>Almost always</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>

31. Tell my child if s/he leaves some words out of a sentence.

<i>Hardly ever</i>	<i>Sometimes</i>	<i>Very often</i>	<i>Almost always</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>

32. Change my words or sentence when my child does not understand me.

<i>Hardly ever</i>	<i>Sometimes</i>	<i>Very often</i>	<i>Almost always</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>

33. Talk with my child about what happened that day when I wasn't there. Example: at preschool, or at home while I was at work.

<i>Hardly ever</i>	<i>Sometimes</i>	<i>Very often</i>	<i>Almost always</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>

34. Use picture books or flash cards to teach my child new words.

<i>Hardly ever</i>	<i>Sometimes</i>	<i>Very often</i>	<i>Almost always</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>

35. Ask my child to repeat a sentence after me.

<i>Hardly ever</i>	<i>Sometimes</i>	<i>Very often</i>	<i>Almost always</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>

36. Ask my child to tell another family member about something that we did together.

<i>Hardly ever</i>	<i>Sometimes</i>	<i>Very often</i>	<i>Almost always</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>

### COMMENT SECTION

Sometimes surveys do not allow you to explain yourself well enough. Please use this page to expand on certain issues that are important to you and your child's language/culture.

---

---

---

---

---

---

---

---

---

---

Thank-you!

## Appendix B

### Original Survey

**Appendix.** Survey Items and Instructions.

We would like to know your ideas about young children. Circle a number to indicate how much you agree with each of the statements below. Here is what the numbers mean:

- 1 = *strongly disagree* with the statement.
- 2 = somewhat *disagree* with the statement.
- 3 = unsure about the statement.
- 4 = somewhat *agree* with the statement.
- 5 = *strongly agree* with the statement.

\*\*\*Think especially about your 2-4 year old child(ren) when you answer.\*\*\*

Here's an example:

	Strongly Disagree			Strongly Agree
A. Young children should have a rest period every day.	1	2	3	4 5
If you strongly agree with this statement you would circle the number 5. If you disagree with the statement, but not very strongly, you would circle number 2.				

Please give us your opinion about the following statements:

	Strongly Disagree			Strongly Agree
1. Children who spend time quietly observing tend to be smart.	1	2	3	4 5
2. It is important to find out what young children are thinking.	1	2	3	4 5
3. Parents should ask young children to repeat new words in order to help them learn to talk.	1	2	3	4 5
4. Speech is especially important because it helps young children to make friends.	1	2	3	4 5
5. Children understand some words even before they can speak.	1	2	3	4 5
6. Parents should let children experiment, even if they might make mistakes.	1	2	3	4 5
7. The proper titles for people ("Aunt" Sally) are important to learn than the names of objects.	1	2	3	4 5
8. Parents should wait until young children ask before giving help.	1	2	3	4 5
9. It is more important for young children to speak clearly than to speak politely.	1	2	3	4 5
10. If parents use "baby talk" (like "wawa" for water, or "jamies" for pajamas) their children won't learn to speak well.	1	2	3	4 5
11. Three-year-olds are too young to help with household chores.	1	2	3	4 5
12. Young children learn best when they are given instructions.	1	2	3	4 5
13. Young children should always be encouraged to communicate with words rather than gestures.	1	2	3	4 5

Appendix C

**Table 1: Relationships between the survey items, research questions, and variables**

Study Variables: Child rearing, beliefs, discourse practices, demographic information	Research Question	Survey item
<p>Responsiveness of maternal speech (Tough, 1977); Value of pre-school (Feagans &amp; Farran, 1982); Reported differences seen in body language, eye-contact, whole-to-part learning style, visual-kinesthetic learning style, verbal response lags, speaking volume &amp; frequency, and spirituality (Ball et al., 2005); Aboriginal children talk is often reserved for important social interactions, not typically oral around Elders (Ball &amp; Lewis, 2005); Aboriginal children generally speak less than Western children (Crago, 1990a; Philips, 1983)</p>	<p>What do caregivers perceive or believe to be child-rearing practices that are influential in promoting language development in their children?</p>	<p>4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 20, 21, 22, 23, 24</p>
<p>Race, culture, bilingualism, socioeconomic status, socio-educational status, caregiver-child interactive occurrences (Connor &amp; Craig, 2006; Curenton &amp; Justice, 2004; Dart, 1992; Diehl, Bennetto &amp; Young, 2006; Fazio, Naremore &amp; Connell, 1996; Gutierrez-Clennen, Pena &amp; Quinn, 1995; Feagans &amp; Farran, 1982; Liles, Duffy, Merritt &amp; Purcell, 1995; Paul &amp; Smith, 1993; Shiro, 2003); Example: a single mother in poverty, caring for small children may not have the time to read stories to their children or have direct one-on-one play together (Snow et al., 1982)</p>	<p>Are there any demographic attributes of caregivers that influence their attitudes and beliefs regarding how language is learned in pre-school years?</p>	<p>Basic Data Sheet 1, 2, 3, 5, 9, 12, 19, 21, 22, 23, 24, 29, 34</p>
<p>Responsiveness of maternal speech (Tough, 1977); Inuit mothers not practicing Western-based language facilitation techniques (turn-taking, expansion, correcting their child's speech, parallel talk, following their child's lead) Crago and Eriks-Brophy (1998).</p>	<p>What do caregivers report regarding how frequently they use discourse practices believed to be influential in terms of language development?</p>	<p>25-36</p>



## 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

Volume 4, Number 2, 2009, pp. 85-98

# In Consideration of the Needs of Caregivers: Grandparenting Experiences in Manitoba First Nation Communities

Rachel Eni<sup>a</sup>, Carol D.H. Harvey<sup>b</sup>, and Wanda Phillips-Beck<sup>c</sup>

<sup>a</sup> PhD, Assistant Professor and Researcher in Canadian Aboriginal Health Research in the Department of Community Health Sciences & Family Social Services, & Principal Researcher of the Maternal Child Health Strengthening Families Program, Winnipeg, Manitoba, Canada.

<sup>b</sup> PhD, Professor and Senior Scholar, Department of Family Social Sciences, Winnipeg, Manitoba, Canada.

<sup>c</sup> RN, BN, Nurse Program Advisor for the Manitoba First Nation Maternal Child Health Strengthening Families Program, and Masters Student, Department of Community Health Sciences, Faculty of Medicine, University of Manitoba, Winnipeg, Manitoba, Canada.

Grandparents can provide valuable time for the bonding of love and understanding between the generations. However, grandparents with primary parenting responsibilities have multiple and unique challenges. They have to balance the care of their grandchildren with concern for the lack of parenting by their own offspring. Moreover, although central to community value systems and a personal sense of meaningfulness, they are assuming primary care for young children at developmental periods in their own lives where personal life goals and health matters may conflict and must, therefore, become negotiated, often at a cost to themselves. Grandparents living with grandchildren without the middle or parent generation present are referred to in the mainstream literature as “skipped generation” families. Research indicates these families are more likely to be economically impoverished (Wang & Marcotte, 2007), headed by women (Fuller-Thompson, 2005), and have household heads that are

### Abstract

Grandparents are valued in traditional and contemporary Aboriginal societies. In this paper we summarize traditional knowledge from Manitoba Aboriginal experiences, and we provide data from contemporary on-reserve grandmothers. Data for this study were collected in 2007 in 16 First nations Manitoba communities. Open-ended semi-structured in-person interviews were conducted in maternal-child centers that provide programs for developmental health for children and their parents (prenatal to age 6). Of the 100 people interviewed, ten of those were grandmothers, and their stories are analyzed in this paper. Results showed that grandmothers provided cultural transmission to subsequent generations, ensured child safety, provided acceptance and care for grandchildren, were challenged by inadequate and unsafe housing and communities, had difficulty providing educational supports for grandchildren, were supported by a network of kin, found community support inconsistent, needed to make a living, and needed more health supports. Implications for policy and research are given at the end of the paper.

unemployed (Fuller-Thompson, 2005). In Canada, grandparents-as primary-caregivers-to-their-grandchildren is a relationship status that is far more common among Aboriginal families, in general.

To better understand the health and social benefits (and costs) of this particular style of parenting, we discussed grandparenting with Aboriginal women in Manitoba. They were part of a larger research project of the Maternal Child Health Strengthening Families Program. The study explored the experiences of parenting and raising children in First Nations communities across Manitoba. We used a qualitative approach to interview 10 First Nations grandmothers living and raising families in their communities. In contrast to findings from previous research, we learned that grandparenting signified a very different connotation for our study participants. Indeed, even the concept of “skipped generation” needs to be

Questions or correspondence concerning this article may be addressed to:

[eni@cc.umanitoba.ca](mailto:eni@cc.umanitoba.ca)  
[charvey@cc.umanitoba.ca](mailto:charvey@cc.umanitoba.ca)

### Acknowledgements:

The authors would like to thank Gladys Rowe for assistance with preliminary data analysis, the participants for sharing their stories, and the funding agencies for making the data collection possible.

Funding for the data reported here came from: Assembly of Manitoba Chiefs and the University of Manitoba Aboriginal Capacity and Development Research Environments Program (ACADRE).

carefully considered: Does this concept apply within the First Nations people living on reserves? What does grandparenting mean in First Nation communities? What implications do these relationships mean in the dynamic functioning of First Nation families and communities in recent decades?

### Theoretical Perspectives

Both ecological theory and a traditional Indigenous four-directions perspective guided this research. Ecological theory is appropriate because of its focus on human/environment fit. White and Klein (2002) identify ecological assumptions, including the dual nature of human biology and culture, human dependency on the environment and on each other, and the organization of human behaviour in time and space.

The philosophy of the four-directions perspective conveys the ways many Indigenous nations, such as Anishinaabe people (called Ojibway in English and Saukteaux in French) and Inineu (known as Cree in English) interpret the world. McDonnell (2006) cites Cajete (1999) for one interpretation of the four directions perspective, which suggests personal development, human relationships, interaction with the natural world, and traditional spirituality are incorporated into it. She calls it “a guide to living which can lead to self-discovery, self-mastery, personal fulfillment and good health” (p. 29). The four-directions perspective is based on a philosophy, which is similar to the ecosystem model, particularly in the role of the interdependent parts contributing to the whole (Lawrenchuk & Harvey, 2001).

For the First Nations peoples of Manitoba, the four-directions perspective contains a vision for whole and healthy Indigenous communities in all areas of body, mind, heart and spirit. It also applies to environmental contexts, relationships and empowerment principles. It emphasizes strong extended family and clan-based relationships; interdependence among parts of the communities; interdependence with multiple levels of the environment, including land, natural resources, formal and informal health, education and social service supports; and responsibilities to govern self and to care for others in the communities (McDonnell, 2006).

The Medicine Wheel, as described to us by the traditional teachings of Mr. Wally Chartrand, a traditional

teacher employed with Ma Mawi Wi Chi Itata’s Windy Hill Community Learning and Wellness Centre at Hillside Beach in Manitoba, established the foundation for our research. Through his teachings to the researchers, programmers and participants of the *Manitoba First Nation Maternal Child Health, Strengthening Families Program*, a vision for healthy, supportive, well-balanced individuals and families living a holistic and balanced lifestyle was validated. In a traditional manner and setting, we learned the connections between our individual and collective lives and the pathological historical, political, social and economic circumstances that have and continue to surround us, and to perceive people as striving towards wellness in light of these hardships; which is a view that contradicts a medical perspective of the world where pathological behaviours are seen as emanating from within inherently dysfunctional selves. We learned to appreciate the depth of environmental impacts on individuals and their communities and to prepare programming and policy from such a vantage point.

The model, as presented by Mr. Chartrand, is a life course model that connects people to their environments and to historical circumstances. It explains our interconnections to others within the community and society and describes the unique contributions of men and women at different developmental stages throughout the life course. Within the model, neither sex is privileged beyond the other nor does any age or developmental period have quantitative advantage over the others. As individuals we are constant teachers and students. We provide and require love simultaneously – and the same is true regarding support, guidance and so on – such is the interdependent quality of people.

According to the Medicine Wheel philosophy, the life of an individual human being begins in-utero. At the time when a baby is taking form within the body its mother, others that will have an impact on the life circumstances of the baby are making preparations. Within this Aboriginal conception of the world, people are spiritual as much as physical. In-utero, the child begins to pick up ancestral messages and these messages have an impact on the health and meaning of his/her life. The life struggles of the parents and grandparents thus inscribe themselves upon the body of the developing fetus. As an illustration, consider the effects of a racist and unjust society on the emotions and behaviours of human beings. These impacts,

manifested upon the bodies, minds and spirits of the older generations, materialize inside of the developing child, and ultimately become his/her/s to resolve. Mr. Chartrand illustrated this tendency of human development through stories regarding the intergenerational impacts of residential school and child welfare policies in Canada. It was also depicted through the search for love, intimacy and belongingness that seep through the life stories of residential school survivors to their grandchildren today.

According to this philosophy, ceremonies and rites of passage are fundamental to individual health and wellness. Through ceremony, individuals learn when and how they are connected to their communities of origin and to their ancestors. Life paths become illuminated and individuals can check when they are on-track or have deviated from the course. The rites of passage and intricate knowledge system are based upon interrelationships within the universe and respect for all life (Cook, 1985).

## Literature Review

In preparation for this study, we conducted an academic review of the literature that included papers written of grandparenting relationships in different cultural contexts. In this review, we learned that most grandparents report high levels of satisfaction with the grandparenting role. Emotional ties across generations were investigated in a national U.S. sample by Monserud (2008). Sampling for this study utilized adult grandchildren, regardless of residency patterns, and results showed that “the parent-child relationship matters for grandparent-grandchild closeness” (p. 191). Differences in understandings of “grandparenting” were considerable between Aboriginal and mainstream populations. Within the Aboriginal climate, where extended family interconnection is the norm and tradition, grandparents assumed roles that were dissimilar from what is typical in the mainstream. Further, there were differences in terms of resources available to support grandparenting in First Nations and in historical circumstances that affected and continue to affect the relationship (i.e., of the Canadian colonial legacy).

### *Focus on the “Skipped Generation” Families*

The notion of a “skipped generation” emanates from mainstream studies that focus on neglecting parents who leave the responsibilities of childcare giving to their parents. Parental neglect might be the result of emotional immaturity, unstable relationships between parental partners, or socio-economic difficulties that lead to a burden of childcare. According to Rothausen-Vange (2005), “skipped generation families are families in which grandparents raise children and parents are absent

from the household. This is one area in which different subcultures may have different norms.” After reading an article on Aboriginal family trends by Brant-Castellano (2002), it became apparent that to perceive a family situation as “skipped generation” implies an unchanging family situation. However, in her writing, we see the Aboriginal family context as being one surrounded within an atmosphere of acceptance, patience, and an allowance for healing within families. In her heartfelt description of the life of her brother Lloyd, Brant-Castellano writes:

*By the time they were expecting their sixth child Lloyd's drinking was wildly out of control. He was arrested repeatedly for impaired driving and fighting. He was neglecting family support needs and his surliness was making life at home intolerable. His wife finally turned him out of their home and divorced him. It would take five years before he achieved sobriety and a degree of stability that would persuade his ex-wife to marry him again. In that interval his three oldest sons were growing to maturity. The network of two large extended families rallied to fill the vacuum created by Lloyd's lapse – uncles who stood as mentors and role models for the boys as they went through adolescence, grandparents who offered material aid and wisdom, sisters and in-laws who gave recognition and support to a mother determined to do whatever it took to provide for her children. After he resumed his place in the home Lloyd told his Alcoholics Anonymous group that he could never make up to his family for what he had put them through. Certainly there were emotional scars that remained after the reconciliation but his children weathered the storms exceedingly well, forming their own families and taking up their responsibilities as providers, pursuing trades and professions.*

After reading this text, to insert the label “skipped generation” into an Aboriginal-based research would be to undermine the very essence of family in this context. Brant-Castellano's family never skipped over the healing needs and struggles of her brother, nor did his family ties fail to influence the generations that came after him. When he was able to do so, he returned to the family, and although, as she writes, some emotional scars remained after reconciliation, he was able to resume his role as husband to his wife and father to his children. The impacts of Canadian society over time cannot be undermined for their impacts on the life struggles of Lloyd, nor can we assume that the impacts of his struggles were not fully appreciated by those who loved and cared for him.

Across cultures, modern families can be very fluid, wherein grandparents assume greater or fewer parenting responsibilities. A U.S. study by Standing, Musil and Warner (2007) investigated transitions in grandparenthood, and results showed that grandmothers were



committed to their grandchildren, but that changing roles engendered changes in personal freedom and brought with them mixed feelings about the evolving roles. Further, as Wang and Marcotte (2007) showed, in another American study, labor force participation by grandparents was higher if they had grandchild caring responsibilities. There was a gender difference as well, in that grandfathers worked more hours and grandmothers worked longer, as compared to other grandparents without child care activities.

Interpersonal relationships between the generations have also been studied. Goodman's (2007) study used triads among generations of skipped-generation households in the U.S. Grandchildren seemed to be able to compensate for parental neglect if grandmothers had close emotional bonds with them. Some households, however, had weak emotional ties across generations, and in those families, grandmothers had the lowest levels of well-being. What seemed to matter was not only the meaningfulness of the relationship to each of the individuals, but also the individual and community resources available to the grandparents to develop the relationship (for example, health and healthcare services, financial and other practical supports to the grandparents). Whether or not values such as respect for Elders and the central responsibility of extended families to share in childcare remained intact also affected individual health and family dynamics.

### ***Grandparenting in Canada***

Since the literature on grandparenting in First Nations was scant, we also looked at grandparenting in Canada as a whole. The research showed that 76% of all Canadians age 65 and older have grandchildren (Rosenthal & Gladstone, 2007). Becoming a grandparent occurs in early mid-life, age 40-50, and thus grandparents often see their grandchildren into adulthood. Grandparents have an average of five grandchildren, and most do not live with them, although 4% live in multi-generational households (Milan & Hamm, 2003). Contact with grandchildren is frequent (at least once a month), mediated by the parent generation (Rosenthal & Gladstone, 2007). Canadian grandparents provide material and social support, in the form of money, services, and advice. To learn the grandparent role, people rely on memories of their own grandparents (King & Elder, 1997). When people first become grandparents they are likely to be in the paid labor force; later on, there are more grandmothers than grandfathers due to the longer longevity of women (Rosenthal & Gladstone, 2007).

Little appears to be known about ethnic differences in Canadian grandparenting (Rosenthal & Gladstone, 2007), even though nearly 20% of Canadians are immigrants

(Statistics Canada, 2008). Current grandparenting practices and beliefs within Aboriginal populations (First Nations, Inuit, and Métis) have rarely been studied. Some statistical data does exist, however. In Manitoba where the overall Indigenous population is now 12% (Statistics Canada, 2008), it is surprising that so little scientific work has been conducted on grandparents. One exception is McDonnell's (2006) qualitative study on the effects of diabetes on grandparenting among Manitoba Anishinaabe grandparents.

Another contribution to the scant literature on Aboriginal grandparents is the work of Fuller-Thomson on "skipped generational households" (2005, p. 331), in which grandparents and grandchildren are living together. She utilized Stats-Can information on family patterns to reach her conclusions. Although the statistics do provide us with some information on the prevalence of family forms, she could not have interpreted cultural meaning of the trends through the data. According to Fuller-Thompson, in this family form, the grandparent has the responsibility for raising the grandchildren, often accompanied with worry over offspring who are either unable or unwilling to parent. She reports this family form as being more common in Aboriginal families. Using Statistics Canada figures of 1996, she reported "First Nations Canadians were vastly over-represented [among skipped generation families] with more than 17% of care giving families were of First Nations descent, although First Nations persons comprise only 2.8% of the total population" (p. 332).

### ***Effects of Governmental Policies on Aboriginal Families***

Various Euro-Canadian practices and policies have dominated Aboriginal family interconnections, community ways of life and laws. For example, in the colonial period 1750-1900, the fur trade conducted by the English and French settlers changed Aboriginal cultures by upsetting residency patterns, kinship roles and relationships, as well as through the spread of European diseases (Castellano, 2002; Young, 1988 as cited in McDonnell, 2006). Over the course of this history, traditional migrations ceased and many died of starvation.

Colonial governments introduced legislation policies to "deal with" "Indians," and they established a residential reserve system which employed "Indian agents," powerful individuals from European descent whose job it was "to police, 'civilize,' Christianize, and educate the Aboriginal people" (McDonnell, 2006, p. 11) according to Eurocentric values.

Residential schools were established in 1894, forcing assimilation of Aboriginal children via destruction of traditional language and values (Ing, 1991 as cited by McDonnell, 2006; Lawrenchuk & Harvey, 2001).



Not only were children adversely affected, but also other family relationships were distorted or destroyed (Castellano, 2002). One serious consequence was the loss of traditional childrearing practices. Since these schools were not phased out until the last quarter of the 20<sup>th</sup> century, persistent social problems including lack of parenting skills are still present today. Indeed, the Government of Canada recently gave financial compensation to residential school survivors, in part to recognize the cultural losses incurred by former students and Prime Minister Stephen Harper made an official apology on behalf of the federal government in June 2008. The child welfare “scoops” of children from reserves, sometimes removing all children in a community, was a horrific consequence of the residential school legacy. Within those circumstances, adult children, survivors of the residential schools, were brutally punished for the inevitable consequences of their upbringing. Carrying on the legacy from residential schools were child welfare scoops that penalized adult children of the residential school system for the very essence of what was stolen from them.

More recently, in the past two decades, newer policies and practices within First Nation communities have focused on strengthening families through revival of culture and language traditions via such community-based programs as Aboriginal Head-Start, Canadian Prenatal Nutrition, Fetal Alcohol Spectrum Disorder, and Maternal Child Health Programs. The effects of these programs on individual roles and responsibilities within the family, child development, community interrelationships, and strengthening parental competencies have yet to be established.

#### *Traditional roles of grandparents in Prairie First Nations Communities*

There have been some pockets of success in reviving traditional parenting practices and values, prior to the establishment of these programs. In Saskatchewan, for example, Aboriginal recollections of traditional grandparenting were shared in a study that emphasized grandmothers’ stories (Ahenakew & Wolfart, 1998). In this study, eight women were asked to remember their childhoods and to describe their childhood communities, in a series of non-directed interviews. The study results showed community spirit to be quite strong, and participants recalled moving from place to place with relatives. Fishing camps were established in the summer time, and trap lines were set in the winter. Whole families went fishing; various members of the communities, usually men, trapped while women prepared skins. Children interacted with different generations, and they learned language, spirituality, skills related to food gathering and preparation, and, in the case of girls, domestic skills such as sewing and beadwork.

In McDonnell’s (2006) thesis work, grandparent participants were asked specifically to recall their grandparents, and similar results were found in Manitoba, as compared to Ahenakew and Wolfart’s findings in Saskatchewan. When McDonnell (2006) asked her urban participants what activities they did with their own grandchildren, they reported teaching good patterns of food choices, “going to the mall,” and discussing spiritual issues. Clearly many activities had changed in two generations.

#### **Focus of the Current Research**

The current study focused on relationships between children and their grandparents in Manitoba First Nation communities. In considering the details of this relationship, including strengths, health, social and economic needs of the individuals as well as of the family, and in light of evolving traditions, and the history of colonial policies towards Aboriginal Canadians and their implications, we chose to focus the study on the perceptions and life experiences of 10 Manitoba grandmothers. Through their stories, we show how past history, current family circumstances, grandparental health and familial responsibilities interact among participants. We begin with a description of the program from which we drew the data.

#### *The Manitoba First Nation Maternal Child Health Strengthening Families Program*

The Manitoba First Nation Maternal Child Health Strengthening Families Program (MFN-MCH-SF) is a federally funded program, jointly administrated, designed and implemented by the Assembly of Manitoba Chiefs and Health Canada, First Nation Inuit Health. The Manitoba First Nation Centre for Aboriginal Health Research, Department of Community Health Sciences, Faculty of Medicine, at the University of Manitoba is the research and evaluation partner that has established a strong and intimate relationship with the program and will follow the program from development into the long-term future. Currently there are 16 Manitoba First Nation communities that are funded to carry on the program (see **Figure 1**). The communities range in terms of geographic location, culture and language affiliations, population size, and infrastructure.

MFN-MCH-SF is an on-reserve, nurse facilitated home-visiting program offering support, advocacy and education to childbearing women, new moms, fathers and their families with children aged 0-6 years. The community-based program teams work to support families, coordinate access to related health and social services (for example, access to services for children with disabilities), and provide health promotion and educational sessions linking with other community-based

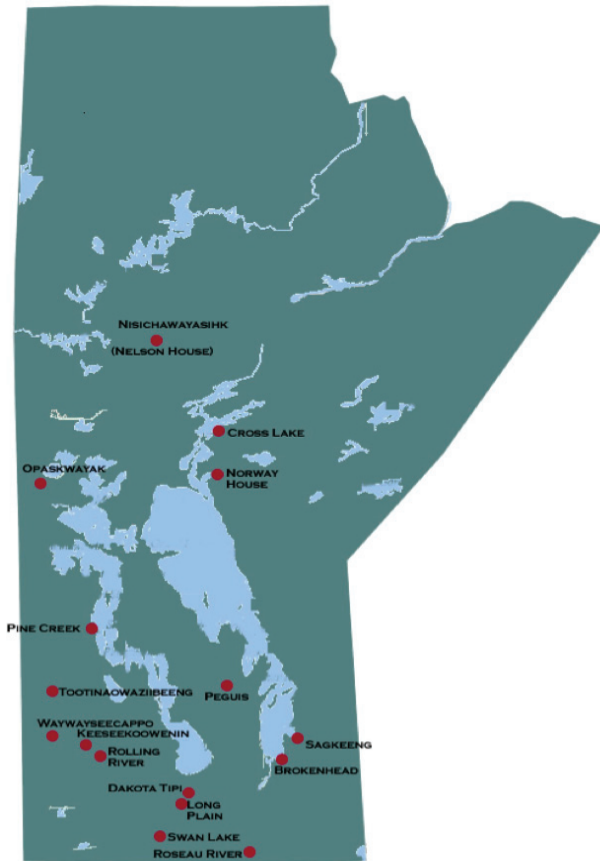


Figure 1. Manitoba First Nation SF-MCH Program Sites

programs. With an emphasis on enhancing the healthy development of children by supporting their mothers and extended families, our program considers issues pertaining to social justice, equity, and the contributions of community-based care giving to a population's overall health. As such, community program teams often meet regionally to explore topics related to their work with families and their own challenges as women, caregivers, professionals, family, and community members.

A comprehensive delivery approach has been made possible through partnerships with Elders, Canadian Prenatal Nutrition Program, Fetal Alcohol Spectrum Disorder Prevention Programs, and Aboriginal Head Start. Other partnerships formed or still being developed are with traditional midwifery programs, nursing services, home and community care, and oral health. At the provincial level, MFN-MCH-SF has established a strong relationship and collaborates with its provincial counterpart, Healthy Child Manitoba's Families First Program. The overall goal of the partnership program is to foster a network of support and strive toward a vision of program excellence to support all families, regardless

of place of residence in Manitoba, thus attending to the massive jurisdictional problems within the system. It is hoped that a goal which is driven by the desire to offer the same level of services to on-reserve residents through this particular type of programming will work toward eliminating the health inequity that separates First Nation people from the rest of Canadians.

All research activities that flow from MFN-MCH-SF are implemented in such a way that it is the communities that define their direction and momentum. As researchers and programmers, our role is to develop community programming and policy interests from the community and then to regional and federal offices. Practices and policies are thus based on the life experiences of the people who will ultimately be affected by them. This is how the current research study came to be: We wondered what it was like to raise young children in Manitoba First Nation communities. To answer our questions, we turned to the experts, those doing the parenting.

### Study Methods

Overall, the objective of the interviews was to understand parenting experiences for caregivers in the participating communities in order to inform better and relevant programming for families in the communities. A qualitative design was implemented in order to allow for an exploration that would situate the values and interests of the caregivers at the forefront. Our design allowed for more than "inclusion of Aboriginal presence, perspective and input into all aspects of self-determination" (de Leeuw & Greenwood, 2003). Rather, our approach was an Aboriginal presented self-determination of maternal, child and family healthcare provision.

Community-based, exploratory, semi-structured, and open-ended interviews were conducted in twelve Manitoba First Nation communities. Sixty-seven parents (including 10 grandmothers as primary caregivers of biological, adopted and foster children as young as one month of age) participated in the study. Interviews were conducted by one or two First Nation research assistants in private family homes or at the community health centers, following participant preferences.

Ethical approval for the study was obtained from the University of Manitoba Health research Ethics Review Board and the Assembly of Manitoba Chiefs' Maternal Child Health Advisory Committee. Interviews were conducted from June to September 2007.

Participants were purposively selected by MFN-MCH-SF program coordinators in each community, using network sampling techniques. Interviews generally were 45-60 minutes in duration. All interviews were tape recorded with the consent of the participants

and transcribed verbatim. Data were analyzed using interpretive descriptive methods and supported by NVivo Software.

### **Description of the Participants and their Communities**

The grandmothers in this study lived in eight different First Nation communities throughout the province. The communities are small, ranging in size from 156 to 4,071 people. All of the communities are rural and semi-remote, located between 50 and 300 kilometers from a major urban centre (Winnipeg, Brandon, or Thompson). Most of the communities are connected to several neighbouring communities, represented by a single tribal council. For the purposes of programming, research and evaluation, all of the participating communities are represented by the MFN-MCH-SF Advisory Committee. Cultural and linguistic backgrounds of the participants are Cree, Ojibway and Dakota.

Although many of the reserve communities in Manitoba are remote and accessible only by air or winter highways, all of the participating communities had all-season road access. The bands are governed by tribal councils and monies for maintenance and programs come from the federal government. Major medical facilities are located in Winnipeg, the largest Manitoba metropolitan area, and at-risk patients are transported to Winnipeg for treatment.

Across Manitoba, social services and support programs are available in some First Nation communities but not in others. For the participating communities, there are MFN-MCH-SF programs, Canadian Prenatal Nutrition, Stop FASD, and Aboriginal Head Start Programs are available to families. High school is available in these particular communities up to Grade 12; therefore, high school students may live at home to finish school, a resource not available for smaller, remote reserves in Manitoba.

Poverty is an important and over-riding experience resident members of First Nation communities, as is the lack of suitable and adequate housing. Since many people are crowded into small homes, and since generations may live in close proximity, some families have children who live in one house but sleep in another. Access to housing and access to particular types of housing vary from one reserve to another.

Most of the grandmothers who participated in the study were in their 50s (N=8), one was in her 40s, and another in her 60s. Four of them had dependent children of their own at home, as well as grandchildren living with them. Children varied in age from infancy to age 23; grandchildren were infants to age 7.

### **Findings of the Study**

In this section we share the issues that the grandmothers found important in raising children in their communities. We learned a number of things that were spontaneously mentioned by the grandmothers. Here, we demonstrate the interrelationships among the issues, using theoretical ideas of Mr. Chartrand in his teachings of the Medicine Wheel to highlight how physical and social worlds intertwine and collide to create the everyday environments within which people raise their children.

#### ***Cultural Transmission***

Within Anishinaabe and Ininew worldviews, depicted in our Medicine Wheel model, family health and overall wellness of individuals is understood as being interdependent upon the broader contexts within which family members live their lives (across time and space). Socioeconomic and political histories are fundamental to trends in First Nation family dynamics. Currently, Manitoba First Nations are implementing self-determination initiatives and are slowly transforming health and governance in their communities. Although many notable developments are taking place, much more needs to be done to ensure equitable overall wellness with the general Canadian population. In doing thus, Canadian governments and their institutions need to take a more active role in assisting First Nation in supporting implementation of their work.

Childrearing is a communal practice in many First Nations communities. Narratives collected by Ordolis (2007) showed that women are traditionally viewed as “keepers of the culture,” and grandmothers particularly are to instill cultural values and identity. The grandmother participants expressed the value of keeping family members together. Indeed, many lived across the street from other relatives. They also wanted to stay in their reserve communities, rather than move to an urban area, despite the hardships in education, employment and social and recreational opportunities. Many expressed the belief that they were the caretakers of last resort, and they expressed the value of living for the children, sometimes not only their own but also for other community members as well. One said, “Oh, if these kids were in somewhere else, they’d probably be tossed from home to home.”

Perpetuation of the culture is another function of grandmothers. Given the difficulties that some participants had in residential schools and the lack of interaction that they had with their communities when they were growing up, it is remarkable the value they expressed in re-learning traditional values and laws, and in participating in traditional activities. For some, First Nation culture was a lifestyle that was simultaneously being learned and taught to the younger generations. For



example, one grandmother reclaiming aspects of her own culture, said of her grandsons, ages 9 and 10:

*They have a real deep interest in the ceremonies. I go to a sun dance ceremony in Alberta. I've been dancing for—this is the 14<sup>th</sup> year I've danced. And those little boys now know a lot about the sun dance.*

This grandmother went on to explain that her grandson took such interest in the sun dance that he later wrote a paper on it in school. Through his writing on the sun dance, the grandmother learned his perspectives of culture and cultural revival.

Another grandmother described the pride she took in her developing new identity, she said:

*The reason I wear a dress is I'm also a pipe carrier. And when you have a sacred pipe, you dress accordingly as a woman; you don't, you know, wear inappropriate clothes.*

For a generation who had lived through the assimilation and exclusionist policies of the residential school system, it was a feat for them to be able to reclaim all that was lost and to work towards bringing back the teachings to their grandchildren. Through their stories, we learned the pain they held in their hearts of not being able to provide such gifts to their own children, and at the same time, the reward of being given “a second chance.” This is a theme that recurred often in the stories of the grandmothers. McDonnell (2006) also discovered this theme in her research writing that the grandparents enjoyed the opportunity to interact with grandchildren when they felt that they had “failed” their own children. In our study, one grandmother told us:

*I was telling my sister last night. I said, 'Isn't it neat about grandchildren? We have a chance after.'*

On the other hand, this same grandmother said, “And we shouldn't be raising our grandchildren. I know this is happening a lot.” We think that what she meant about this was that the parents should be more involved, rather than to say that the grandparents should be less involved. Grandparenting is a gift, but at the same time, some of the women lament the lack of active participation of their children.

### **Safety**

Safety was a theme repeatedly expressed by the grandmothers. All of the study participants talked about the dangers of community living and the compensations they had to make in order to keep their children safe. Structural aspects of the communities caused a great deal of concern for caregivers. Lack of sidewalks or playgrounds, reckless or impeded drivers, proximity to highways, lack of road signs were of concern. Aggression from others, bullying, vandalism, and the “meanness of

teenagers having not much else to do” were also concerns. Some of the comments regarding safety issue in the communities and the compensations made included the following:

*We really don't encourage the kids to be going anywhere. You know, we prefer they stay closer to home.*

*The older kids are into drugs and stuff like that. So we need to keep an eye on that.*

*People go pretty darn fast down these roads.*

*I think they've been exposed to a lot of violence – not in my home but in their parent's home and the Mom and boyfriend's home. There might have been drugs and alcohol in both homes.*

Many of the stories indicated the strong protective factor provided to the children by having access to their grandparents. By having grandchildren in their own homes, grandmothers can monitor the situations surrounding them and thereby protect them.

### **Living with Granny**

The grandmothers offered information about the expressed thoughts of their grandchildren. Grandchildren enjoyed the time they spent with their grandparents for a variety of reasons. Mostly, the grandparental home offered a security to the children not accessible elsewhere. It established a sort of grounding for the children in terms of education, social values, emotional development, and care provision – a trustworthy and dependable source of acceptance. Some of the comments made that helped us to understand the importance of this relationship included the following:

*My granddaughter doesn't want to go home. She says she gets bad dreams about there.*

*My grandson could drop in and stay overnight or he can come back and go visit his mom. I say, 'visit' his mom because he spends the majority of the time at my house.*

*Sometimes the kids just say, 'grandma come pick us up,' so I go pick them up.*

The examples illustrated the fluidity of the relationships and residences with the grandparents, indicating the active role of the extended family in child socialization, as Castellano describes is common among First Nation families (2002).

### **House and Home**

The grandparents expressed concerns about the suitability of their houses and homes for raising children. Housing inadequacies such as overcrowding, lack of running water and modern toileting facilities in Manitoba First Nation communities are well known. It is important



to understand however that despite their concerns, the participants expressed personal meanings and connections to their homes and life on the reserves. People were connected to their home communities through history, land and resource connections, personal relations, the calmness and predictability that the reserve offered. The reserve offers a kind of belongingness and acceptance as family, community, and First Nation people that was not accessible in the cities. At times, participants resided in particular First Nation communities that were not their own, because of marriage or other family relationship or responsibility discussed situations of exclusion from the membership. But overall, even these respondents preferred the community to living in the city.

The physical qualities of housing and the socioeconomic environment may have a negative impact on nurturing family relationships, however. The First Nation Regional Health Survey (RHS, 2002-2003) results indicated that on average, 61% of people living in First Nation communities live in band owned homes (58% in non-isolated communities and 74% in isolated communities). A majority of people (52%) living in these communities had not completed high school (48% and 66% living in non-isolated and isolated communities respectively). More than half (i.e., 57%) of the First Nations community population aged 15 years plus reported having an income in 2002.

According to a Canadian Mortgage and Housing Corporation report based on the results of the 1991 Aboriginal Peoples Survey, half of on-reserve Aboriginal households did not meet “adequacy standards” (full bathroom facilities and no need of major repairs). About one-third did not meet “suitability standards” (enough bedrooms for the household composition) and, among those renting or owning their homes about one-seventh (14%) did not meet the affordability standard. These figures show significant discrepancy in comparison to non-Aboriginal Canadians.

Crowding is more common in First Nation communities and among people with less education, low socioeconomic status and those living in houses requiring major repairs. Overall 17% of First Nations adults reported living in crowded homes. While occupant density has slowly decreased in Canada, the density in First Nations communities appears to have increased in the last 10 years. Many First Nation communities are building houses, but there is much more to be done.

Mold in houses is a problem in many First Nations’ homes. In Manitoba some people will wrap plastic on the exterior of their homes to keep the house warm, and the result is the interior is damp, a condition which produces organisms which contribute to poor air quality and cause serious health problems, particularly asthma.

Household services and amenities often taken for granted in Canadian urban centers are inadequate or missing on reserves (RHS, 2002-2003). In First Nation communities, one in thirty lack cold and/or hot running water and flush toilets. First Nations people were 17 times more likely to be lacking flush toilets than Canadians in 1997. Overall, approximately one in seven First Nation people had neither a septic tank or sewage disposal available to them in their communities. In addition, a majority of homes on-reserve were found to be lacking fire safety equipment including smoke detectors, carbon monoxide detectors, and fire extinguishers (RHS, 2002-2003). The “per capita fire incidence rate is 2.4 times the . . . rate for the rest of Canada,” while the fire death rate is “10.4 times greater; the fire injury rate is 2.5 times greater; and the fire damage per units is 2.1 times greater” (CMHC, 2007, p. 1).

Investigation of the main sources of safe drinking water showed piped water was accessible in 63% of First Nations communities, as compared to 99.8% of Canadians overall (RHS, 2002-2003). Trucked and well water was common to First Nations, and one in thirty households personally collected their water from rivers, lakes or ponds, the local water plant or a neighbor’s home. Approximately 33% of First Nations people consider their main water supply to be unsafe to drink.

Comments about inadequate, crowded housing were interspersed through all our interviews. The condition and safety of the houses is a problem for most of the participants. Overcrowding often results in generations living together, in homes that may have been flooded or are moldy.

*I'd like to get my house painted and fixed up—for the kids because this place is very poorly structured. They were supposed to fix it and they didn't. That's what I mean: Sometimes it's okay and sometimes you don't get nothing done around here. Yeah, it's hard. The flooring is old and I had to buy them all morning slippers, thick pajamas, eh?*

*It's hard to live at my house because it has to be fixed up. The floor needs to be fixed; the bathroom needs to be fixed because we can't take showers there; the plumbing needs to be fixed there and the floor. I started saving up my money to do that, because I talked to housing a lot and they said they don't have no funding to fix houses and stuff.*

### **School**

A majority of people (52%) living in Manitoba First Nation communities have not completed high school (47.8% and 65.6% living in non-isolated and isolated communities respectively) (RHS, 2002-2003). Availability and accessibility of education and supporting resources

are limited in the communities. The grandmothers in our study experienced great difficulties finding educational supports, particularly those for grandchildren with disabilities. Being able to feel confidence that there are others in the community upon whom the grandmothers could rely to assist them in adequately caring for their grandchildren was a problem that many struggled with, “if it isn’t me looking after them, there’s no one I can trust.” One of the grandmothers shared the following:

*They don't even know how to handle him in school. They're not taking up training ... And they grab him from behind in school and they're not supposed to. And I told them and told them.*

*I have a problem with the school system here ... A few of my grandchildren have been expelled. And they're just, like, 6 years old, 7, 8, and 9... Not listening and not paying attention ... I think they're a little harsh in their treatment of our children here in the community school.*

### **A Social Network of Kin**

According to the RHS (2002-2003), 66% of children living in First Nation families lived in households with five or more people, mostly family members. The majority (83%) lived with two adults or more; one-third lived with three or more children/youth. The number of household members ranged from 2-22 with a mean of 5.5. Adults living in the household ranged from one to eleven with a mean of 2.3. Almost all children living in First Nation communities (95%) lived with one or more parents (biological, adoptive and/or step). Statistics Canada (2008) states that 65% of Aboriginal children living on-reserve resided with two parents and 33% resided with a lone parent. In comparison, 75% of Canadian families with children under age 15 in 2002 lived with two parents.

Other adults living in First Nation households included parental partners (i.e., boyfriends or girlfriends) and extended family members. About half of the households with parents and other adults included grandparents (or 16.5% of all households) and about half included aunts, uncles or cousins (or 15.5% of all households). In comparison, 2% of Canadian families were multigenerational in 2001 (RHS, 2002-2003).

The bulk of government housing (including band-owned homes) for First Nations people has been developed for the nuclear family in mind. Housing policies often ignore the reality of three or more generations residing in a single dwelling.

The RHS (2002-2003) Child Survey reported that alternate caregivers of First Nations children were most often relatives (59%), enabling children to stay at home or in the community. This is quite different from other Canadians, whose alternate caregivers are not as likely

to be relatives (50.2%). We learned from our participants that the value and central significance of the children is one that people strive to uphold. People work together to try and keep the children in the community – but sometimes, because of social-psychological health or economic circumstances, are unable to do so. The loss of children to the state (i.e., Child and Family Services) is a tragic outcome with effects that ripple throughout families in the community and over generations.

Although formal assistance or respite care might be difficult to obtain, grandmothers did obtain informal support from other relatives when required. The grandmothers in this study described the help they obtained with in-home child care. One said her ex-partner, the grandfather, watched the children when she was at work, saying, “He lives right across the road.” Adult children of the grandmother, sometimes co-resident, also provided assistance.

Oftentimes the grandmothers felt the strains of balancing work and family responsibilities as the care they received was not actually a ‘substitute for the kind of care they were able to provide. One grandmother who worked full time and had an evening job as well explained this struggle as follows:

*It was the next oldest teenage child helping with—to baby-sit while I was at work. I'd come back lunch hour; you know, quit at 4:30 and have to be back at work at 5:00.*

*My daughter comes and takes my two youngest ones and the teenager at times too, for respite care.*

*At times, even other grandchildren themselves are expected to pitch in:*

*I tell them Granny's old and I have a hard time cleaning Granny's house and he's gotta help Granny. He helps his Granny when he picks up his toys and keep their toys in their room.*

### **Presence (and Absence) of Community Support**

Community support was available in some communities, and one participant was proud to say she took full advantage of the opportunities, saying, “Whenever they want participants, I’m willing to participate in anything.” She had attended cooking classes, programs by Maternal Health, workshops by Child and Family Services, and anger management courses. She said, “I just let everybody know that I need a ride and they’re pretty good with it.”

Although activity around the development and implementation of social service programs in First Nation communities is expanding, several shortcomings remain and availability to such services is sometimes lacking. Several shortcomings remain and availability to such

services is sometimes lacking. One grandmother was asked if she thought the community was helpful in the programs offered. She said:

*The worker that's supposed to be working with him visited us twice. She's not here now, though. . . Nobody does their job right in this community.*

In fairness to the workers, reasons for their inaccessibility might come from situations that are beyond individual control. In our programming and research activities overall, we found that workers in First Nation communities often suffer from professional isolation, burnout (from long hours and multiple demands), low wages, lack of access to appropriate training and other supports. Some workers told us that in order to do their jobs they often had to utilize their own resources.

Another grandmother said:

*Well, I think their intentions are well-meaning. But, again, that's where the catch is: Who's delivering them? Yeah, who's delivering them—consistency?*

Daycare was considered a problem by some grandmothers. One woman lamented inconsistency in childcare, saying, "I put him in daycare. And then, they closed the baby lab down. So every day, I was struggling for a sitter."

Summers also could be a problem with a lack of things for children to do. Although swimming was available on at least one reserve, safety was still considered an issue due to lack of life guard supervision. As a result, most of the time, like one respondent's granddaughter, children are "just staying home watching TV, eating."

One grandmother said the only support she received is from her friends. Later in the interview she said she received help from her parents as well (the great-grandparents), who are themselves foster parents, and from a local nurse practitioner, who the respondent said was "really supportive."

### ***The Need to Make a Living***

Access to employment was a problem mentioned by these grandmothers. One said she works mornings, because afternoon workers were required to make deliveries, so she told her supervisor, "Oh, I can't do deliveries. I don't got no vehicle." She went on to say she did not make much money, because babysitting costs take 5/6 of her earnings.

More than half (i.e., 57%) of the First Nation community population aged 15 years plus reported having an income in 2002 (RHS, 2002-2003), but the income they earned was low on average, about 8% lower than other Canadians. In 2001 the First Nation Regional Health Survey reported a median personal income in First

Nations communities of \$15,667.00 per annum. Income earning is correlated with education. More women than men worked part time.

Often, in order to be able to stay at home and take care of grandchildren, grandmothers sacrifice careers and income security. This might mean an end to personal opportunities and dreams of engaging in public activities that foster self-governance and other First Nation community development work that is of great meaning to the women. More practically, sacrificing employment may mean reducing access to the very resources required for healthy child development.

Opportunities for training and education on-reserve are limited and this poses restrictions on the type of work that people living in the communities can be qualified to do:

*It's kinda difficult to get a job ... You need your certificate.*

Gaining specialized training is usually offered off-reserve, and grandmothers are needed for childcare at home.

### ***Health of Grandmothers and their Grandchildren***

The grandmothers spoke of health issues directly. They are concerned about their continuing ability to care for their grandchildren. One told us that she has asthma and noted, "The majority of our homes here in the community are still mold-infested." Another woman explained that she has lupus. Grandchildren's health was also discussed. One grandson has autism, coupled with a slight hearing loss. Some of the children have behavioral issues that required additional support and understanding of formal caregivers and educators. Treatment for children with more serious diseases and other special needs are generally located in Winnipeg and travel to the urban communities is difficult, expensive and often daunting for women who have the sole responsibility for more than one child.

The health of First Nation people across the lifespan, particularly in childhood and at older ages, affects the relationships between grandparents and their grandchildren. The age structure of Manitoba First Nations indicates a large number of young people, and few people in the oldest age brackets. This means that the burden of responsibility for care giving of the youngest (and largest) age group rests on the shoulders of the fewest people. Additionally, the oldest age group may also need care themselves, in terms of access to health/social services and economic security.

In 2000, life expectancy at birth for First Nations was estimated at 68.9 years for men and 76.6 years for women. These rates differ from the Canadian mainstream by 7.4 and 5.2 years respectively. Concurrently, the First Nation birth rate was 23.4 births per 1000 population, which is



more than twice the Canadian rate. One in five First Nation births involved teenage moms. Cancer rates are increasing among First Nations; diabetes rates are known to be epidemic. There are severe impacts of diseases, revealing the serious lack of access to health services (Martens et al., 2007). Circulatory disease is the most common cause of death for First Nation people 45 years and older. Mental health impacts of residential school and alienation from family and community that may have resulted from the child welfare scoops of the eras have also left their scars on many of the eldest in the communities.

The stories of the grandmothers reveal a need for reciprocity of care giving between the youngest and oldest generations. Often, the only people that the grandmothers could depend upon to share in the care giving were older children (sometimes as young as 5-9 years of age). As caregivers, these grandmothers require support so that they can adequately take care of their own needs. Such support needs include healthcare, social support and networking, economic security, recreational and respite opportunities. Grandparents are people who have much to give, but they also deserve to have adequate resources themselves.

The high cost of food, inaccessibility of nutritious selections, and diminishing availability of traditional, wild foods and berries were also of concern to the participants. Although community-based programs do assist in the provision of healthy foods (milk formulas and cereals) to infants and pregnant women (staple foods), such provisions are not always available to families with older children. Additionally, the programs may not readily offer the support to grandparents that are offered to parents. As programmers and researchers, these are issues to which we need to pay closer attention.

### **Summary and Implications for Policy and Research**

In this study, we examined grandparenting in Manitoba First Nation communities through MFN-MCH-SF. We have examined the social and economic circumstances within which grandparents strove to raise healthy children, including crowded and inadequate housing, low community and personal income levels, high rates of disease, low educational attainment, and employment opportunities. In terms of access to the land and resources, traditional staples were diminished with technological developments of the Canadian government and corporate agendas. In spite of these obstacles the grandmothers turned houses into homes, protecting children from unsafe situations posed by unsettled parents or community level vandalism/violence.

Cultural transmission was a value and gift of the grandmothers to their grandchildren. Even those who had

lost their cultures and languages as a result of colonization were students alongside their younger cares. The cultural values of reciprocity, extended family connection, and lifelong learning were evident here.

Grandmothers reported their grandchildren felt safe and loved in their care. The grandmothers tried to help their grandchildren get through school, even though their own educational attainment may have been low. They solicited help in childrearing when they needed it. They were actively involved in their communities, at times involving themselves in community services and at other times lamenting the lack of formal supports.

### ***Program Implications***

At present MFN-MCH-SF focuses on pregnant and new mothers. Since grandmothers are often involved with childcare, tangible supports to grandmothers ought to be available. Grandparents should be eligible for programs and services related to parenting, as well as having respite services and housework support. Some of our grandparents clearly needed respite and or assistance getting to medical appointments. Some had many people for whom they were responsible, and caring for one grandchild meant help was needed to care for others.

The grandmothers spoke about wanting to have recreational opportunities for their grandchildren, things that are accessible on foot and are safe for children. Expanded opportunities for children, youth, and respite care would alleviate some of the burdens carried by grandmothers. Employment opportunities for older teenage children are limited, and having something meaningful for teens to do would lessen grandmother worry about the young children in their care. Implementing strategies of such a nature will require partnerships beyond the maternal and child health programs and across jurisdictional boundaries and funding envelopes.

### ***Policy to Help Grandmothers Themselves***

Grandmothers we interviewed were in their 50s, still relatively young by Canadian standards. We wonder if they are sacrificing opportunities for their own development or satisfaction. Although they did not complain about needing things for themselves, perhaps some might seek additional training, education or different work if they had support with parenting responsibilities or were not the primary and sole supporters. Caregivers also require care themselves, especially since these individuals have already parented at least one generation. Health, social and recreational supports must be provided to these women.

Clearly grandmothers, like others on reserves, need better housing, sanitation, and water. They need homes that



are big enough for the people who live there, as crowded conditions spread disease and affect overall wellness. For health reasons, ridding homes of mold and creating a physical and nurturing environment that is adequate and safe needs to be a priority of the federal government.

### ***Culturally Appropriate and Flexible Family Policy***

These families are different from mainstream Canadian experiences, and the concept of “skipped generation” is inadequate. For the most part, First Nation grandmothers are younger than their Canadian counterparts, and their offspring may be very young parents (e.g., early teens). Therefore the flow between and among generations is continuous: Women become grandmothers while they are still raising children themselves. Grandchildren become part of the community, moving easily among various kin.

Since family life flows in a continuous stream from generation to generation, culturally appropriate and flexible policy is needed. Communities need to be supportive rather than punitive. Providing programming for parenting, for example, for grandmothers (and perhaps grandfathers, aunts, and uncles) can empower families across the life span. One of the advantages of having evaluation run parallel with program development is that the program has already responded to various identified needs. Opportunities and support for teens, young and older adults are required to assist these age groups in contributing more creatively and meaningfully to family and community life.

### ***Theoretical implications***

We began this study with an ecosystem or Medicine Wheel approach. We found this theoretical model useful to describe grandmothers’ experiences, to organize their voices into themes, and to show interrelationships among various aspects of their lives. The approach is also useful to accurately present participants’ lived experiences. This is a vantage point that is based on balance and harmony among distinct, explicit and interdependent roles and responsibilities of men and women.

Indigenism, as defined by Hart (2007) is the recognition that the influences of persistent colonization continue to affect Indigenous peoples. These influences are absorbed by the body and manifest health outcomes and affect even our intimate relationships. Rather than being a reaction to the dominant worldview, as are post-colonization theories, Indigenism is grounded in a distinction from a mainstream societal experience of the world. A discovery of the worldviews and practices that constitute Indigenism is, in itself, part of the learning process, as research participants actively engage in a research method that is self-determined, co-designed and

delivered by Aboriginal health researchers, community-based researchers, programmers, and family members (Eni & Hart, 2008).

In choosing this particular methodology, researchers can support Indigenous voices within a specific space and time; enhance a meaningful relationship between researchers, health practitioners and program participants; reflect Indigenous core values and beliefs; recognize the role of researchers as subjective contributors to the generation and communication of knowledge; and remain practical to the everyday needs and desires of the study participants and their families (Eni & Hart, 2008).

Emanating from a place that is outside of the mainstream discourse through inclusion of voices of different, non-European perspectives can give researchers and participants in the research the power to direct a practical and academic work towards greater objectivity that escapes political bias and embraces the goal of social justice. As articulated by Tuhiwai-Smith:

*[This is a methodology which] is expressed through and across a wide range of psychological, social, cultural and economic terrains. It necessarily involves the processes of transformation, of decolonization, of healing and of mobilization as peoples. The processes, approaches and methodologies – while dynamic and open to different influences and possibilities – are critical elements of a strategic research agenda (1999: 116).*

Foucault referred to the silencing of other voices beyond the dominant white-male perspective as “subjugated knowledges” (1980a; 1980b). Including only a single voice into official government and academic discourses and relying on these as the basis for health and social policy and practice creates the illusion that what is written in the texts signifies all there is to know about the realities within which people live, breathe and feel. Researchers who omit the voices of the peoples living at the margins of society (as for example, in First Nation reserve communities located throughout provincial and national peripheries) create unbalanced, and in essence, false foundations for the development of policies, programs and services. The work of attending to the actual descriptions of everyday life by the people living in these communities, so far away from the Canadian centers, is a time consuming and difficult task. These data are not so readily available as are much of the quantitative and administrative data on Canadian populations; but the methodology offers a kind of analysis into real lives that is possible through no other means. It allows for a kind of research that has the potential for rebalancing our political system towards one that is socially just, equitable and humanitarian, and as such is a methodology that could be fully supported by the Canadian Aboriginal research agenda. With research that begins on side with the

Aboriginal experience, researchers can express and share a multiplicity of perspectives and experiences and use these to reshape the patriarchal system so that is attentive to the needs, strengths and desires of the research participants, their communities and nations.

Within an Indigenous perspective, our goal is to discover a method of speaking as Indigenous peoples with a specifically defined set of values, traditions, ways of being in and interpreting the world, when in the end, political frameworks are created as per the paradigms of mainstream Canada. Embarking upon a community-initiated, community-lead and community-perspective research study that is meant to capture the essence of the modern-day grandparenting relationship, with implications to health and wellness, has revealed circumstances, value and belief systems that are qualitatively different from grandparenting relationships in the mainstream. In First Nation communities throughout Canada, many families and individual family members strive every day to free themselves from the legacy of colonialism and reclaim their cultures and traditions (for example, raising children within the context of loving, extended families) in spite of it all. Within the confines established by the Canadian governments and their institutions, First Nation peoples struggle to express an Indigenous way of being in the world – this poses a real challenge in *doing* practical First Nation health research. But within such a theory and method, we can represent the world from a particular socially situated perspective that can lay claim to epistemic privilege and authority.

### References

- Ahenakew, F. & Wolfart, H. (Eds.) (1998). *Our grandmothers' Lives*. Regina: Canadian Plains Research Centre and the University of Regina.
- Canadian Housing and Mortgage Corporation (CMHC)(2007). *Fire prevention in Aboriginal Communities*. Socio-economic Series 07-009/.
- Castellano, M.B. (2002). *Aboriginal family trends: Extended families, nuclear families, families of the heart*. Ottawa: Vanier Institute of the Family. [Retrieved March 26, 2008 from <http://www.vifamily.ca/library/cft/aboriginal.html>]
- deLeeuw, S. & Greenwood, M. (2003). *Recognizing strength, building capacity: Addressing substance abuse related to special needs in First Nations communities of British Columbia's hinterlands*. Substance Abuse Task Force: University of Northern British Columbia.
- Eni, R. & Rowe, G. (2009). *Manitoba First Nation Perspectives on Youth Pregnancy and Parenthood Report*. Unpublished Report INAC.
- Fuller-Thompson, E. (2005). Canadian First Nations grandparents raising grandchildren: A portrait in resilience. *International Journal of Aging and Human Development*, 60, 331-342.
- Goodman, C. C. (2007). Intergenerational triads in skipped-generation grandfamilies. *International Journal of Aging and Human Development*, 65, 231-258.
- King, V. & Elder, G. H. Jr. (1997). The legacy of grandparenting: Childhood experiences with grandparents and current involvement with grandchildren. *Journal of Marriage and the Family*, 59, 848-859.
- Lawrenchuk, R. & Harvey, C. D. H. (2001). Cultural adaptation and change: Aboriginal peoples in Manitoba maintain their differences. In C.D.H. Harvey (Ed.) *Maintaining Our Differences: Minority Families in Multicultural Societies* (pp. 71-88). Aldershot, UK: Ashgate Publishing.
- Martens P.J., Martin, B.D., O'Neil, J.D., & MacKinnon, M. (2007). Diabetes and Adverse Outcomes in a First Nations Population: Associations with Healthcare Access, and Socioeconomic and Geographic Factors. *Canadian Journal of Diabetes*, 31(3): 223-232.
- Martin-Matthews (2001). *The Ties that Bind Aging Families*. <http://www.vifamily.ca/library/cft/aging.html#references>.
- McDonnell, D. P. (2006). *Anishinabe grandparents: Perceptions of living with the effects of type 2 diabetes*. Unpublished M.Sc. thesis, University of Manitoba.
- Milan, A. & Hamm, B. (2003). Across the generations: Grandparents and grandchildren, *Canadian Social Trends*, Winter, 2-7. Ottawa: Statistics Canada.
- Monserud, M. M. (2008). Intergenerational relationships and affectual solidarity between grandparents and young adults. *Journal of Marriage and Family*, 70, 182-195.
- Regional Health Survey (RHS) (2002-2003). RHS at a glance: Selected findings from the First Nations Regional Longitudinal Health Survey. Ottawa: First Nations Centre. [Retrieved March 31, 2008, from [http://rhs.ers.ca/English/pdf/rhs2002-3003reports/rhs\\_at\\_a\\_glance.pdf](http://rhs.ers.ca/English/pdf/rhs2002-3003reports/rhs_at_a_glance.pdf)].
- Rosenthal, C. J. & Gladstone, J. (2007). Grandparenthood in Canada. Ottawa: Vanier Institute of the Family. [Retrieved March 26, 2008 from <http://www.vifamily.ca/library/cft/grandparenthood.html>].
- Rothausen-Vange, T.J. (2005). *Family Diversity, a Sloan Work and Family Encyclopedia entry*. [Retrieved March 30, 2007, from [http://wfnetwork.bc.edu/encyclopedia\\_entry.php?id=1138&area=academics](http://wfnetwork.bc.edu/encyclopedia_entry.php?id=1138&area=academics)].
- Standing, T. S., Musil, C. M. & Warner, C. B. (2007). Grandmothers' transitions in caregiving to grandchildren. *Western Journal of Nursing Research*, 29, 613-631.
- Statistics Canada (2008). Characteristics of the Population. [Retrieved April 8, 2008 from <http://www12.statcan.ca/english/census06/data>].
- Wang, Y. & Marcotte, D. E. (2007). Golden years: The labor market effects of caring for grandchildren. *Journal of Marriage and Family*, 69, 1283-1296.
- White, J. M. & Klein, D. M. (2002). *Family theories*. Thousand Oaks, CA: Sage.

## 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

Volume 4, Number 2, 2009, pp. 99-105

# If We Show Them Will They Come? Attitudes of Native American Youth Towards Higher Education

Emmerentine Oliphant<sup>a</sup> and Sharon B. Templeman<sup>b</sup>

<sup>a</sup> Ph.D., Associate Professor, Stephen F. Austin State University School of Social Work, Nacogdoches, Texas, USA.

<sup>b</sup> Ph.D., Associate Professor, Stephen F. Austin State University School of Social Work, Nacogdoches, Texas, USA.

### Introduction

Graduation with a university degree is rarer among Native Americans than any other student group in the US (Kidwell, 1994; Reddy, 1993 as cited in Gloria & Robinson Kurpius, 2001). As Ponterotto (1990) points out, the college graduation rate among these students is highly disproportionate to their numbers in the general population. The literature is rife with documentation that, while most Native American students opt to study at tribal colleges; a significant number do not. The research makes it clear that those who choose non-tribal institutions face a myriad of institutional barriers to their success such as unsupportive institutional climates, inadequate academic preparation, and few Indian role models. The matriculation of Native American students at the host university where the authors conducted this research is about as rare as what is revealed in the literature overall for Native American students.

Texas is one of eleven states in the US with a population of greater than 100,000 Native Americans. Native Americans and Alaska Natives make up .7% of the total population of Texas and represent 25 tribes, 3 of which are federally recognized. About 8,300 American Indians and Alaska Natives were added to Texas' population between July 1, 2006, and July 1, 2007. That is the largest numeric increase of any state (US Census

### Abstract

Indigenous health research should reflect the needs and benefits of the participants and their community as well as academic and practitioner interests. The research relationship can be viewed as co-constructed by researchers, participants, and communities, but this nature often goes unrecognized because it is confined by the limits of Western epistemology. Dominant Western knowledge systems assume an objective reality or truth that does not support multiple or subjective realities, especially knowledge in which culture or context is important, such as in Indigenous ways of knowing. Alternatives and critiques of the current academic system of research could come from Native conceptualizations and philosophies, such as Indigenous ways of knowing and Indigenous protocols, which are increasingly becoming more prominent both Native and non-Native societies. This paper contains a narrative account by an Indigenous researcher of her personal experience of the significant events of her doctoral research, which examined the narratives of Native Canadian counselors' understanding of traditional and contemporary mental health and healing. As a result of this narrative, it is understood that research with Indigenous communities requires a different paradigm than has been historically offered by academic researchers. Research methodologies employed in Native contexts must come from Indigenous values and philosophies for a number of important reasons and with consequences that impact both the practice of research itself and the general validity of research results. In conclusion, Indigenous ways of knowing can form a new basis for understanding contemporary health research with Indigenous peoples and contribute to the evolution of Indigenous academics and research methodologies in both Western academic and Native community contexts.

Bureau, 2008). Yet, there is no tribal college in Texas; the nearest are in Oklahoma and New Mexico (US Department of Education, 2006). These circumstances make a compelling case for universities in Texas to consider the dire impact on the future of Native American youth.

Questions or correspondence concerning this article may be addressed to:

[oliphante@sfasu.edu](mailto:oliphante@sfasu.edu) or [stempleman@sfasu.edu](mailto:stempleman@sfasu.edu)



## Literature Review

### *Theoretical Perspectives*

This study is based on risk/resiliency theory and Bandura's (1986) self-efficacy theory. Although the researchers explored different theories related to indigenous youth and higher education, Bandura's (1986) theory was selected as the conceptual framework for the study. Briefly, the underlying thought in self-efficacy theory is that, unless people believe their actions can produce desired outcomes they have little incentive to pursue a particular direction and to persevere in the face of challenges. Risk-resiliency theory considers variations in response to risk and the prevention of harm through protection. According to Hawkins, Catalano and Associates (1992) risk/resiliency theory is based on the premise that, to prevent a problem, we must first know what risk factors increase the chance of the problem's occurrence. We must then identify ways (e.g. protective factors) to reduce the risks. Both risk and protective factors can occur at the individual, family, or community level.

### *Native American Youth: A Population At Risk*

Native Americans are an at-risk population. They are not only at risk of failure to pursue higher education, but approximately 75% of those who enter college drop out before graduation (Hoover & Jacobs, 1992; Wells, 1997, as cited in Saggio, 2001). This is not surprising given the historically strained relationship between Native Americans and European Americans in which the latter have sought to "civilize" and "assimilate" Native Americans by whatever means necessary (Woodcock & Alawiye, 2001). Despite repeated Congressional action to end discrimination and level the educational arena for Native Americans, as recently as 1991 a report by the US Secretary of Education indicated that:

Many Native students still attend schools with 'an unfriendly school climate that fails to promote appropriate academic, social, cultural and spiritual development among many Native students. Such schools also tended to exhibit a Eurocentric curriculum and "overt and subtle racism." These factors contributed to Native students having the highest high school drop-out rate (36%) of any minority group in the United States. (Reyhner, 1994, np).

Reports on higher education (Gloria & Robinson Kurpius, 2001; Minner, Bizardi, Arthur, Chischille, Holiday, Pyron, Rezzonico, & Yellowhair, 1995; Montgomery, Miville, Winterowd, Jeffries & Baysden, 2000) are similar in finding that persistent barriers to access, retention and graduation inhibit Native American students. Other educational risk factors for Native Americans include inadequate preparation for college,

poor adjustment to the college environment, personal and family problems, lack of transportation, low self-esteem, no cultural diversity on campus, education is not a cultural priority but the tribe is pushing educational achievement, self-sufficiency and financial difficulties (Minner, S., Bizardi, Arthur, Chischille, Holiday, Pyron, Rezzonico, & Yellowhair, 1995; Wells, 1997).

In recent years, tribal leaders recognize higher education as an asset for the tribe encouraging youth to pursue higher education (Larry Williams, personal communication, January 23, 2007). They see the value of a cybernetic system in which knowledge and skills learned in the educational process can be reinvested into the tribe for the future.

### *Native Americans are also resilient*

Despite attacks on their identity and assaults on their culture, Native Americans embrace their distinction consciously and unconsciously. This is true both within and between tribes and serves as a protective factor.

As Native American people we inherit an innate sensibility about the world that originated far back in our ancestral past. That consciousness, that psychology if you will, developed separately and apart from the experience of other peoples who were not indigenous to the land. It is a worldview that is inherent in Native American tribal traditions, most of which were handed down orally in the tribal languages (Horse, 2005, 61).

Horse (2005) explains that tribes are sovereign nations in which their governments are the sole authority that can determine who is, or is not, a member, or citizen, of a given tribal nation. This sovereignty is vested in the tribe as a whole, not in individuals; sense of community is strong. It is common to first identify with one's tribal affiliation and secondarily as an American Indian.

Finally, protective factors identified in the literature (Wells, 1997) to promote student success include pre-collegiate programs, organized tutoring, developmental courses, Native American counselors, Native American content courses, Native American Student organizations, distance education programs, intern and mentor programs, liaison with tribal officials for scholarship procedures/ admissions, American Indian advisors and increased financial aid.

### *Increasing Community Capacity through Asset-Building*

The local tribes, as well as the host university, have strengths and assets on which to build to promote success in higher education for Native Americans and increase cultural competence across the University. As Kretzman and McKnight (1993) point out, the key to successfully building capacity in a community comes from locating



all the available local assets and then connecting them with one another in ways that multiply power and effectiveness. This involves building relationships among locals; mobilizing the community's assets; convening a broadly representative group to build a community vision and plan; and leveraging activities, investments and resources from outside the community to support asset-based, locally defined development. Among the tribal assets to harness for the proposed project are the protective factors noted above. Others will be revealed through this collaborative research. The host University Strategic Plan calls for ensuring that educational support programs are in place to help students succeed and making cultural diversity an integral part of the educational experience (SFA, 2003). The university also has a Multicultural Center and a history of successful, though discrete, involvement with nearby tribes. A key asset within the university is the School of Social Work that is recognized as a leader in rural research and scholarship and it reflects the diversity of the community. The workshop and research was conducted by faculty members from the School of Social Work. As social work educators in a rural context the authors were motivated to empower the workshop participants and guide them towards exploring higher education as an option.

### Research Methodology

With grounding in self-efficacy and risk/resiliency theories and the knowledge of the bleak future that the Native American youth of Texas have regarding higher education, the hypothesis of this study evolved: If Native American youth can see themselves succeeding in a day-long program of motivational activities on the university campus, it can possibly enhance their perception of themselves as more likely to attend university following high-school graduation.

The host university is within 160 miles of two reservations with combined populations of 2,000 tribal members. Pre-study interviews and the literature made a compelling case for examining whether partnerships between the university and local tribes can garner support for Native American students' success in Texas while simultaneously strengthening cultural competence among faculty and non-Native American students. It is hypothesized that the identification of risks that impede both can be overcome by uniting the protective factors within each through sustainable partnerships in which solutions can be found to promote higher educational success for these Texas youth. Through these partnerships, the host university can be an island of hope for Native American students in Texas. In turn, those students and their tribes can bring knowledge of their culture to the university. Among leaders in efforts to strengthen

tribal communities, the W.K. Kellogg Foundation (Boyer, 2000) believes that initiatives are more about collaboration than imposing requirements. Likewise, this study assumes that Native Americans should create their own vision and that together, through collaboration, we can take the next step to discover solutions, access resources to reach and sustain that vision in exchange for knowledge to create a more culturally competent curriculum and university environment

### Purpose and objectives

The purpose of this study was to explore whether an educational workshop related to higher education would change the knowledge and attitudes of Native-American youths. This article provides information on the first step in the Participatory Action Process only. The study was based on the following specific objectives:

- The design and development of a workshop aimed to empower youths towards higher education
- Pre-testing of the attitudes of Native-American youths as it relates to higher education
- Post-testing of the attitudes of Native-American youths as it relates to higher education

Description of changes in knowledge and attitudes of Native-American youths when exposed to a workshop on higher education

### Research Design

The research was exploratory and descriptive in nature. The study was guided by an open-ended question (typically a grand tour question in the PAR process). The question was:

*"In what way can an educational workshop related to higher education change the knowledge and attitudes of Native-American youth?"* A pre-test post-test design was selected in order to effectively measure the changes that took place during the workshop. The main purpose of the workshop was to motivate Native American students to explore higher education opportunities. De Vos (2002) and Rubin and Babbie (2008) stress the importance of using the pre-test post-test design as a way to measure changes in knowledge, attitudes and perceptions. This quantitative study was rooted in a larger participatory action research project (PAR). Participatory action provides an opportunity for researchers and research participants to work in a research team and to engage in collaborative research. The purpose of PAR is to allow research participants to become involved in all aspects of the research process. The PAR model is used with indigenous cultures as a method to enhance participation by all people involved in the project. Different researchers

## If We Show Them Will They Come?

such as Lunt, Fouche & Yates (2008) and Roestenburg & Oliphant (2005) working with indigenous cultures report on the successful implementation of PAR in countries such as Canada, South-Africa, Australia and New Zealand. Kirkness and Barnhardt (1991) emphasized the importance of issues such as respect and responsibility when working with indigenous youth and higher education. The PAR provides an excellent opportunity to develop mutual respect between researcher, research participants and community members. It enhances the responsibility of the research participants (PAR team) to participate in the planning and implementation of the project. The effective use of PAR implies that the research participants, in this case a Native-American community in Texas, became part of the research team. Members of the community gave input in the design and presentation of the workshop.

The workshop was designed based on the specific needs of Native-American Youths to learn more about higher education opportunities. The workshop “If we show them will they come?” was attended by 28 youths from a Native-American reservation in Texas. There were 14 boys and 14 girls in the group. The youths were all in high school. They were accompanied by three adult tribal members and everyone participated in the activities. The workshop included the following activities:

- Welcome Reception by the School of Social Work
- Introductions to Current Students, Faculty, and Staff of the University Multicultural Center
- Career Testing
- Lunch in the University Cafeteria
- Rock Climbing at the University Recreational Center
- Orientation by the Office of Administration
- A campus Tour Including Residence Halls
- Discussion and Question Sessions

### Data Collection

An instrument was developed to pre-test and post-test knowledge about higher education, self-knowledge related to necessary skills to enter higher education and general perceptions related to higher education. The instrument gathered specific demographic data such as age, gender, current grade and family history related to higher education. Although the workshop was presented at a specific university, the instrument also focused on general knowledge about higher education. The instrument consisted of 17 items and a rating format was used. In order to enhance consistency the same instrument was used in the pre-test and post-test. The instrument was developed through the PAR process. Items were identified

by exploring relevant literature. The researchers and leaders from the specific community formulated the items based on the specific objectives of the workshop.

### Instrument

Pre-Post Questionnaire Number \_\_\_\_

Welcome to Stephen F Austin State University (SFA). We hope you will enjoy the day with us. Thank you very much for completing this questionnaire.

Tell us about yourself:

I am \_\_\_\_ years old

I am in Grade \_\_\_\_

I am a girl/boy (Circle)

I have other family members who went to university – yes/no (circle), If so who \_\_\_\_\_

Did that person graduate? \_\_\_\_\_

I live on the reservation/off the reservation (Circle)

I live at \_\_\_\_\_ (address)

The name of my school is \_\_\_\_\_

I like \_\_\_\_\_

One day I want to become a \_\_\_\_\_

Key to questionnaire:

☺ **Yes**

☹ **No**

☺ **Do not know**

① What I know about the university...

a. I know what career opportunities the university offers	☺	☹	☺
b. I am aware of the variety of activities offered at the university (such as sports, music, spiritual, theater, etc.)	☺	☹	☺
c. I know what skills are needed to go to university	☺	☹	☺
d. I know what career I am best suited for	☺	☹	☺
e. The university offers more than just preparation for a career	☺	☹	☺
f. The university is a university that welcomes students from diverse backgrounds	☺	☹	☺

g. The university has resources which will help me succeed	☺	☹	☺
--	---	---	---

② What I think about going to university...

a. I know what kind of work I want to do when I grow up	☺	☹	☺
b. I would like to go to university after completing high school	☺	☹	☺
c. I am currently making plans to go to university	☺	☹	☺
d. Going to university will help me to have a good life	☺	☹	☺
e. If I go to university I will learn more about the world	☺	☹	☺
f. If I go to university I can make many friends	☺	☹	☺
g. Having a university education will give me many opportunities in life that I might otherwise not have	☺	☹	☺
h. Going to university will help me reach my goals in life	☺	☹	☺
i. I know I have the resources to go to university	☺	☹	☺
j. I worry that I will not be able to "make it" when I go to university	☺	☹	☺

Thanks! You are a Star!

### Data Analysis and Results

A descriptive statistical analysis was carried out in order to measure the changes in attitudes about higher education. The results indicated some increases in knowledge related to higher education. In general the workshop also changed some attitudes of participants. The sample was however very small and the researchers could not determine the significance of the differences. The results are only descriptive. The following results were meaningful:

Although the workshop did not specifically provide information about education and career opportunities, the participants indicated a knowledge change as it relates to career opportunities. The pre-test showed a 20% positive response and the post-test showed a 65% positive response to this specific item [*I know what career opportunities the university offers*].

There was a change in knowledge about the variety of activities offered at the university. In the pre-test 90% indicated that they are aware of the activities. In the post test 98% indicated that they are aware of activities offered by the university. Although this is a small change, it is

considered important in relation to the purpose of the workshop.

A change was also observed in the participants' knowledge about skills needed to go to university. Before the workshop 25% indicated they knew what skills are needed to go to university. After the workshop 52% indicated they knew what skills are needed.

The item on selecting a suitable career showed the most change. The pre-test indicated that only 25% knew what career suited them best. The post-test showed that 75% knew what career suited them after the workshop. Since career testing was one of the main activities this increase was anticipated.

Interestingly there was a change related to the diverse environment of the university. 90% of the participants in the pre-test indicated that this university welcomes students from a diverse context. The response changed to 95%.

In the responses to the university having resources which will help them, there was a change. 30% indicated that they did not know, 40% indicated that they were aware of the responses and 30% indicated that they did not know. After the workshop, 20% indicated they did not know, while 70% indicated they were aware of the resources and 10% indicated they still did not know.

In terms of university as a choice after high school, the post test showed that 60% indicated that they wanted to go to university, while 40% were undecided. The item on plans did not show a change and this is probably related to the fact that it is a question which focuses on pre-conditions. 35% indicated that they were making plans to go to university, while 40% were undecided and 25% indicated they were not making plans. Interestingly the workshop contributed to insight development on the value of university to quality of life. The item [*Going to university will help me to have a good life*] reflected a pre-test response of 70% who did not know. After the workshop 55% indicated that they think university will contribute to a better life;

The pre-and post test responses on university's contribution to a better understanding of the world showed little difference. In the pre-test 70% indicated that they will learn more about the world, while 30% indicated they do not know. The post-test showed a change to 75% with 25% still undecided.

After the completion of the workshop there was a 25% increase in participants who felt they will have more friends when they go to university. Of these 25% there were equal numbers of boys and girls.

In the pre-test, 35% participants did not know if a university education will give them many opportunities in life, 15% said no and 50% indicated that it will make

## If We Show Them Will They Come?

a difference. There was a change in the post-test when 80% indicated that it will make a difference, 15% did not know and 5% indicated it will not make a difference. Interestingly, 80% of participants responded that going to university will help them towards reaching their goal and 20% indicated they did not know. Although this was a high response rate in the pre-test, the post-test was even higher. 90% indicated that going to university will help them reach their goal.

On the pre-test most participants indicated that they did not know if they have the resources to go to university (75%). Only 10% indicated that they did have the responses. This did not change after the workshop. It may imply that the question and specifically the concept “resources” is not clear.

Although 75% participants indicated they worry about making it at university, this number showed a decrease after the workshop. Only 40% indicated that they still think they cannot make it when they go to university.

The response to knowing what work they want to do when growing up showed no change. 80% indicated they knew what they wanted to do, 20% did not know. This item was probably confusing because there was an option of “no” and “I did not know”. The latter two were calculated in combination.

The following table provides a summary of the results.

**Table 1: Student Knowledge Enhancement (Pre- and Post-test)**

N=28

ITEM	Before Workshop Pre-test	After Workshop Post-test
Students who have knowledge about what a higher education institution offers	20%	65%
Students who know what skills are needed to attend a higher education institution	25%	75%
Students who know what career suits them best	25%	75%
Students who know what kinds of resources are available at higher education institution	40%	70%
Students who believe that higher education will make a difference in their lives	50%	80%

It is clear that the workshop enabled students to develop a better understanding of what higher education offers. In addition it enabled them to develop self-

knowledge related to their career plans. Taking Bandura’s (1986) self-efficacy theory into consideration, it is important to develop knowledge as part of visualizing outcomes. The results provided evidence that knowledge changes took place and it is anticipated that such enhancement could impact attitudes.

### Study Limitations

Clearly this study is exploratory. The small sample size and purposive sampling make it unlikely that the results can be generalized to other places and times. Due to the small sample, the data was only used in a descriptive manner. The researchers could not apply more than basic descriptive techniques due to the fact that there were only 28 research participants. This type of study should be repeated on a continuous basis and the PAR team is planning more in-depth studies with a larger number of participants. The study is quantitative in nature and it would be valuable to add a qualitative section. By using qualitative methodology the authors will be able to collect in-depth information about the realities the Native American youth are experiencing.

In addition Participatory Action Research (PAR) is a lengthy and time-consuming process. This specific project needs to be implemented over a period of time (at least 5 years) before all members of the research team will see change.

### Conclusions and Implications for Social Work

The literature paints a bleak picture for the future of Native American youth, not only in Texas but across the US, where higher education is concerned.

Multicultural education builds on the development of a comprehensive knowledge base related to different cultures. By using the PAR methodology to engage in research and community development, social work educators and researchers can contribute to the existing knowledge base. It is important to repeat this workshop on an annual basis and to implement more in-depth studies related to the impact of this project. Effective follow-up will enable the researchers and PAR team to determine the role of the project in choices related to higher education. It is clear from literature that this knowledge base should be expanded in order to effectively address the realities Native American youths are facing.

In considering social work practice, it is important to train Native Americans to become social workers. This will empower the community and provide the necessary services to Native Americans. However this specific project is more than training social workers. It is focused on empowering Native American youth and enhancing



their capacity towards higher education in general.

Social workers, more than any other professionals, have professional and ethical mandates to promote social and economic justice for this population at-risk. If we accept as true Bandura's assertion, that Native American youth must believe they can succeed in universities before they can experience success, we must create an environment where they envision themselves as winners. Social work educators must identify risks that inhibit their success and capitalize on cultural, economic, environmental, and educational factors that promote their success. Finally it is of utmost importance to listen to their voices to decipher solutions.

## References

- Rubin, A., & Babbie, E. (2008). *Research methods for social work* (5th Ed.). Belmont, CA: Brooks/Cole.
- Bandura, A. (1986). *Social Foundations of Thought and Action: A Social Cognitive Theory*. Englewood Cliffs, NJ: Prentice Hall.
- Boyer, P. (2000). Kellogg Initiative: Rewriting the way foundations do business in Indian Country. *Tribal College*, 12, 1, 14-20.
- De Vos, A. (2004). *Research at grassroots* (4th Ed). Pretoria: Van Schaiks Publishers.
- Frankfort-Nachmias, C. & Nachmias, D. (1992). *Research Methods in the Social Sciences* (4th Ed.). NY: St. Martin's Press.
- Council on Social Work Education. (2004). *Educational Policy and Accreditation Standards*. Alexandria, VA: Author.
- Gloria, A. & Robinson Kurpius, S. (2001). Influences of self-beliefs, social support, and comfort in the university environment on the academic nonpersistence decisions of American Indian undergraduates. *Cultural Diversity and Ethnic Minority Psychology*, 7, 1, 88-102.
- Hawkins, J., Catalano, R., & Associates. (1992). *Communities that Care: Action for Drug Abuse Prevention*. San Francisco: Jossey-Bass Publishers.
- Horse, P. (2005). Native American identity. *New Directions for Student Services*, 109, 61-68.
- Kirkness, V. & Barhardt, R. (1991). First Nations and Higher education. The four R's – Respect, Relevance, Reciprocity, Responsibility. *Journal of American Indian Education*, 30(3), 9-16.
- Kretzman, J. & McKnight, J. (1993). *Building Communities from the Inside Out: A Path toward Finding and Mobilizing a Community's Assets*. Chicago, IL: ACTA Publications.
- Lunt, N.; Fouche, C.B. & Yates, D. (2008). *Growing Research in Practice: An innovative practice model*. New Zealand Families Commission Innovative Fund. Auckland. Retrieved from <http://www.nzfamilies.org.nz/publications/innovative-practice.php>.
- McClellan, M., Fox, M. & Lowe, S. (2005). Where have we been: A history of Native American Higher Education. *New Directions for Student Services*, 109, 7-15.
- Minner, S., Bizardi, V., Arthur, V., Chischille, J., Holiday, J., Pyron, R., Rezzonico, A., & Yellowhair, B. (1995). Completing university degrees: Barriers for Native Americans. Retrieved 1/20/07 from [http://eric.ed.gov/ERICDocs/data/eric-docs52/content\\_storage\\_010000000b/80/25/39/73.pdf](http://eric.ed.gov/ERICDocs/data/eric-docs52/content_storage_010000000b/80/25/39/73.pdf).
- Montgomery, D., Miville, M., Winterowd, C., Jeffries, B., & Baysden, M. (2000). American Indian college students: An exploration into resiliency factors revealed through personal stories. *Cultural Diversity and Ethnic Minority Psychology*, 4, 387-398.
- Norman, K. & Keating, J. (1997). Barriers for Hispanics and American Indians entering science and mathematics: Cultural Dilemmas. Retrieved January 20, 2007 from <http://www.ed.psu.edu/ci/Journals/97pap22.htm>.
- Ponterotto, J. (1990). Racial/ethnic minority and women students in higher education: A status report. *New Directions for Student Services*, 52, 45-59.
- Reyhner, J. (1994). *American Indian/Alaskan Native education*. Bloomington, IN: Phi Delta Kappa Educational Foundation.
- Roestenburg, W. & Oliphant E. (2005). Diversity Unified –lessons learned from a training institution in transition. *International Journal of diversity in organizations, communities and nations*, 4, 131 -149.
- Saggio, J. (2001). The influence of institutional culture on institutional choice and post-freshman persistence of American Indian/Alaska Native Students at a Bible college. Paper presented to the Annual Graduate Student Conference on American Indian Research (1st. Phoenix, AZ.)
- Sherman, E. & Reid, W. (1994). *Qualitative Research in Social Work*. NY: Columbia University Press.
- Stephen F. Austin State University. (2003). *SFA 08 Placing Student Achievement First. Nacogdoches, TX: Author*. Retrieved January 28, 2007 from [http://www.cob.sfasu.edu/upc/plan\\_final.htm#Directions](http://www.cob.sfasu.edu/upc/plan_final.htm#Directions).
- Tennert, R. (2000). Book review: Native American Higher Education in the United States. *Journal of American History*, 87, 3, 1057.
- US Census Bureau. (2008). Retrieved April 28, 2009 from <http://www.census.gov/PressRelease/www/releases/archives/facts> for features special editions/012782.html
- US Department of Education (2006). Tribal College List: White House Initiative on Tribal Colleges and Universities. Retrieved January 20, 2007 from <http://www.ed.gov/about/inits/list/whtc/edlite-eclist.html>.
- Wells, R. (1997). The Native American experience in higher education: Turning around the cycle of failure II. *Department of Government, St. Lawrence University*. Canton, New York: Author.
- Woodcock, D. & Alawiye, O. (2001). The antecedents of failure and emerging hope: American Indians and public higher education. *Education*, 121, 4, pp. 810-820.

## 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

Volume 4, Number 2, 2009, pp. 106-117

# Knowledge Translation in a Community-Based Study of the Relations Among Violence Exposure, Post-traumatic Stress, and Alcohol Misuse in Mi'kmaq youth

Marc Zahradnik<sup>a</sup>, Sherry Stewart<sup>b</sup>, Doreen Stevens<sup>c</sup>, and Christine Wekerle<sup>d</sup>

<sup>a</sup> Department of Psychology, Dalhousie University, Halifax, NS, Canada

<sup>b</sup> Department of Psychiatry, Dalhousie University, Halifax, NS, Canada

<sup>c</sup> Department of Psychology, Mount Saint Vincent University, Halifax, NS, Canada

<sup>d</sup> Faculty of Education, Department of Psychology, University of Western Ontario, London, ON, Canada

### Introduction

Indigenous peoples world-wide have been confronted with a global economy that would appear to care little for their autonomy or sense of cultural identity (Kirmayer, Bass, & Tait, 2000). In many cases, such rapid change creates a sense of cultural discontinuity, which has been linked in many communities to high rates of problems with depression, alcoholism, suicide, and violence (Kirmayer et al., 2000). The most profound impacts have been observed among indigenous youth (Kirmayer et al., 2000). Unfortunately, such problems exist in many Canadian Aboriginal communities today. Many of the problems that Canadian Aboriginal communities must struggle with have at their origin a colonial past of conquest and subsequent pattern of paternalistic and aggressive attempts at assimilation, culminating in such policies as those that lead to the residential school system (see Armitage, 1995; Indian and Northern Affairs,

### Abstract

In 2004, our research group was invited to continue a research partnership with a Nova Scotian Mi'kmaq community that was concerned about the causes of and interventions for adolescent alcohol misuse in their community. While our previous collaborative research focused on reducing adolescent alcohol misuse by targeting motivations for drinking that were personality specific (see Mushquash, Comeau, & Stewart, 2007), the more recent collaboration sought to investigate the possible relationship between exposure to violence, post-traumatic stress, and alcohol misuse. The present paper outlines the steps involved in gaining community consent, the plan for results sharing, the tangible benefits to the community that have been documented, and future directions and lessons learned. The paper will demonstrate how the principles of Knowledge Translation (CIHR, 2006) provide a framework for this process.

1996; Knockwood, 1992; Miller, 1996). Sadly, 20-30 percent of Canada's Aboriginal Peoples (approximately 100,000) attended residential schools (Thomas & Bellefeuille, 2006), and many of those exposed to the residential school system were abused and/or neglected. The residential school system left many of its "students" alienated from two cultures, without healthy role models for parenting (Quinn, 2007). Subsequently, many lacked the necessary knowledge and skills to provide healthy parenting to their own children (Bennett & Blackstock, 2002; Grant, 1996). And so the legacy of colonization, largely by way of the residential school system, left in its wake a process of intergenerational or multigenerational trauma (Gagne, 1998; Wesley-Esquimaux & Smolewski, 2004), in which many of the problems faced by aboriginal communities today are cyclically perpetuated. In Canada, Aboriginal children and youth are over twice as likely to be investigated, to be reported for neglect, and placed

Questions or correspondence concerning this article may be addressed to:

Marc Zahradnik  
Department of Psychology  
Dalhousie University  
Halifax, Nova Scotia  
B3H 4J1, Canada  
902.494.3793  
902.494.6585  
[mzahradn@dal.ca](mailto:mzahradn@dal.ca)

**Author Notes:**

*This project was supported in part by a Canadian Institutes of Health Research New Emerging Team (CIHR NET) grant held by Drs. Christine Wekerle and Sherry Stewart, as well as an Atlantic Aboriginal Health Research Program (AAHRP), a CIHR-Institute of Aboriginal Peoples Health (CIHR-IAPH) funded Aboriginal Capacity and Developmental Research Environment (ACADRE) research allowance held by Marc Zahradnik. Mr. Zahradnik was also funded by an AAHRP graduate student award, and is presently funded by a Nova Scotia Health Research Foundation (NSHRF) graduate student award. Dr. Stewart is supported through a CIHR Investigator Award and a Killam Research Professorship. Dr. Wekerle is supported through an Ontario Women's Health Council/CIHR Mid-Career Award.*

in foster care than non-Aboriginal groups (First Nations Child & Family Caring Society of Canada, 2005).

It is with this understanding of the larger historical context of Canada's First People that we began a community-based collaborative project with a Nova Scotian Mi'kmaq community that sought to understand how such things as violence, depression, anxiety, and addictions fit together in the lives of their youth today. While we recognize the historical and cultural roots to maltreatment and substance misuse problems in some Aboriginal communities, our study was not designed to test the contribution of these historical factors (Zahradnik, Stevens, Stewart, Comeau, Wekerle, & Mushquash, 2007a). Rather, we sought to examine whether or not there was a pathway from exposure to violence through the mental health consequences of such a trauma (e.g., post-traumatic stress or depression) through to alcohol misuse, in a sample of school-attending adolescents.

The results of our research made a strong case for how certain aspects of post-traumatic stress disorder (PTSD) helped make sense of the exposure to violence – alcohol misuse relationship. PTSD is an anxiety disorder that can sometimes follow from exposure to a traumatic event, like exposure to interpersonal violence (APA, 1994). PTSD manifests itself by way of three symptom clusters: re-experiencing symptoms, hyper-arousal, and avoidance and numbing<sup>1</sup>. Our study demonstrated that the symptom cluster of hyper-arousal served as a mediating factor (i.e., acted as an explanatory bridge) in the relationship between exposure to violence and subsequent alcohol problems (Zahradnik, Stewart, Stevens, Wekerle, & Mushquash, 2007b). These findings are consistent with the self-medication hypothesis (Chilcoat & Breslau, 1998; De Bellis, 2002; Stewart, 1996), in which individuals

use alcohol and/or drugs to alleviate the PTSD hyper-arousal symptoms that resulted from an earlier exposure to a trauma. Both the results of the study and our recommendations have been communicated back to the community. Presently, we are working together with the community to facilitate the process of acting upon the recommendations.

The purpose of the present paper is to demonstrate to the reader how our ongoing, collaborative, community research study (see also Zahradnik et al., 2007a) is congruent with what the Canadian Institutes of Health Research call integrated knowledge translation (KT) (CIHR, 2008a). Integrated KT is an approach to conducting research by which both researchers and research-users work together to shape the research process (CIHR, 2008a). The steps involved in our ongoing KT dissemination plan can be divided as follows: 1) community consent; 2) sharing of results; 3) tangible benefits and documented responses; and 4) future directions and lessons learned. The heading names designated for each step should be conceived of as part of an organizational heuristic for the purpose of this paper. This is because each step (e.g., community consent) often contains within it multiple steps that taken together are consistent with CIHR's six opportunities for KT within the research cycle<sup>2</sup> (CIHR, 2008b). We describe each of our steps in turn, below.

**Community Consent**

As the community we have been working with is a self-governing one, the issue as to what type of knowledge should be researched, let alone translated, had to be decided upon by various levels of the community. Ultimately, the band-appointed directors of both the board of education and the board of health had to bestow

<sup>1</sup> The DSM-IV-TR (APA, 2000) defines PTSD as an illness that is precipitated by exposure to a traumatic event (experiencing or witnessing the threat of death or the physical integrity of a person) in which the individual responds to the traumatic event with a sense of fear, helplessness, or horror, and within a month of the event develops symptoms from the following three symptom clusters: 1) re-experiencing (e.g., nightmares), 2) hyper-arousal (e.g., hypervigilance), and 3) avoidance (e.g., avoiding people or places associated with the trauma) and emotional numbing (e.g., sense of a foreshortened future).

<sup>2</sup> These six opportunities are as follows: 1) defining research questions and methodologies; 2) conducting research (as in the case of participatory research); 3) publish research findings in plain language and accessible formats; 4) placing research findings into the context of other knowledge and socio-political norms; 5) making decisions and taking action informed by research findings; and 6) influencing subsequent rounds of research, based on the impacts of knowledge use.



their approval upon the final iteration of the project, but this final version evolved gradually as a function of community input. To follow is a brief account of how our initial contact with the community led to the identification of two topics about which the community wished to become more knowledgeable. Specifically, these two topics were (1) childhood exposure to violence—in the form of physical, sexual, emotional abuse, and witnessing domestic violence—and (2) post-traumatic stress reactions and PTSD (for a full description, see Zahradnik et al., 2007a).

*Our research team was first invited to work with this community back in 2002, when the community wanted to discuss ways of improving the success of their efforts to tackle teen alcohol misuse in their community. That invitation eventually resulted in the participation of both the community youth and the school staff in the development of a culturally relevant early intervention program for alcohol misuse, entitled “Nemi’simk, Seeing Oneself” (see Comeau et al., 2005), which was shown to be effective in reducing rates of drinking, binge drinking, and levels of alcohol problems in high personality risk youth (see Mushquash et al., 2007). From the qualitative phase of the “Nemi’simk” project, some of the youth identified exposure to violence as being connected to their motivations for drinking. As it turned out, exposure to violence was becoming a topic of concern to some of the community service providers as well, based on their experiences in working with youth in this community.*

In the fall of 2005, a school guidance counselor involved with the “Nemi’simk” project spoke to our group in the interest of collaboration and linked the themes of violence expressed by some of the youths to her own observation of the growing number of disclosures of child abuse in her community. This led our group to reflect on what has been written about the relationship between childhood maltreatment and alcohol misuse. In short, interpersonal violence increases the risk for the development of PTSD (Brewin, Andrews, & Valentine, 2000; Wekerle & Wall, 2002). Not only is the development of PTSD linked to subsequent alcohol misuse (Kilpatrick et al., 2003; Stewart, 1996; Wekerle & Wall, 2002), but sexual assault, physical assault, and witnessing violence are all variables that increase the risk of developing co-morbid (i.e., concurrent) PTSD and alcohol abuse/dependence. Furthermore, some researchers have argued that the relationship between these three variables (maltreatment, PTSD, and alcohol misuse) is best explained by the self-medication hypothesis (Chilcoat & Breslau, 1998; DeBellis, 2002; Stewart, 1996), in which individuals use substances to temporarily find relief from their anxiety symptoms (e.g., hyper arousal). Continued self-medication may then lead to what some researchers have described as a mutual maintenance

model (Jacobsen, Southwick, & Kosten, 2001; Stewart & Conrod, 2008) in which the physiological arousal associated with substance (e.g., alcohol) withdrawal symptoms exacerbates hyper-arousal symptoms leading to the long-term maintenance of the co-morbid PTSD and alcohol disorder.

Given these well-documented, empirical links between variables, and the perceived community relevance, we therefore thought that a study that examined how PTSD symptoms might bridge (i.e., mediate) the relationship between childhood exposure to violence<sup>3</sup> and subsequent problems with alcohol would be well received by the community. We immediately shared this idea with the guidance counselor, which led to a decision to bring this idea before the director of education and other community stakeholders. The guidance counselor was invited to join the research team, and she assumed the dual roles of both a co-investigator and community champion. As credible advocate, she was best positioned to provide the first presentation to the wider community for input and opinion-seeking regarding the consent process to be utilized at the community, high school and individual level.

While a more detailed definition and explanation of what was involved in gaining community consent is articulated in a previous paper by this group (see Zahradnik et al., 2007a), for the purpose of the present paper it is important to summarize how community input molded the nature of the final project. The KT component of this project has been ongoing, and effectively began during the principal investigator’s (PI’s) first formal meeting with the community-based collaborative and therapeutic team (Case Management) and the Inter-Agency (from here on in referred to as an advisory group), which jointly consist of representatives from the following service providers/institutions: Mental Health and Social Work Services, Native Alcohol and Drug Abuse Counselling Association (NADACA), the Health Centre, Home Care, Mi’kmaq Family and Children’s Services, the Regional Hospital’s Child and Adolescent Services, the RCMP, as well as three schools under the jurisdiction of the School Board.

The Canadian Institutes of Health Research has defined knowledge translation as follows:

*Knowledge translation is the exchange, synthesis and ethically-sound application of knowledge - within a complex system of interactions among researchers and users - to accelerate the capture of the benefits of research for Canadians through*

<sup>3</sup> We use this term instead of child maltreatment because we measured physical, sexual, and emotional abuse / witnessing violence, but not neglect.



*improved health, more effective services and products, and a strengthened health care system (CIHR, 2006).*

This definition is particularly important in light of what has been referred to as the “two communities” problem (Caplan, 1979). The term was originally intended to describe how researchers and policy makers inhabit different worlds with different language and culture. However, the term is equally applicable in this context, where the PI and university-based researchers and the community service providers came from “different worlds.” Having the counsel and active support of a community-based advocate, the distance between these two worlds was bridged, given the advocate’s personal and professional ties to the reserve on the one hand, and the knowledge and credentials of a Master’s student of School Psychology on the other.

Issues around maltreatment and addictions were not new to the community advisory group to the research project, and their collective expertise on how these issues have been affecting their community guided the development of the study design (see below). Likewise, many agency representatives, although familiar with the term PTSD in passing, readily appreciated how many of the youth they were seeing were demonstrating behaviors that could be consistent with a presentation of PTSD (e.g., avoidance, volatile temper). However, although the term PTSD was initially used during the presentation to the advisory group, it was ultimately concluded that diagnostic labels would not be used. This conclusion came to pass based on a convergence of views between the community and the research team, since both groups had some concerns about the use of diagnostic labels within this research context. Thus, instead of measuring PTSD categorically (diagnosis is present or not present), the research team was able to choose from several self-report measures for the intended age range that would measure PTSD symptoms on a continuum of severity (very low to very high). This solution left both partners with a sense of confidence in how the study design could maintain a harmonious balance between sensitivity to the community needs and preferences on the one hand and scientific rigor on the other.

The study design continued to evolve through further dialogue with the agency representatives whose community-based knowledge ensured that the study would focus on those issues most salient to the community. Particularly, one key change was to be made to the design of the study before the study was fully embraced by the community. Specifically, at the request of advisory board members, a measure of depression and a measure of resiliency were added in place of other questionnaires, with a concern to be able to

understand when/how youth are able to right a negative developmental trajectory (for a rationale, see Zahradnik et al. 2007a). Furthermore, in subsequent meetings, many individuals were concerned that the questions being asked of the students (about exposure to sexual and physical abuse) might lead to elevated levels of distress, and possibly suicide. This concern was addressed in several ways. First, the PI reassured the concerned individuals that empirical evidence overwhelmingly suggests that answering questions about physical and sexual trauma, or writing about trauma in general, does not tend to lead to elevated levels of distress for most individuals (Carlson et al., 2003), and can actually be therapeutic (Pennebaker, 1997). Second, our community advocate was able to share her professional experience of working with abused youth on a daily basis as a high school counselor where daily functioning was maintained by youth. Third, since the information was to be collected anonymously by paper-and-pen self report measures, it was jointly decided that the measure of depression used should not include a question on suicide, since the team would be incapable of following-up on any students who self-identified as at an elevated risk for suicide (for complete details see Zahradnik et al., 2007a). And finally, the concerned individuals were reminded that Mental Health and Social Work Services (MH & SWS) would be on call during the time of the data collection. There were, though, no reported incidences of students availing themselves of these services as a result of the study, although one youth discussed their maltreatment individually with the school counselor. That youth did not want to pursue individual counseling options at that time.

### Sharing of results

Ultimately, it was collaboratively decided that the following topics would be investigated by way of self-report measures: exposure to violence (Childhood Experience of Violence Questionnaire, CEVQ; Walsh, MacMillan, Trocmé, Jamieson, & Boyle, 2008), post-traumatic stress symptoms (Child PTSD Symptom Scale, CPSS; Foa, Johnson, & Feeney, 2001), depressive symptoms (Center for Epidemiological Studies Depression Scale, CESD; Radloff, 1977), alcohol-related problems (Rutgers Alcohol Problem Index, RAPI; White & Labouvie, 1989), and resiliency (Child and Youth Resilience Measure, CYRM; Ungar, et al., 2008). Given that some members of the community were concerned about how the research might be used, and how their community could benefit from the research, we jointly formulated a community dissemination plan. According to Hanson and Smiley (2006), a community dissemination (KT) plan should ensure that the research is returned to the community so as to guarantee that the community can benefit from the research. The community dissemination

plan for the results involved four partially overlapping targeted audiences: the advisory group, the director of MH and SWS, the school staff (including administrators, teachers, and guidance counselors), and the students themselves. Each target audience received a presentation that was tailored to their specific needs.

For the advisory group, the full results of the study were presented at an Inter-Agency meeting, a forum for representatives of all community service providers to meet and discuss issues of relevance to the community. The presentation followed the format of an interactive science presentation for non-specialists. This presentation style allowed the PI to present the material in a manner that was consistent with how the study had initially been proposed to the advisory board. It also ensured that all questions from the advisory group were addressed and that the PI could receive feedback, particularly about what the advisory group wanted to do with the information collected through the project. Together, it was determined that community services providers who work with youth (and adults) might benefit from a series of training workshops that addressed issues around the screening/assessment and management of PTSD symptoms in their youth, as well as methods for promoting resiliency (see next section).

With respect to information collected on maltreatment, it was felt that the descriptive results would be most helpful if they were reported back to the social services director in a format that could be used to supplement this agency's funding applications. In other words, the advisory group felt that a document on rates of the studied variables (e.g., exposure to violence)—reported by the school-attending youth—could be used to the community's benefit in terms of being readily available for use in their applications to funding agencies for increased funding to deal with these types of issues in their communities. To this end, this director, as the second target audience, received a technical report that provided the following information: descriptive information on alcohol, drug, and tobacco use; descriptive information about depression and PTSD symptoms; descriptive information on about the rates of both physical abuse and sexual abuse, including the perpetrators' gender and relation to the victim; as well as an analysis of the effect that various forms of abuse (physical, sexual, or combined abuse) had on rates of substance use and mental health<sup>4</sup>.

With respect to the schools where this study took place, the administrators believed that all school staff would benefit from hearing about the results. Therefore, the PI gave separate presentations at each school. These

presentations helped place some of the more problematic student behaviors (e.g., sudden angry outburst) into a greater context of distress for the teachers. It also resulted in the teachers unanimously accepting the research team's proposal of making use of class time to discuss the results of the study with the fourth target audience — the students themselves.

How to best address the student audience was determined in consultation with the guidance counselors and senior administrators of each school. Firstly, it was thought that since PTSD was not a well understood or discussed topic in the health curriculum, the students would be best served if the presentations focused less on the scientific results of the study, and more on what PTSD is, how to recognize each symptom cluster (i.e., re-experiencing, hyper-arousal, and avoidance/numbing), and how to get help for PTSD within their community. Second, while the PI and university based-research team proposed the idea of giving talks to all students at each school (i.e., mandatory attendance), the principal of the larger school decided it would be best to post advertisements for interested students, while the guidance counselor of the smaller school hand-picked the students she believed to be struggling with issues relevant to PTSD. Presentations to the students occurred in small groups, typically no more than eight per group, and typically homogeneous with respect to gender. Presentations emphasized using community resources for help (e.g., guidance counselor, anonymous 24-hour national youth help phone etc.), that avoidance behaviors (e.g., coping by way of drugs and alcohol) are more likely to result in continued symptoms, and the benefit of positive coping styles (e.g., regular exercise, talking with friends). The student response to these presentations is documented below.

### Tangible benefits and documented results

This section will outline the tangible benefits to the community that have occurred as a result of the study in terms of quantitative results. Student presentations have been an ongoing activity at both schools, and to date thirty six students have received presentations. For the first fifteen students, some basic pilot data was collected on how they experienced the presentation. Participants were asked to answer four questions on a 1-5 Likert-type scale (1 = not at all, 2 = a little, 3 = somewhat, 4 = quite a bit, 5 = quite a lot). Grouping students on whether or not they responded to each question with a score of 4 or more (quite a bit), 87% of students believed that the presentation improved their understanding of PTSD, while 80% felt that the content was personally meaningful. But while 67% felt like they were more likely to encourage someone close to them consult a health care provider

<sup>4</sup> To date this information has been used to compliment three distinct funding applications by the present mental health/social services director of this community.

after hearing the presentation, only 27% indicated they were more likely to see a health care provider themselves as a result of the presentation. Unfortunately, for this group of students, it could not be determined whether their reluctance to visit a health care professional was a result of their own adaptive functioning (or lack of personal relevance of the topic for them if they had not been exposed to violence or experienced PTS reactions themselves), external obstacles, or internal obstacles (e.g., lack of belief that someone can help). The PI attempted to address this question, and several others, in the next wave of presentations.

To get a better understanding of whether or not these presentations were objectively increasing students' knowledge of PTSD and how students were presently coping with their stress, a new set of questions were devised. Students were asked a total of five multiple choice and true false questions about PTSD (e.g., what are the three symptom clusters) both before and after the presentations. They were also asked two questions about contact with mental health/wellness workers (including guidance counselors, social workers, and other mental health professionals), one pre-presentation question relating to frequency of contact with mental health/wellness workers within the last year (1 = never, 2 = once, 3 = 2-6 times, 4 = once a month, and 5 = at least three times a month), and one post-presentation question about intention to contact mental health/wellness workers as a function of the presentation (1 = not at all, 2 = a little, 3 = somewhat, 4 = quite a bit, 5 = quite a lot).

In a pre to post information session analysis, knowledge scores (out of 5) improved significantly as a function of exposure to the information session (pre = 2.93 vs. post = 3.73;  $t(14) = 2.703$ ,  $p = .017$ ; two tailed test). Forty two percent of the youth indicated that they had no previous contact with mental health/wellness workers, but reasons were not given as to why (e.g., no personal need, or alternatively, encountering barriers to treatment seeking). Inversely, in our small sample of self- or school-selected students, over 50% of students reported having seen a mental health/wellness worker at least once. While 50% of the students that answered the question indicated that they were more likely (score of 4 or 5) to urge a friend or a family member to contact a wellness worker as a result of the presentation, only one student said he/she was more likely to seek help herself. From the qualitative data provided by the students on how they deal with such problems without contacting a mental health/wellness worker, three patterns emerged: 1) active coping by talking to family or friends about the problem, 2) coping by way of pro-social avoidance (e.g., playing sports or activities), and 3) coping by way of problematic avoidance: e.g., taking drugs/alcohol, spending more time alone (social withdrawal).

While the numbers are small, and while the questions were not designed to screen for a history of trauma or active PTSD symptoms, an overall pattern seemed to emerge. First, the students subjectively felt that the information presented to them was relevant. Second, there was an objective demonstration of an increase in knowledge about PTSD by the end of the presentation (albeit these are pilot results as no control group was included). Third, while students reported that as a result of the presentation they were more likely to urge a friend or family member to seek help for trauma-related problems, only one student indicated that she was likely to seek help for her own trauma related problems. Unfortunately, although students were provided with space to write out open ended responses to why they would not seek out help for their own concerns, they were generally not forthcoming, though a couple students claimed not to have any problems. Furthermore, the category of mental health/wellness worker queried about included both guidance counselors and community mental health services staff, which suggests that there may be a greater reluctance to discuss these issues with anyone beyond family/friends, and not just an issue of worrying about being seen at a place dedicated to mental health and wellness.

It is difficult to account for the seeming disconnect between the high perceived relevance of the presentations to students, and their lack of consultations with mental health/wellness professionals (or the lack of effect of the presentation on shifting this reluctance to consult). Hopefully, as community service providers become more knowledgeable in screening for and treating PTSD in youth, community professionals will be able to encourage students to explore consultation options if they are struggling with issues related to post-traumatic stress. The community may want to explore the possibility of youth focus groups to get a better understanding of the complicated dynamics that affect students' decision making process behind their reluctance to seek help from community service providers.

While it has been important to the community to increase youth awareness around trauma and PTSD, these presentations have coincided with an initiative to increase the service providers' capacity to competently and confidently screen for PTSD symptoms and manage them as well. To this end, the PI co-facilitated a workshop for the community health and addictions professionals, by bringing into the community a professional clinical psychologist. On the morning of the workshop, the PI presented the results of the study. This was done to contextualize the content of the day's proceedings for those individuals whose involvement/knowledge of the research was more remote. Overall, twenty four service providers (primarily comprised of social workers,

addiction counselors, and school guidance counselors) with an average of ten years of professional experience, attended the workshop. Given that none of the service providers in attendance had a degree that would allow them to make a diagnosis, the workshop emphasized screening procedures for PTSD. The workshop was divided into two components, one content-based and the other practice-based. The content component covered such questions as “What is PTSD and why does it occur (e.g., risk factors)?”, “What are its symptoms?”, “What other complications often accompany PTSD (e.g., co-morbidity with depression or substance abuse)?”, and “What screening tools are available and how are they used?” The practice component consisted of five vignettes that were crafted by the presenter with the assistance of a Mi’kmaq addictions counselor. Attendees broke into small groups, and the members of the small groups worked together to apply the content they had learned to the presenting cases in front of them in order to identify what PTSD symptoms were present, and what other factors might be involved (e.g., social support vs. being isolated).

Based on a survey administered before the workshop began, only 26% (six) of the service-providers present indicated that they regularly screened for PTSD. However, 50% (six) of those who completed a post-workshop question on likelihood to screen, and who previously indicated that they were not presently screening for PTSD, indicated that they were more likely to screen for PTSD (minimum score of 4) as a result of the presentation. This means that by the end of the presentation, 67% (12) of the group indicated a willingness to screen for PTSD. This is encouraging given that 100% of those in attendance at the beginning of the presentation indicated that PTSD was a concern in their community. As with the students, a simple five-item knowledge test was given before and after the presentation and workshop. After removing from the analysis the data of the 5 individuals who had to leave the workshop early (where no post-session data was available), of the 19 participants who remained, even after counting blank answers as incorrect, there was a significant increase in knowledge from the pre-presentation score out of five ( $M = 3.26$ ) compared to their post-presentation score ( $M = 4.26$ ) ( $t(18) = 3.082$ ,  $p = .006$ ). Furthermore, a per item analysis (McNemar non-parametric Chi-square test) showed that group knowledge acquisition occurred for the following three items as a result of the presentation: question 1 showed increased knowledge that PTSD is an anxiety disorder ( $p = .008$ ); question 2 increased knowledge about nature of the three PTSD symptom clusters ( $p = .016$ ); and question 4 increased knowledge about the types of events that can cause PTSD ( $p = .031$ ) (see Table 1). There was no significant knowledge gain for questions 3 & 5 due to a

ceiling effect, as most of the respondents provided the correct answer at baseline (i.e., pre-presentation).

With respect to whether or not the presentation influenced peoples attitude about whether or not they intend to screen for PTSD in the future, the correlation between responses to the item measuring “intent to screen” and the item measuring “confidence in being able to do so” was extremely high ( $r = .93$ ,  $p < .001$ ). This high correlation suggests that self-efficacy is associated with behavioral intentions to change current practice. Anecdotally, those individuals who reported less of an intention to screen and less confidence in their ability to do so stated in writing that they felt more of this type of training was needed. The above information suggests that it is important that if session attendees are to make changes to their current practice, they need to leave the workshop with a high sense of self-efficacy about implementing a screening process in their practice.

Subsequent to PTSD symptom screening workshop, the PI arranged for a two day workshop on treating PTSD in youth. The material covered came from an interactive web-based teaching tool on trauma-focused cognitive behaviour therapy (TF-CBT) for youth (National Crimes Victim & Treatment Centre, 2007; free training available on-line through the University of South Carolina at: <http://tfcbt.musc.edu/>). For continuity and coherence across KT initiatives, the same clinical psychologist who lead the assessment workshop also facilitated the treatment workshop. Attendees were the project’s community-champion, another guidance counselor, a psychologist from a nearby Mi’kmaq community, the mental health director of this community and selected staff, as well as one representative from NADACA for a total of 10. The purpose of the workshop was to introduce and familiarize the attendees with Trauma-Focused Cognitive-Behavioural Therapy (TF-CBT; Cohen, Mannarino, & Deblinger, 2006), and to stimulate the desire for further and more intense training in this therapeutic modality. The facilitating psychologist’s role was to guide the group through the modules, while simultaneously encouraging discussions about the cross-cultural applications of the content. Attendees were given printed scripts for each module in advance, which included step-by-step instructions for each intervention. With the aid of a projector and internet connection, the facilitating psychologist was able to cover 5 modules each day, responding to questions and concerns as they arose.

The TF-CBT Web course comes with its own standardized pre and post module knowledge tests, allowing for an objective indicator of knowledge acquisition. Table 2 gives information on the group’s pre-post scores for each module with significant knowledge acquisition occurring in 3 of 9 modules (test information



was not available for module 10). Specifically, the group showed knowledge acquisition in modules 1, 8, and 9: psychoeducation, cognitive processing of the trauma narrative, and behavioural management strategies. Furthermore, given the high pretest score (3.2 out of 4) for module 3 (relaxation training), a result comparable to that reported by the TF-CBT Web developers, it is likely that a ceiling effect limited the potential for knowledge acquisition in this module (National Crimes Victim & Treatment Centre, 2007). Due to missing data—not all attendees were present for all modules and no data could be collected for module 10 (see Table 2)—a total score consisting of the sum of all modules could not be calculated. However, for the group as a whole, based on the modules that were completed, a paired sample t-test revealed a significant learning differential of 5.3 points,  $t(9) = 4.19, p < 0.01$ . Taken as a whole these results suggest that the small group of attendees left with a better understanding of TF-CBT.

The last workshop that was arranged for this community was a workshop on resilience by a national expert in the field. Current models of resilience depart from earlier conceptions that strictly emphasized individual factors (Anthony, 1987; Kaplan, 1999). Contemporary models are now shifting towards ecological interpretations (Lerner & Benson, 2003; Ungar, 2001). More recently, resilience has been described as both an outcome of interactions between individuals and their environments (e.g., abusive home life; positive school life), and the processes (e.g., engagement with more positive adult role-models) which contribute to these outcomes (Ungar et al., 2007). Workshop attendees consisted of representatives from community agencies whose mandate involved youth (e.g., schools, MH & SWS, RCMP). The workshop commenced with a presentation by the PI on recent findings from the community that involved resilience. Specifically, the attendees learned that resilience moderated (buffered) the impact of exposure to violence on PTSD reexperiencing symptoms (symptoms like intrusive memories and nightmares) in community youth (see Zahradnik, et al., in press). In other words, when community youth were exposed to high levels of violence, youth high in resilience experienced less PTSD reexperiencing symptoms than youth low in resilience. The workshop facilitator spent the rest of the morning discussing the construct of resilience in greater detail while the afternoon focused on selecting cases from the community that the service providers found challenging. Although no outcome data is available to index knowledge enhancement for this endeavor, a future collaborative partnership between the workshop leader and the community was discussed.

With the success of the PTSD symptom screening

workshop, the TF-CBT Web workshop, the resilience workshop, the student presentations, and the progression towards addressing the reason why some students seem reluctant to consult with a guidance counselor or social worker, there is growing evidence that, as a function of our collaborative research partnership, the community is slowly becoming better equipped to deal with PTSD and its associated complications.

### Future directions and lessons learned

Based on an interview with the mental health director—who has acted as a key informant (Tremblay, 1957)<sup>5</sup> with respect to issues pertaining to mental health and wellness in the community—there are still challenges to overcome. First, screening for PTSD symptoms has begun; however, there is a reluctance to formalize such screening by way of standardized tools. Reportedly, this is due to the fact that the broader networks of mental health service providers who work with the various Mi'kmaq communities in this region prefer to maintain an informal atmosphere with their clients. Another possible method by which to ensure consistency of screening approaches would be to organize occasional PTSD-symptom-screening-booster-sessions. Further to this issue is the community-wide need for more training in the screening and treatment of anxiety disorders in general. This echoes some of the feedback from the screening workshop, in which a few individuals desired a greater understanding of differential diagnosis. Although the research has increased the community's awareness and knowledge of PTSD, it has simultaneously revealed another area in which the community service providers have requested more training. Furthermore, with respect to the TF-CBT Web workshop, published work that examines how Aboriginal clients respond to treatment modalities like CBT is only beginning to emerge. There is some evidence that non-acculturated Aboriginal clients (i.e., stronger identification with their own culture) may not agree with the rationale of how CBT works and by extension certain activities like linking thoughts to feelings, but do appreciate CBT's use of active and present focused interventions (see Jackson, Schmutzter, Wenzel, & Tyler, 2006). A great deal of the workshop was spent on discussing these very issues with no firm conclusions being reached. The choice to offer this community a best-practice model of treatment (Cohen &

<sup>5</sup> The term key informant is used in the sense first employed by Tremblay (1957, p. 689) to designate an individual who provides information for "the study of specific aspects of a cultural setting..." by individuals with specialized information on a specific topic "...rather than the cultural whole usually detailed in ethnographies."

Mannarino, 2008) was made with the understanding that more research needs to examine whether these non-Aboriginal best-practice models of treatment apply equally well to Aboriginal communities (including both acculturated and non-acculturated individuals). It remains a question for future collaborative partnerships between researchers and Aboriginal communities to determine which aspects of CBT should be modified so as to increase cultural acceptability of the intervention without decreasing its overall effectiveness.

Another issue that has arisen is how to keep the broader community of service providers actively discussing and learning about issues around interpersonal trauma and PTSD. Attempts at inviting individuals to join a list serve did not meet with much success, despite the fluency with on-line communication and computing resources. This served as a reminder to the PI that the community service providers are not only overworked with their case loads, but are constantly attending workshops and training put on by other health focused organizations. The questions of whether or not this community makes use of the web-based tools in the same manner as others, and how to make these list-serves more relevant to the community service providers still need to be addressed.

Finally, there still exists a relatively entrenched culture of silence around sexual assault and healthy sexuality for youth. The mental health director speculates that more education around these issues is a necessary step towards progress, and raised the issue of how lateral violence (LV) may preclude open discussion of assaults in close relationships. Lateral violence is a term more widely cited in the nursing literature (e.g., Stanley, Martin, Michel, Welton, & Nemeth, 2007), but its origin can be traced back to Freire's (1971) oppressed group model and description of horizontal violence. Some examples of LV include: non-verbal innuendo, verbal affront, undermining activities, infighting, scapegoating, backstabbing, failure to respect privacy, and broken confidences (Griffin, 2004). If this dynamic exists between peers, it would likely engender a reluctance to trust, a reluctance that may also manifest itself with respect to the family and community more broadly when acts of physical or sexual violence occur (Thibodeau & Peigan, 2008).

The community maintains a concern for its youth. Importantly, many of the community service providers now have a much clearer understanding of the specific problems their youth are dealing with, and how these problems often co-occur in a meaningful way. Our collaborative work has helped the community identify ways in which they can begin to respond to some of these problems (e.g., training in the identification and management of PTSD symptoms). Furthermore, the

community professional services are now directly addressing early intervention for sexual assault and reviewing prevention strategies. We believe that our partnership with this community has the potential to lead to further collaborative integrative KT work. We also hope that it will provide some guidance to researchers and Aboriginal communities who, with the unified purpose of supporting the recovery and resilience of youth in their communities, wish to embark upon a reciprocal journey towards knowledge discovery, exchange, and application.

### References

- American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.
- Anthony, E. J. (1987). Risk, vulnerability, and resilience: An overview. In E. J. Anthony and B. J. Cohler (Eds.), *The invulnerable child* (pp. 3-48). New York: Guilford Press.
- Armitage A. (1995). *Comparing the policy of Aboriginal assimilation: Australia, Canada, and New Zealand*. Vancouver, Canada: University of British Columbia Press.
- Bennett, M., & Blackstock, C. (2002). *A literature review and annotated bibliography focusing on aspects of aboriginal child welfare in Canada*. Ottawa, Canada: First Nations Child and Family Caring Society of Canada.
- Brewin, C. R., Andrews, B., & Valentine, J. D. (2000). Meta-analysis of risk factors for posttraumatic stress disorder in trauma exposed adults. *Journal of Consulting and Clinical Psychology*, 68, 748-66.
- Caplan, N. (1979). The two communities theory and knowledge utilization. *American Behavioural Scientist*, 22, 459-70.
- Canadian Institutes of Health Research (CIHR) (2006). *Moving Population and Public Health Knowledge into Action: A Casebook of knowledge translation stories*. Ottawa, ON: Canadian Institutes of Health Research (CIHR).
- Carlson, E. B., Newman, E., Daniels, J. W., Armstrong, J., Roth, D., & Lowenstein, R. (2003). Distress in response to and perceived usefulness of trauma research interviews. *Journal of Trauma and Dissociation*, 4, 131-142.
- Chilcoat, H. D., & Breslau, N. (1998). Posttraumatic stress disorder and drug disorders: Testing causal pathways. *Archives of General Psychiatry*, 55, 913-917.
- CIHR (2008a). *The KT Portfolio at CIHR*. Retrieved, February 1st, 2008. <http://www.cihr-irsc.gc.ca/e/29418.html>.
- CIHR (2008b). *Knowledge Translation Overview*. Retrieved February 1st, 2008. <http://www.cihr-irsc.gc.ca/e/7518.html>.
- Cohen, J. A., & Mannarino, A. P. (2008). Disseminating and implementing trauma-focused CBT in community settings. *Trauma, Violence, and Abuse*, 9, 214-226.
- Cohen, J.A., Mannarino, A. P., & Deblinger, E. (2006). *Treating Trauma and Traumatic Grief in Children and Adolescents*. New York: Guilford Publications, Inc.

- Comeau, N. M., Stewart, S. H., Mushquash, C., Wojcik, Bartlett, C., Marshall M., et al. (2005). Community collaboration in developing a culturally relevant alcohol abuse early intervention program for First Nation youth. *Ontario Association of Children's Aid Societies Journal*, 49, 35-41.
- De Bellis, M.D. (2002). Developmental traumatology: A contributory mechanism for alcohol and substance use disorders. *Psychoneuroendocrinology*, 27, 155-170.
- First Nations Child and Family Caring Society of Canada. (2005). *Wen:De – We are Coming to the Light of Day*. Ottawa, ON: FNCandFCS.
- Foa, E.B., Johnson, K.M. & Feeny, N.C. (2001). The child PTSD symptom scale: A preliminary examination of its psychometric properties. *Journal of Clinical Child Psychology*, 30, 376-384.
- Freire, P. (1971). *Pedagogy of the oppressed*. New York: Herder & Herder.
- Gagne, M. (1998). The role of dependency and colonialism in generating trauma in First Nations citizens. In Y. Danieli (Ed.), *International handbook of multigenerational legacies of trauma* (pp. 355-372). New York: Plenum Press.
- Grant, A. (1996). *No End of Grief: Indian Residential Schools in Canada*. Winnipeg, MA: Pemmican.
- Griffin, M. (2004). Teaching cognitive rehearsal as a shield for lateral violence: An intervention for newly licensed nurses. *Journal of Continuing Education in Nursing*, 35, 1-7.
- Hanson, G. & Smiley, J. (2006). *Sharing what we know about living a good life – Knowledge translation summit report and toolkit*. Indigenous Peoples' Health Research Centre. <http://www.iphrc.ca/resources/iphrc-research-documents-and-reports.htm>.
- Indian and Northern Affairs Canada (1996). Report of the Royal Commission on Aboriginal Peoples Vol. 1, Part II, Chapter 10 – Residential Schools. Canada: [http://www.ainc-inac.gc.ca/ch/rcap/sg/sgm10\\_e.html](http://www.ainc-inac.gc.ca/ch/rcap/sg/sgm10_e.html).
- Jackson, L., Schmutzer, P., Wenzel, A., & Tyler, J. (2006). Applicability of cognitive-behavior therapy with American Indian individuals. *Psychotherapy: Theory, Research, Practice, Training*, 43, 506-517.
- Jacobsen, L. K., Southwick, S. M., & Kosten, T. R. (2001) Substance use disorders in patients with posttraumatic stress disorder: A review of the literature. *American Journal of Psychiatry*, 158, 1184-1190.
- Kaplan, H. B. (1999). Toward an understanding of resilience: A critical review of definitions and models. In M. D. Glantz and J. L. Johnson (Eds.), *Resilience and development: Positive life adaptations* (pp. 17-84). New York: Kluwer/Plenum.
- Kilpatrick, D.G., Ruggiero, K.J., Acierno, R., Saunders, B., Resnick, H.S., & Best, C.L. (2003). Violence and risk of PTSD, major depression, substance abuse/dependence, and comorbidity: Results from the National Survey of Adolescents. *Journal of Consulting and Clinical Psychology*, 71, 692-700.
- Kirmayer, L. J., Brass, G. M., & Tait, C. L. (2000). The mental health of Aboriginal peoples: Transformations of identity and community. *Canadian Journal of Psychiatry*, 45, 607-616.
- Knockwood, I. (1992). *Out of the depths: The experiences of Mi'kmaq Children at the Indian residential school at Shubenacadie, Nova Scotia*. Lockport, NS: Roseway Publishing.
- Lerner, R. M., & Benson, P. L. (Eds.). (2003). *Development assets and asset-building communities: Implications for research, policy, and practice*. New York: Kluwer Academic/Plenum.
- Miller, J.R. (1996). *Shingwauk's vision: A history of native residential schools*. Toronto: University of Toronto Press.
- Mushquash, C. J., Comeau, M. N., & Stewart, S. H. (2007). An alcohol abuse early intervention approach with Mi'kmaq adolescents. *First Peoples Child and Family Review*, 3, 17-26.
- National Crime Victims Research and Treatment Center. (2007). *TF-CBTWeb: First Year Report*. Charleston, SC: Author.
- Pennebaker, J.W. (1997). *Opening Up: The Healing Power of Expressing Emotion*. New York: Guilford Press.
- Quinn, A. (2007). Reflections on intergenerational trauma: Healing as a critical intervention. *First Peoples Child and Family Review*, 3, 72-82.
- Radloff, L. S. (1977). The CES-D scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement*, 1, 385-401.
- Stanley, K. M., Martin, M. M., Nemeth, L. S., Michel, Y., & Weiten, J. M. (2007). Examining lateral violence in the nursing workforce. *Issues in Mental Health Nursing*, 28, 1247-1265.
- Stewart, S. H. (1996). Alcohol abuse in individuals exposed to trauma: A critical review. *Psychological Bulletin*, 120, 83-112.
- Stewart, S. H. & Conrod, P. J. (2008). Anxiety disorder and substance use disorder co-morbidity: Common themes and future directions. In S. H. Stewart and P. J. Conrod's (Eds.), *Anxiety and Substance Use Disorder: The Vicious Cycle of Comorbidity* (p. 239-257). New York: Springer.
- Thibodeau, S. & Peigan, F. N. (2008). Loss of trust among First Nations people: Implications when implementing child protection treatment initiatives. *First Peoples Child and Family Review*, 3, 50-58.
- Thomas, W. & Bellefeuille, G. (2006). An evidence-based formative evaluation of a cross-cultural Aboriginal program in Canada. *Australian e-journal for the Advancement of Mental Health (AeJAMH)*, 5(3): Available online at <http://www.auseinet.com/journal/vol5iss3/thomas.pdf>.
- Tremblay, M-A. (1957). The key informant technique: A nonethnographic application. *American Anthropologist*, 59, 688-701.
- Ungar, M. (2001). The social construction of resilience among "problem" youth in out-of-home placement: A study of

## Knowledge Translation in a Community-Based Study

health-enhancing deviance. *Child and Youth Care Forum*, 50, 137-154.

Ungar, M., Brown, M., Liebenberg, L., Othman, R., Kwong, W. M., Armstrong, M., et al., (2007). Unique pathways to resilience across cultures. *Adolescence*, 42, 287-310.

Ungar, M., Liebenberg, L., Boothroyd, R., Kwong, W. M., Lee, T. Y., Leblanc, J., et al. (2008). The study of youth resilience across cultures: lessons from a pilot study of measurement development. *Research in Human Development*, 5, 166-180.

Walsh, C. A., MacMillan, H. L., Trocmé, N., Jamieson, E., & Boyle, M. H. (2008). Measurement of victimization in adolescence: Development and validation of the Childhood Experiences of Violence Questionnaire. *Child Abuse and Neglect*, 32, 1037-1057.

Wekerle, C., & Wall, A.-M. (2002). Introduction: The overlap between relationship violence and substance abuse. In C. Wekerle and A.M. Wall (Eds.), *The violence and addiction equation: Theoretical and clinical issues in substance abuse and relationship violence* (pp. 1-21). New York: Brunner/Routledge.

Wesley-Esquimaux, C. C., & Smolewski, M. (2004). *Historic Trauma and Aboriginal Healing*. Ottawa: Aboriginal Healing Foundation.

White, H. R., & Labouvie, E. W. (1989). Towards the assessment of adolescent problem drinking. *Journal of Studies on Alcohol*, 50, 30-37.

Zahradnik, M., Stevens, D., Stewart, H. S., Comeau, M. N., Mushquash, C. J., & Wekerle, C. (2007a). Building a collaborative understanding of pathways to adolescent alcohol misuse in a Mi'kmaq community: A process paper. *First Peoples Child and Family Review*, 3, 27-36.

Zahradnik, M., Stewart, S. H., O'Connor, R. M., Stevens, D., Ungar, M., & Wekerle, C. (in press). Resilience moderates the relationship between exposure to violence and posttraumatic reexperiencing in Mi'kmaq youth. *International Journal of Mental Health and Addiction*. doi 10.1007/s11469-009-9228-y.

Zahradnik, M., Stewart, S. H., Stevens, D. S., Wekerle, C., Comeau, N. M., & Mushquash, C. (2007b). The mediating role of post-traumatic stress symptoms between exposure to violence and substance misuse in a sample of school attending Mi'kmaq adolescents. Abstract published in *Canadian Psychology*, 48, 127.

**Table 1.** PTSD Screening Workshop Knowledge Test Scores at Pre-test and Post-test

<b>Question 1**</b>		
	Post-test	
Pre-test	Incorrect	Correct
Incorrect	0	8
Correct	0	10
<b>Question 2*</b>		
	Post-test	
Pre-test	Incorrect	Correct
Incorrect	5	7
Correct	0	6
Question 3		
	Post-test	
Pre-test	Incorrect	Correct
Incorrect	1	1
Correct	0	15
<b>Question 4*</b>		
	Post-test	
Pre-test	Incorrect	Correct
Incorrect	1	6
Correct	1	11
Question 5		
	Post-test	
Pre-test	Incorrect	Correct
Incorrect	0	2
Correct	0	16

**Notes:** Questions 1, 2, and 4 are in bold because they are significant according to a McNemar test where \* = significant at .05, \*\* = significant at .01. Values in the Correct (row)-Correct (column) areas represent respondent responses that were correct at both pre-test and post-test, while values in the Incorrect (row)-Correct (column) areas represent respondent responses that were incorrect at pre-test but correct at post-test.



**Table 2.** TF-CBT Web Workshop Knowledge Test scores at Pre-test and Post-test

Module	Pre-test <i>M</i> ( <i>SD</i> )	Post-test <i>M</i> ( <i>SD</i> )	Difference
<b>1: Psychoeducation</b>	1.40 (0.70)	2.80 (1.4)	+ 1.4
N=10 2: Controlled Breathing	2.40 (0.52)	2.90 (1.0)	<b><i>t</i>=2.80 <i>p</i>&lt;.05</b> +0.50
N=10 3: Relaxation	3.20 (1.03)	3.70 (0.67)	+0.50
N=10 4: Thought Stopping	1.67 (0.87)	1.44 (0.88)	-0.23
N=9 5: Affect Expression	2.20 (1.03)	2.60 (0.97)	+0.40
N=10 6: Cognitive Coping	2.50 (0.97)	2.80 (0.79)	+0.30
N=10 7: Trauma Narrative	2.00 (0.63)	2.67 (0.82)	+0.67
N=6 <b>8: Cognitive Processing</b>	1.00 (1.32)	2.44 (0.88)	+1.44
N=9 <b>9: Behavioural Management</b>	2.00 (0.53)	2.88 (0.83)	<b><i>t</i>=3.50 <i>p</i>&lt;.01</b> +0.88
N=8 10: Parent-Child Sessions	-	-	<b><i>t</i>=3.90 <i>p</i>&lt;.01</b> -

Notes: Modules in bold showed significant knowledge improvement. M = mean, SD = standard deviation.

## 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

Volume 4, Number 2, 2009, pp. 118-128

# Child Protection Services and University-Based Partnerships: A Participatory Action-Based Model for Creating and Sharing Knowledge

Randall L. Waechter<sup>a</sup>, Chris Aboritine Wekerle<sup>b</sup>, Bruce Leslie<sup>c</sup>, Deborah Goodman<sup>d</sup>, Nadine Wathen<sup>e</sup>, Brenda Moody<sup>f</sup>, and the MAP Research Team<sup>g</sup>

<sup>a</sup> Child, Youth & Family Program, Centre for Addiction and Mental Health, Toronto, Ontario, Canada.

<sup>b</sup> McMaster University, Halifax, Ontario, Canada.

<sup>c</sup> Catholic Children's Aid Society of Toronto, Toronto, Ontario, Canada.

<sup>d</sup> Children's Aid Society of Toronto, Toronto, Ontario, Canada.

<sup>e</sup> The University of Western Ontario, London, Ontario, Canada.

<sup>f</sup> Peel Children's Aid Society, Mississauga, Ontario, Canada.

<sup>g</sup> MAP Co-Investigators: Michael Boyle, Eman Leung, Harriet MacMillan, and Nico Trocmé.

## Introduction

Childhood maltreatment is a recognized public health epidemic and a serious human rights concern, leading to increased demands for and strain on state intervention (World Health Organization, 2002). Maltreatment has broad-ranging impairments to health such as increased risk for obesity, mood and anxiety disorders, posttraumatic stress disorder, substance abuse, self-harm, dating violence, and risky sexual practices (Gilbert et al., 2009; MacMillan et al., 2001; Wekerle, Leung, Goldstein,

## Abstract

This paper presents one model for building and sustaining a research partnership between researchers and professional staff in child protection service (CPS) agencies. The Maltreatment and Adolescent Pathways (MAP) study was designed to assess the health and well-being of the population of adolescents involved in the child welfare system of a major urban area. The study involved the collaboration between university-based researchers and a range of child welfare staff, from administration to front-line workers. A key factor supporting collaboration was reciprocity with expertise, with CPS practitioner knowledge yielding intervention-relevant study queries and constructs, and researcher knowledge on health content and best practices yielding tailored training opportunities and increased climate for knowledge uptake. The MAP study combined a Participatory Action Research (PAR) model with a traditional, scientific positivist model, including the scientific elements of standardized measures, explicit evaluation of the participatory process, and research impact on the community members. This study: 1) provides information on the process of creating effective researcher-CPS agency partnerships, 2) considers key ethics issues, such as the participant's reactivity to research of child welfare-involved clients, and 3) examines the implications of implanting a PAR approach in research with Aboriginal CPS agencies, as per the required use of the Canadian Institutes of Health Research (CIHR) Guidelines for Health Research Involving Aboriginal People for future community-university partnerships.

Questions or correspondence concerning this article may be addressed to:

Child, Youth & Family Program  
Centre for Addiction and Mental Health  
250 College Street  
Toronto, Ontario, Canada  
M5T 1R8  
416-535-8501 ext. 6472 (phone)  
416-979-4668 (fax)  
[randy\\_waechter@camh.net](mailto:randy_waechter@camh.net)

Thornton, & Tonmyr, 2009; Wekerle, MacMillan, Leung & Jamieson, 2008). Without maltreatment prevention and ameliorative intervention on impairment, adulthood adaptive functioning is seriously at risk; in a prospective study of substantiated maltreated children only 22% were deemed resilient in adulthood (McGloin & Widom, 2001). To forge positive outcomes for child protection services (CPS) youth, research evidence on key target areas and underlying processes that can consider complex models is needed. There is a high need to assess the functioning and resilience among maltreated Aboriginal

### Acknowledgements:

*We acknowledge funding support from: Canadian Institutes of Health Research (CIHR) - Institute of Gender & Health, Ontario Women's Health Council Mid-Career Award, The Centre of Excellence in Child & Youth Mental Health at CHEO, Ontario Mental Health Foundation, and Ontario Ministry of Children and Youth Services. We thank the child protective service staff members of the MAP Research Advisory Board and the MAP youth for their participation and knowledge sharing. We acknowledge the valuable assistance of Maria Chen.*

youth populations. Unique historical contexts require longitudinal study to document the extent and duration of trauma and chronic posttraumatic stress disorder (PTSD) symptomatology across Aboriginal generations (e.g., Wekerle, Bennett, & Fuchs, 2009), as well as to consider the health funding and consequent health disparities among Aboriginal youth (e.g., UNICEF Canada Report on Aboriginal Children Health, 2009; see also FNCFCs site for Governor General Report information, [www.fncfcs.com](http://www.fncfcs.com)).

Collaborations among Aboriginal CPS agencies, non-Aboriginal child welfare, and child welfare researchers is essential to develop knowledge on the parameters of youth functioning, particularly given the context of inadequate funding for First Nations CPS agencies (e.g., Auditor General of Canada Report, May 2008), and over-representation of Aboriginal children in the CPS system (e.g., Blackstock, Trocmé, & Bennett, 2004). Local context also needs to be taken into account in any research design and partnership model, given the findings that with greater localized governance structure in Aboriginal communities, there is higher youth resilience (e.g., Chandler & Lalonde, 2008). As with non-Aboriginal CPS youth, the system history of the youth (e.g., number of home and school changes, often referred to as "turbulence"; Moore, Ehrle, & Vandivere, 2000), and youth individual factors (e.g., Ordolis, 2007) are part of understanding where to target specialized services and prevention programming. Obtaining the data, though, is only one large step. There needs to be further research on how best to implement the knowledge and the observable impact on practice and youth functioning from the dissemination and uptake of the new research knowledge. To date, challenges remain on effective utilization of Aboriginal-specific research, and application to the local setting where child safety, practical support and treatment services are focal (e.g., Lafrance, 2009; Tonmyr, Jack, Brooks, Kennedy & Dudding, 2009).

Child welfare resides in the wider community context, interacting with the social and political landscape, even though services work with one child, one family at a time. Canadian surveillance data reports that Aboriginal children are more likely to receive a classification of substantiated or suspected, rather than non-substantiated, maltreatment in child welfare investigations than non-Aboriginal child cases. Further,

socioeconomic disadvantage is a key issue for these families, with a greater number of moves, unsafe housing, and lack of employment (Trocmé, Knoke, & Blackstock, 2004). Historical factors for Aboriginal caregivers may be under-recognized (and under-treated): a higher proportion of child welfare-involved parents report being maltreated themselves as children as compared to non-Aboriginal caregivers. In a recent commentary, Chief Wayne Christian (2008) of the Cedar Research Project in British Columbia directs attention to this historical trauma, which ranges broadly, from separation from siblings, peers, family, community, and cultural attachments, as well as the direct maltreatment.

### The value of targeting adolescence

Like the early years, adolescence is a window of opportunity for health promotion given the onset of a number of adult behaviours, such as intimate relationships, sexual activity, and substance use. In normative adolescence, there is an increase in problem behaviours, negative mood, and interpersonal conflict, with issues escalating to disorder levels, but usually limited to the transitional ages of adolescence (for a review, see Arnett, 1999; Harcourt, 2009). However, for others, adolescent impaired functioning prefaces long-term psychiatric disorders (e.g., Kessler, Demler, Frank, Olsson, Pincus, Walters et. al., 2005; Wekerle, MacMillan, Leung, & Jamieson, 2008). Very little research is evident for adolescent development among Aboriginal youth in the CPS system. The need for such knowledge is underlined by brain research that highlights the development of higher-order functions (e.g., memory, problem-solving), and the strengthening of neural pathways (Glaser, 2000). Most critically for CPS youth, adolescence marks the chronological timeframe for the cessation of CPS support. For some Aboriginal communities, CPS is a main service provider and a conduit to other services. With CPS involvement often ending at age 16 or, in some cases, continuing to early adulthood, understanding adolescent issues is important to understanding planning for future success. Both CPS workers and academics have an investment in forging partnerships to increase the knowledge base on adolescents in the CPS system. Another point of urgency is that for youths in state care, the government is responsible for providing for their health and wellness

planning, and needs to demonstrate minimally “good enough” parenting and protection from injury.

The current evidence-based interventions to support maltreated youths’ well-being (Wekerle, Miller, Wolfe, & Spindel, 2006) have not been developed for Aboriginal youth, with notable exception in Canadian Aboriginal youth substance abuse prevention (Mushquash, Comeau, & Stewart, 2007; Zahradnik, Stevens, Stewart, Comeau, Wekerle, & Mushquash, 2007). A major factor - the lack of timely, relevant, and accessible data - can be supported by effective community-university collaboration. Issues such as CPS youth characteristics, opportunities for developmentally-timed intervention, treatment initiation, adherence and sequencing (e.g., co-morbidities, such as mental health and substance abuse), developmental health promotion (e.g., productive leisure, adaptive coping with stress, transitioning to independent living, etc.), and long-term outcomes in broad-based achievement require a sustained partnership, dedicated to on-going quality assurance and development via research. Currently, the evidence base for CPS practice and policy is limited by the minimal standardized information on its teen clients.

There is also an acknowledged cost to not conducting research with Aboriginal youth, in not having their voices heard in a compelling way. Becker-Blease and Freyd (2006) provide several examples of how the inclusion of maltreatment information has significant impacts on causal models of clinical syndromes, as well as the efficacy of treatment programs. Thus, if maltreatment is not included in research predicting resilience and impairment, its contribution and impact on developmental processes will remain like a missing puzzle piece. Finally, youth may approach research as an opportunity (e.g., Becker-Blease & Freyd, 2006). In one research study, most youth who reported childhood maltreatment indicated that the research study was the first time that they disclosed their maltreatment history (Pearce et al., 2008). While CPS youth involvement in research is complicated by age of consent issues, variations in caregivers, maltreatment and other critical disclosure issues (i.e., suicidality, homicidality), providing self-report on one’s life experiences is consistent with a narrative focus within current Aboriginal reconciliation initiatives (e.g., Dussault, 2007; Stewart, 2009). Collaborative models of developing and executing research can serve to resolve some of these issues.

Many academics follow a positivist approach, which tends to contextualize science within controlled conditions rather than real world, day-to-day activities (Reason & Bradbury, 2001). Research that can readily translate to day-to-day CPS practice requires partnership, as practice credibility does not rest solely on rigorous research design and statistical analyses (Leslie, 2005). It

must include “communicative validity,” where knowledge is constructed by equal contributors, as well as “pragmatic validity,” where the goal of research is productive change (Kvale, 2002). In the best-case scenario, a sustained research partnership moves from research question identification (What do we want to know?) to study conceptualization (How do we assess it?) to clinical education (What training needs to happen?) to knowledge translation implementation research (How best to fan out study information, results, and implications for practice?) to impact evaluation to support practice change (How has a CPS system changed? How has caseworker behaviour changed? What measurable client change has occurred due to this knowledge?). Partnership supports “a bridge between academic concerns about validity and more reflexively practical questions” (Bradbury & Reason, 2001, p. 447).

Participatory Action Research (PAR) serves as a useful starting point for such a bridge. PAR is defined as “a participatory, democratic process concerned with developing practical knowing in the pursuit of worthwhile human purposes, grounded in a participatory worldview” (Reason & Bradbury, 2001, p. 1). The PAR model depends on community participation and ownership from study inception, as well as serving to create a network of practitioners, service recipients, and academics around a focal issue. It is nested, therefore, within a team-based learning model. PAR features, such as the inclusion of different ways of knowing, may be integrated with the traditional positivist model in allowing for both broader generalizations and practice-relevant knowledge (e.g., Teram, Schachter, & Stalker, 2005). Further, potential stumbling blocks, such as ethics, where no clear, consistent guidelines exist for child welfare research, can be resolved with collaborative problem-solving.

A growing number of services are being provided either by fully mandated Aboriginal agencies or by Aboriginal counseling services that work in conjunction with mandated services to reach Aboriginal families living on or off reserve (Blackstock, 2003). Any research involving Aboriginal people will involve the sharing of some cultural knowledge, practices and/or traditions, even when these are not the subjects of the study, as they provide necessary context. Researchers need to recognize the importance of identifying the appropriate authorities representing the community in the development of the research project. Aboriginal communities in Canada have distinct political, legal, and cultural governance structures that have political legitimacy and that support their jurisdictional and decision-making authority on a broad spectrum of issues, including health. When approaching Aboriginal CPS for partnership, broad consultation and budgeted resources for such consultation need to be considered. This may involve, for example, translating



publications, reports, and other relevant documents into the language of the Aboriginal community in the research. One route may include co-ownership of all processes and data, which is consistent with the Aboriginal concept of community (e.g., Stewart, 2009). The key issue is that the specifics about the data are clearly articulated (e.g., Memorandum of Agreement or Data-Sharing Agreement) and reflect a shared vision of research project goals. As CPS agencies are approached by research groups or initiate a research project, clear direction on the processes of research, internal ethics options, and models of successful research partnerships may be helpful. It is acknowledged that most workers in child welfare regard research as valuable (Mullen, 2004), yet it is also true that little statistical treatment of the substantial local data collection is published by CPS agencies.

To assist, the Canadian Institutes of Health Research (CIHR) has developed guidelines for conducting health research involving Aboriginal people (<http://www.cihr-irsc.gc.ca/e/29134.html>). Specifically, Article 3 of the guidelines state that “Communities should be given the option of a participatory-research approach”. Here, we argue that a PAR model is the most effective way to conduct complex research, and utilize one study of CPS youth, as an illustrative example that could be applied to the Aboriginal context. The Maltreatment and Adolescent Pathways (MAP) Project (Wekerle et al., 2009) has youth self-report ethnic diversity (about a third report multiple ethnicities, including 8% of youth reporting at least partial Aboriginal heritage). The academics were scientist-practitioners drawn from paediatrics, child psychiatry, child and adult clinical psychology, and social work disciplines, with research expertise in epidemiology, theory-driven quantitative research design, and standardized clinical testing. Research with minors (i.e., youth are between 14 and 17 at the outset of the MAP), and targeting the full range of CPS statuses, created novel opportunities for identifying joint solutions to ethics issues, identifying useful steps and barriers to a collaborative, interdisciplinary, and cross-agency research partnership, as well as provide answers to fundamental questions about feasibility of a large-scale research project. In this paper, we discuss specific examples of how a PAR model was used to implement the MAP study and consider how it may apply to research with Aboriginal CPS youth.

### **Bootstrapping the framework: Developing a Participatory Action-Based Model for CPS Research**

Front-line care workers most vividly see the challenges of daily living and building a healthy life trajectory faced by CPS youth. CPS staffers have

observations of clinical trends and can guide the development of research questions. In the process sharing expertise, practitioners and researchers develop a shared language, leading to fewer requirements for “translation” than may be the case in other clinical areas (Leslie, 2005). We examine the implementation of a PAR research model by focusing on two salient issues in conducting collaborative research: (1) the process of developing a researcher-agency partnership, and (2) the ethical issues in CPS youth research. First, we briefly review the methods that were utilized to assess the use of a PAR model in the MAP study.

The use of a PAR model in the MAP study was examined via four evaluations completed by CPS agency workers on the MAP study research advisory board. PAR-specific instruments to measure the partnering process were not readily available; PAR emphasized process more than its measurable indicators when the MAP feasibility study was initiated in 2001 (the MAP feasibility study spanned 2001-2003; the MAP longitudinal study continues data collection with CPS youth). Thus, a brief study-developed questionnaire asked about elements of the PAR process, such as perceptions of institutional support, and increases in research communications within the agency. Community agencies need to be clear about the checks and balances in the research procedures to ensure their youth clients are not being harmed by the research, although clear individual benefits may not be present either. The issue of reactivity to a research questionnaire that included sensitive topics, such as the history of maltreatment, was examined with a study-developed questionnaire, modelled after depression and HIV research. The youth participants in the MAP feasibility study completed a series of Likert-scale ratings at the outset of testing and again at the end of the MAP questionnaire. Two questions at the end of the questionnaire queried about once having participated in the research, would the youth’s decision to participate have remained the same.

CPS agency workers (n=28) who were on the MAP advisory board over the time of the MAP Feasibility study were nominated by participating CPS agencies’ quality assurance or research-affiliated staff based on their perceived: (1) familiarity with and investment in research; (2) credibility within the CPS agency; (3) likeability by peers; and (4) level of knowledge or experience of child welfare practice. Seventy-five percent of the advisory board members were female, most (64%) were between ages 40 to 59. Most (82%) completed at least a MSW degree. Forty-five percent of the respondents were frontline workers and 55% supervisors or administrators. The mean number of CPS workers in the agency the respondents belonged to was 317 (SD=200). The advisory group met monthly with

researchers, with pre-listed meeting agendas, circulated minutes, and a list-serve to support e-communications. Formal meetings facilitated the research project development in systematic ways, allowed for joint monitoring and problem-solving of research issues, the ready transmission of relevant research information (e.g., recruitment statistics), research-based continuing education, provision of topical empirical journal articles, and special events collaborations (e.g., practice journal special issue, research conference presentations, clinical research-based training). Each advisory board member was approved by their agency administration for their research time contributions, which was minimally five hours/month. As part of the MAP study, agencies received a \$500 honorarium for every 10 youth identified who were eligible (but not necessarily consenting to participate in the study). While youth were randomly selected from active caseload lists, the agencies needed to further consider whether youth met eligibility criteria, such as no significant developmental delay, no emergency psychiatric or residential issues, etc. CPS agencies provided meeting rooms at no cost and the research team provided refreshments at all meetings. Flexibility in board membership term and in role sharing was adopted. CPS staffers on the advisory board were responsible for maintaining an on-going profile of the study within their agency, updating in meetings, facilitating articles in agency newsletter and e-notices, and for co-presenting on study-related topics. Researchers were responsible for co-presenting on the study at CPS agencies, maintaining record-keeping and obtaining confidentiality agreements from researchers.

In the collection of data for the MAP study, the CPS caseworker was the first point of contact with the youth regarding the research opportunity. The CPS caseworker did not obtain study consent from the youth to participate in the study, as this may have been viewed as coercive. Instead, the caseworker briefly explained the study and asked the youth if a MAP research staff member could contact him/her (i.e., consent for the MAP Research Team to contact by phone and explain the research opportunity). If the youth agreed, his/her information was forwarded to the MAP research office and the CPS worker completed a brief form of youth background information. Youth were remunerated monetarily based on youth minimum wage and the longest time to questionnaire completion during focus group testing (which was 4.0 hours, with an average of 2.5 hours). Youth were given breaks and refreshments. Youth provided their own consent if aged 16 and above, and legal guardians provided consent if the youth was under age 16. Youth and consenting guardians retained a copy of the consent form, with institutional and principal investigator contact information. Youth were provided with a help sheet with a range of online and local support

services, as well directed to their caseworker with any research questions or if later having uncomfortable feelings. Most youth elected to complete the testing in their residence, if there was a private area available. If not, youth were tested at CPS agencies or at the research site (a public hospital) or community facility.

### **Assessing the Effectiveness of the Partnership Process in the MAP Study**

Researchers, CPS staff members, and youth were involved in different stages of the study design (see Table 1). Specifically, CPS workers were involved as active partners from the first stages of study planning to dissemination efforts. CPS youth were consulted on wording and item inclusion in the questionnaire package as part of focus group testing for the MAP study questionnaire instrument. We evaluated CPS worker involvement in the MAP study by administering a participatory action questionnaire every three months during the monthly meeting period of the MAP Advisory Board. This questionnaire included items such as “How collaborative has this project been?” and “Have you felt your contributions were taken into consideration by the group?” Responses were averaged over time (see Table 2). Overall, CPS agencies reported that the research study was relevant, educational, collaborative, beneficial to CPS youth, and took relatively little time to implement. Importantly, 90% of the workers believed that the workload for the project was not too heavy. In applying this to Aboriginal CPS, one must note the context of service under-funding and the fact that such research partnership involves non-service staff time. The MAP presents a shared-resource model that may not be appropriate for small or funds-strapped agencies. While an honorarium system was finally agreed upon, earlier considerations were worker time backfill and research honoraria.

### **Assessing the Effectiveness of Resolving Ethical Issues in the MAP Study**

Protecting youth confidentiality was a paramount concern for the CPS agencies. To this end, all MAP research team members completed CPS agency confidentiality agreement forms. When agency case lists were forwarded to the MAP research team, they contained limited information (e.g., youth date of birth, CPS identification number, youth caseworker). An anonymous data collection system was developed, where a computer program links youth data via a one-way encryption process. In this process, each youth participant is assigned a MAP Project ID number that the testing staff used to tag the youth's responses on all of the MAP questionnaires. Youth completed the questionnaires on laptop computer.

Responses are uploaded to the secure MAP database in real time via cellular internet connection. As such, youth data is linked longitudinally and can be downloaded from the database at any time – when downloaded, all identifying information is removed from the data by a proprietary software program. As such, external researchers who analyze the MAP data do not have access to the youth's name, date of birth, address or any other identifying information and MAP Project data collection staff who do have access to the youth's name, phone number, address, MAP ID number etc. do not have access to the data. Thus, sensitive identifying information is "split" from the youth's responses to the questionnaires. Youth identification can never be paired with the youth's study responses.

The youth who participated in the MAP were paid cash remuneration for their time. Since this is not standard practice for research with minors, CPS agency support was required for the academic research ethics clearance. The CPS agencies provided a letter to the research institution ethics board arguing for a monetary remuneration that resembled youth employment. The CPS agencies' intent was to reinforce to youth an appropriate (legal) means of acquiring funds. To avoid coercion within this employment context, the youth were advised both verbally and in writing of the voluntary nature of research, that they had the right to refuse to respond to any uncomfortable question, and that they had the right to withdraw from the research without explanation, and that the research was completely separate from CPS services. The research procedures and consent forms were written by the researchers under the advisement of the CPS advisory board, and the CPS agency lawyers reviewed the university research ethics submission. Thus, prior to the academic research process, CPS agency clearance was obtained, which would be consistent with the CIHR guidelines of needing to demonstrate in any grant application, Aboriginal community approval in writing and explication of meaningful stakeholder engagement in the research project, from start to finish.

Another key concern was youth reactivity to sensitive research questions about maltreatment history, sexual activity, substance use etc. We addressed this concern by examining the results of questions that were included at the beginning and end of the MAP questionnaire package. An analysis of youth responses to these items at the initial time point (N = 500, Mean age = 15.85 [SD = 1.02], 47.7% male, 61% Crown Wards, 18% Community Families, 15% Society Wards, and 6% Temporary Care) indicates that youth do experience some minor stress and discomfort in completing the MAP questionnaire package (see Table 3). For instance, youth reported being significantly less relaxed after (Mean = 4.05, SD = 1.63), as opposed to prior to filling out the MAP questionnaire,

(Mean = 4.44, SD = 1.29;  $t = 5.21$ ,  $p < .001$ ). Youth reported decreases in feeling happy, finding it less easy to breathe, and having a lower energy level after filling out the questionnaires. Finally, youth report higher levels of distress after filling out the questionnaire (pre Mean = 1.86, SD = 1.69; post Mean = 2.12, SD = 1.93;  $t = -2.96$ ,  $p < .01$ ) as well as greater muscle tenseness after filling out the questionnaire (pre Mean = 2.22, SD = 1.88; post Mean = 2.46, SD = 2.02;  $t = -2.53$ ,  $p = .01$ ). While these results demonstrate statistically significant differences, it is important to note that post-questionnaire levels reported by the youth were still at or above the halfway mark (3.5) on the scale and that, numerically, all of the statistically significant changes in youth ratings were relatively small. It is also important to note that none of the youth who have participated in the MAP study have required follow-up services for distress or counselling following the completion of the MAP questionnaire package. All MAP testing staff are trained to carefully monitor for symptoms of distress and end the study or intervene in an appropriate manner (i.e., call CAS intake, MAP Principal Investigator, collaborate with Group Home/Foster Home guardians). Finally, four questions were asked at the end of the MAP questionnaire to survey youths' overall experience with the research. The CPS youth responded positively to the question, "How interesting did you find these study questions?" with a mean response of 4.00 (SD = 1.57) on a scale of 0 (Not at all) to 6 (A lot); youth also respond somewhat positively to the statement "I gained something by filling out this questionnaire", with a mean response of 3.53 (SD = 1.75) on a scale of 0 (Not at all) to 6 (A lot). Youth indicated that completing the questionnaire did not upset them more than they expected (Mean = 0.91, SD = 1.59). Finally, when asked if they would still have agreed to take part in the study after completing the questionnaires, the average response was 4.55 (SD=1.72) on a scale of 0 (Not at all) to 6 (A lot.). Thus, the youth show some measurable distress, but also measurable positive value to the research participation. In the cost-benefit analysis, youth tolerate the study sufficiently to warrant obtaining this novel information on CPS youth health.

The mixed positivist / PAR methodological model utilized in the MAP study has incorporated different "ways of knowing." CPS practice knowledge is valued across the research phases, from input into the specific questionnaire content based on observation of clinical trends, to input on dissemination products. The positivist contribution is to utilize the published measurement literature in addressing content areas of interest. CPS staff were directly assessed on their experiences with PAR, in providing ratings to a common set of questions. A combined PAR and positivist approach would seem to meet the needs of both CPS staffers and academic

researchers and seems compatible in utilizing CIHR guidelines for research with Aboriginal populations. The growth of quality assurance and quality improvement programs have also highlighted the benefits of adapting research methodologies in service organizations to better meet the need to monitor effectiveness and efficiency of service provision more closely (Leslie, 2005). We believe that this combined PAR/positivist research approach will not only be effective, but critical in conducting research with Aboriginal CPS agencies given the unique cultural and social background among many of the children and families in care. As Stewart (2009) reports in her quest to incorporate Western scientific and Native ways of knowing in Native health research: "...it is understood that research with Indigenous communities requires a different paradigm than has been historically offered by academic researchers. Research methodologies employed in Native contexts must come from Indigenous values and philosophies for a number of important reasons and with consequences that impact both the practice of research itself and the general validity of research results" (p. 57). Based on our experience with the MAP Project and the CIHR Guidelines, we review six points that should be considered when conducting an Aboriginal CPS research study. These are as follows.

1. Researchers need to understand and respect Aboriginal world views, including responsibilities to the people and culture that flow from being granted access to traditional or sacred knowledge. This means accepting a responsibility to be accountable to the CPS agencies for the knowledge generated in the research process. While researchers have a responsibility to be accountable to any CPS agency with which they have partnered, understanding Aboriginal world views and culture needs to be incorporated into the research design and investigators should allow extra time and resources to explore and understand these worldviews. For example, traditional Aboriginal world views are based on respect for all life forms as literally conscious and intrinsically interdependent and valuable (Corsiglia & Snively, 1997). As such, research on Aboriginal CPS children and youth health might incorporate measures that examine the youth's relation not only to parents, caregivers, friends, and community members, but also nature, such as animals, plants, and landscapes. These types of questions may be important variables in understanding Aboriginal health outcomes.
2. Community's jurisdiction over the research means planning the time for a partnership development process. This process may begin with determining whether the Aboriginal community manages and controls health matters or whether an outside government agency has jurisdiction. Thus, researchers need to become familiar with any by-laws, policies, rules and procedures adopted by the community. Including Aboriginal CPS children and youth in the design and implementation of the research may be an opportunity for social engagement. For example, guidelines for the meaningful engagement of youth in Canadian organizations are available on the First Nations Child & Family Caring Society homepage: (<http://www.fnfcfs.com/projects/ethicalYouthEngagement.php>).
3. Ethical principles of Aboriginal health research need to be understood in the context of Aboriginal concepts such as sacred space, sacred knowledge, and traditional knowledge. There may be a need to develop research tools to reflect and capture this perspective as a context to Aboriginal youth well-being. Ethical principles familiar to a researcher, such as autonomy and critical evaluation, need to be re-considered within the research partnership to harmonize with the values and beliefs of the Aboriginal community. The research team can share expertise in how to set up a research ethics board and provide commentary on community-developed research protocols.
4. Aboriginal societies are traditionally oral societies and written consent forms may be contrary to respecting Aboriginal approaches to research initiatives. Oral consent may be an appropriate alternative to obtaining written consent, but there needs to be a research team documentation of the practice. University research ethics boards are prepared to consider unique cases that vary from the typical procedure, however, these arguments need to be demonstrated to be part of the partnership process, based on agreement, as well as preliminary research. One possibility is for the researcher to obtain oral consent from the participant and document this consent in written form and have this written form notarized by both the researcher and a third-party witness.
5. Researchers need to make efforts to share the results of the research with the wider Aboriginal community, in venues that are most suitable to the knowledge recipients that allow for discussion and on-going relationship-building and access to expertise. Researchers should also work to foster education and training of community members to enhance their participation in the research project, including, where possible, employing community members. Researchers should budget the necessary time and resources to train and supervise Aboriginal CPS staff in conducting research, as needed, with a view to capacity-building through partnering.



6. The broader Aboriginal community, as with the CPS partners, should have the opportunity to review the research results before they are submitted for publication, to ensure appropriate context, the limits to the research, and to identify future directions. This may include setting up presentations to the community members and soliciting oral feedback. Researchers should budget both time and monetary resources to give presentations to the Aboriginal community and revise results based on feedback.

In sum, the dissemination of models of conducting research and standard guidelines and expectations for public funding of research on Aboriginal populations is as important as the actual health research knowledge identified. A combination of a PAR and positivist traditions may facilitate that the highest quality research is available for evidence-based advocacy for practice and policy change to remediate Aboriginal service funding disparities. Such research partnership may provide the context for sustained rigorous and relevant research required for quality services and equality in health outcomes for Aboriginal child welfare-involved youth.

## References

- Arnett, J. J. (1999). Adolescent storm and stress, reconsidered. *American Psychologist*, 54 (5), 317-326.
- Auditor General of Canada Report (May 2008). *Chapter 4 – First Nations Child and Family Services Program-Indian and Northern Affairs Canada*. Downloaded from [http://www.oag-bvg.gc.ca/internet/English/parl\\_oag\\_200805\\_04\\_e\\_30700.html](http://www.oag-bvg.gc.ca/internet/English/parl_oag_200805_04_e_30700.html) on September 2, 2009.
- Becker-Blease, K. A. & Freyd, J. J. (2006). Research participants telling the truth about their lives. *American Psychologist*, 61, (3), 218-226.
- Blackstock, C. (2003). First Nations Child and Family Services: Restoring peace and harmony in First Nations communities. In Kufeldt, K. and McKenzie, B. (Eds.). *Child Welfare: Connecting Research, Policy and Practice*. Waterloo: Wilfrid Laurier Press, 331-343.
- Blackstock, C., Trocmé, N., & Bennett, M. (2004). Child maltreatment investigations among Aboriginal and non-Aboriginal families in Canada. *Violence Against Women*, 10(8), 901–916.
- Bradbury, H., & Reason, P. (2001). Conclusion: Broadening the bandwidth of validity: Issues and choicepoints for improving the quality of action research. In P. Reason & H. Bradbury (Eds.), *Handbook of Action Research* (pp. 447-455). London: Sage.
- Chandler, M.J. & Lalonde, C.E. (2008). Cultural continuity as a protective factor against suicide in First Nations youth. *Horizons*. 10(1), 68-72.
- Corsiglia, J. & Snively, G. (1997). Knowing home: NisGa'a traditional knowledge and wisdom improve environmental decision making. *Alternative Journal*, 23 (3), 22-27.
- Christian, W. M., & Spittal, P. M. (2008). The Cedar Project: Acknowledging the pain of our children. *The Lancet*, 372 (9644), 1132-1133.
- Dussault, R. (2007). Indigenous peoples and child welfare: The path to reconciliation. *First Peoples Child & Family Review*, 3 (3), 8-11.
- Gilbert, R., Kemp, A., Thoburn, J., Sidebotham, P., Radford, L., Glaser, D., & MacMillan, H. L. (2009). Recognising and responding to child maltreatment. *Lancet*, 373 (9658), 167-180.
- Glaser, D. (2000). Child abuse and neglect and the brain. *Journal of Child Psychology and Psychiatry*, 41(1), 97-116.
- Harcourt, H. F. (2009). Review of helping adolescents at risk: Prevention of multiple problem behaviors. *Child & Adolescent Social Work Journal*, 26 (3), 279-281.
- Kessler, R. C., Demler, O., Frank, R. G., Olfson, M., Pincus, H. A., Walters, E. E., Wang, P., Wells, K. B., & Zaslavsky, A. M. (2005). Prevalence and treatment of mental disorders, 1990 to 2003. *New England Journal of Medicine*, 352, (24), 2515-2523.
- Kvale, S. (2002). The social construction of validity. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Qualitative Inquiry Reader* (pp. 299-325). Thousand Oaks, CA: Sage.
- Lafrance, J. (2009). Commentary: Knowledge mobilization for the real world – seeking wisdom. *First Peoples Child & Family Review*, 4, 80-88.
- Leslie, B. (2005). Creating and sustaining research partnerships between academic institutions and service agencies. *Ontario Association of Children's Aid Societies Journal Special Edition: Research in Child Welfare*, 49, 1, 26-34.
- MacMillan, H. L., Fleming, J. E., Streiner, D. L., Lin, E., Boyle, M. H., Jamieson, E., Duku, E. K., Walsh, C. A., Wong, M. Y.-Y., & Beardslee, W. R. (2001). Childhood abuse and lifetime psychopathology in a community sample. *American Journal of Psychiatry*, 158 (11), 1878-1883.
- McGloin, J. M. & Widom, C. S. (2001). Resilience among abused and neglected children grown up. *Development and Psychopathology*, 13, 1021-1038.
- Moore, K. A., Ehrle, J., & Vandivere, S. (2000). *Turbulence and child well-being*. Policy Publication Series B, No. B-16. The Urban Institute: Washington, DC.
- Mullen, E. (2004). Facilitating practitioner use of evidence-based practice. In Roberts, A. R. & Yeager, K.R. (Ed.), *Evidence-based practice manual: Research and outcome measures in health and human services*. (pp. 205 - 218). New York: Oxford University Press.
- Mushquash, C. J., Comeau, N. M., & Stewart, S. H. (2007). An alcohol abuse early intervention approach with Mi'kmaq adolescents. *The First Peoples Child and Family Review*, 3(1), 17-26.
- Ordolis, E. (2007). A story of their own: Adolescent pregnancy and child welfare in Aboriginal communities. *First Peoples Child & Family Review*, 3 (4), 30-41.

## Child Protective Services and University-Based Partnerships

- Pearce, M. E., Christian, W. M., Patterson, K., Norris, K., Moniruzzaman, A., Craib, K. J. P., Schechter, M. T., & Spittal, P. M. (2008). The Cedar Project: Historical trauma, sexual abuse, and HIV risk among young Aboriginal people who use injection and non-injection drugs in two Canadian cities. *Social Science & Medicine*, *66*, 2185-2194.
- Reason, P., & Bradbury, H. (Eds.). (2001). Introduction: Inquiry and participation in search of a world worthy of human aspiration. In P. Reason & H. Bradbury (Eds.), *Handbook of action research* (pp. 1-14). London: Sage.
- Stewart, S. L. (2009). One indigenous academic's evolution: A personal narrative of Native health research and competing ways of knowing. *First Peoples Child & Family Review*, *4* (1), 57-65.
- Teram, E., Schachter, C. L., & Stalker, C. A. (2005). The case for integrating grounded theory and participatory action research: Empowering clients to inform professional practice. *Qualitative Health Research*, *15*, 8, 1129-1140.
- Tonmyr, L., Jack, S., Brooks, S., Kennedy, B., & Dudding, P. (2009). Utilization of the Canadian Incidence Study of Reported Child Abuse and Neglect in First Nations Child Welfare Agencies in Ontario. *First Peoples Child & Family Review*, *4*, 38-46.
- Trocmé, N., Knoke, D., & Blackstock, C. (2004). Pathways to the overrepresentation of Aboriginal children in Canada's child welfare system. *Social Service Review*, *78*, 577- 599.
- UNICEF Canada report on Aboriginal Children's Health. Downloaded from <http://www.unicef.ca/portal/Applications/Core/sbNews/sbNews.aspx?NewsID=597&am=2782&rp=126> on September 4, 2009.
- Wekerle, C., Bennett, M., & Fuchs, D. (2009). Editorial: The legacy of a child: Jordan's principle. *First Peoples Child & Family Review*, *4*, 5-7.
- Wekerle, C., Leung, E., Goldstein, A., Thornton, T., & Tonmyr, L. (2009). *Up against a wall: Coping with becoming a teen. (Substance use among adolescents in child welfare versus adolescents in the general population: A comparison of the Maltreatment and Adolescent Pathways [MAP] longitudinal study and the Ontario Student Drug Use Survey [OSDUS] datasets)*. London, ON: University of Western Ontario.
- Wekerle, C., Leung, E., MacMillan, H.L., Boyle, M., Trocmé, N., & Waechter, R. (2009). The impact of childhood emotional maltreatment on teen dating violence. *Journal of Child Abuse & Neglect*.
- Wekerle, C., MacMillan, H.L., Leung, E., & Jamieson, E. (2008). Childhood maltreatment. In M. Hersen & A. M. Gross (Eds.), *Handbook of clinical psychology, Vol. 2, Children and adolescents* (pp. 856-903). Hoboken, NJ: John Wiley & Sons.
- Wekerle, C., Miller, A. L., Wolfe, D. A., & Spindel, C. B. (2006). *Childhood Maltreatment*. Ashland, OH: Hogrefe & Huber.
- Wekerle, C., & Wolfe, D. A. (2003). Child maltreatment. In E. J. Mash & R. A. Barkley (Eds.), *Child Psychopathology* (2nd Edition), pp. 632-686). New York, NY: Guilford Press
- Widom, C. S. (1999). Posttraumatic stress disorder in abused and neglected children grown up. *American Journal of Psychiatry*, *156*, 1223-1229.
- World Health Organization. (2002). *World report on violence and health*, Geneva.
- Zahradnik, M., Stevens, D. S., Stewart, S. H., Comeau, N. M., Wekerle, C., & Mushquash, C. (2007). Building a collaborative understanding of pathways to adolescent alcohol misuse in a Mi'kmaq community: A process paper. *The First Peoples Child and Family Review*, *3*(2), 27-36.

**Table 1.** Involvement of Researchers, CPS Staff, and CPS Youth in the Development of the MAP Study.

Research Process	Researchers	CPS Staff	CPS Youth
Development of research questions	X	X	
Selection of participants	X	X	
Selection, development and review of questionnaires and items	X	X	X
Outlining of procedures re: Selection of participants and confidentiality	X	X	
Ethics review and input	X	X	
Data Collection	X		X
Data Analysis	X		
Discussion / Interpretation of the data	X	X	
Dissemination of results	X	X	

**Table 2.** CPS Worker Participatory Action Research Questionnaire (N=28)

(-) Not at all 1	2	3	Scale 4	5	6	(+) Extremely 7			
Question							N	Mean	SD
1. How relevant to your work is this research?							34	5.7	1.1
2. How invested do you feel in this research project?							34	5.7	1.0
3. How collaborative has this project been?							33	5.8	1.2
4. Given where you are at in your career, how much have you learned about research?							32	4.6	1.3
5. Given where you are at in your career, how much have you learned about practice?							33	4.4	1.3
6. Have you felt your contributions were taken into consideration by the group?							33	6.1	0.9
7. How supportive has your institution been about your participation in this research?							34	5.7	1.1
8. Have the group meeting minutes been accurate reflections of the group discussions?							28	6.3	0.7
9. Have the group meeting minutes been helpful?							31	5.8	0.9
10. Do you believe this project can have an impact on practice and benefit CAS youth?							33	6.2	0.7
11. Please estimate the number of hours / week you devote to this project							23	1.4	1.1
12. Have you discussed this research project with your supervisor?							96% - YES	4% - NO	
13. Have you discussed this research project with other staff?							94% - YES	6% - NO	
14. Are these discussions being updated over time?							89% - YES	11% - NO	
15. Is the workload for this project too heavy?							10% - YES	90% - NO	

## Child Protective Services and University-Based Partnerships

**Table 3.** Pre and Post-questionnaire items – MAP Study

Response Options						Pre-Survey Mean (SD)	Post-Survey Mean (SD)	Paired t-test
Not at All		Some		A Lot				
1	2	3	4	5	6			
Question								
1. How relaxed do you feel? (N=479)					<b>4.44 (1.29)</b>	<b>4.05 (1.63)</b>	<b>t=5.21**</b>	
2. How happy do you feel? (N=479)					<b>4.21 (1.33)</b>	<b>3.77 (1.58)</b>	<b>t=4.27**</b>	
3. How clear is this study to you? (N=477)					4.91 (1.21)	5.01 (1.23)		
4. How distressed do you feel? (N=476)					<b>1.86 (1.69)</b>	<b>2.12 (1.93)</b>	<b>t=-2.15*</b>	
5. How interested are you in this study? (N=479)					4.76 (1.22)	4.72 (1.39)		
6. How important do you think this study is? (N=475)					4.84 (1.26)	4.85 (1.38)		
7. How easy is it for you to breathe? (N=477)					<b>5.25 (1.13)</b>	<b>4.83 (1.55)</b>	<b>t=6.29**</b>	
8. How tense are your muscles? (N=469)					<b>2.22 (1.88)</b>	<b>2.46 (2.02)</b>	<b>t=-2.53*</b>	
9. How high is your energy level? (N=474)					<b>3.92 (1.57)</b>	<b>3.44 (1.65)</b>	<b>t=6.10**</b>	
10. How easy do you feel it is to express yourself? (N=473)					4.38 (1.46)	4.23 (1.77)		
11. How well do you think you could focus on things? (N=478)					4.46 (1.20)	4.32 (1.46)		

\*p = .01

\*\*p < .001



## 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

Volume 4, Number 2, 2009, pp. 129-134

# Torres Strait Island Parents' Involvement in their Children's Mathematics Learning: A Discussion Paper

Bronwyn Ewing<sup>a</sup>

<sup>a</sup>Ph.D., Queensland University of Technology, Brisbane, Queensland, Australia

### Situating the "self" in Research

This discussion paper is the first attempt by the author to put into words her early learnings and understandings of Torres Strait Islander parents' involvement in their children's mathematics education. She is not at the same state of awareness nor understanding of Indigenous Peoples in Australia and therefore does not consider herself an "expert" on Indigenous ways as written by Veronica Arbon (2008) in her book *Arlathirnda Ngurkarnda Ityirnda Being-Knowing-Doing*. To do this would be offensive to Indigenous Peoples and a substantial breach of trust and respect to purport to be an expert about such matters that she has not experienced. What she is attempting to do is to take small steps to learn about Indigenous parents', particularly women's involvement in their children's mathematics education in the context of the Torres Strait Islands so as to work with this community in environments for mathematics learning. She is non-Indigenous, of Scottish/Irish Catholic heritage, a university educator of Early Childhood mathematics and researcher working with Indigenous communities on ways to enhance the educational opportunities of their young people which continues to be subjected to negative reports in the Australian Press (cf. Sarra, 2009). Background: The Australian Context

In Australia, Indigenous people are often referred to as victims of their own circumstances, consequently reproducing their isolation and exclusion from education (Sanderson & Thomson, 2003). In 2007, Indigenous People living in rural and remote areas of Australia were

### Abstract

This paper is a beginning point for discussing what the literature states about parents' involvement in their children's mathematics education. Where possible it will focus on Torres Strait Islander Peoples. Little is known about how Torres Strait Islander parents approach their children's learning of mathematics and how important early mathematics is to mothers. What is known is that they are keen for their children to receive an education that provides them with opportunities for their present and future lives. However, gaining access to education is challenging given that the language of instruction in schools is written to English conventions, decontextualised and disconnected from the students' culture, community and home language. This paper discusses some of the issues raised in the literature about what parents are confronted with when making decisions about their children's education.

less likely than those in urban areas to have completed Year 12 (Australian Bureau of Statistics, 2007). Although improvements in school completions of Indigenous students have been recorded, students aged 15 years and over were still half as likely as non-Indigenous Australians to have completed school to Year 12 in 2006 (23% compared with 49%) (ABS, 2007). These relative differences have remained unchanged since 2001. Further, Indigenous students continue to be the most educationally-disadvantaged group particularly within the area of mathematics, performing on national testing two years below their non-Indigenous counterparts (MEECDYA, 2008). When these results are viewed together with student retention rates to Year 12, it is not surprising that the lowest levels of post-compulsory school enrolments are recorded by young Indigenous people (see Lamb, 2009). These statistics are a disturbing particularly when early exit from school has been found to be associated with long term unemployment, "early involvement in the juvenile justice system, and very poor health" (Sanderson & Thomson, 2003, p. 96). These

Questions or correspondence concerning this article may be addressed to:

[bf.ewing@qut.edu.au](mailto:bf.ewing@qut.edu.au)

### Acknowledgements:

*The author would like to thank Mette Morrison ESL Project Manager Thursday Island State School for challenging me to think how I, as a non-Indigenous person, might work with Torres Strait Island communities to enhance the mathematics learning of their children and to consider how mathematics can be contextualised to culture, community and home language.*

social issues are often blamed on the numerous social problems that have manifested within many Indigenous Communities throughout Australia, which unfairly places the focus on the Communities and its people, when it should be on ways to improve the effectiveness of the education that students receive (Aboriginal and Torres Strait Islander Social Justice Commissioner, 2008; Behrendt, 2008; Sarra, 2009).

### Aspirations of Indigenous Communities

Torres Strait Islander parents share the aspirations of Indigenous communities around Australia, that is, they are keen for their children to receive a good education, one that includes literacy and numeracy (Mette Morrison, personal communication, 2008). Whilst there is literature that focuses on education in the Torres Strait Islands (see Shnukal, 2003 for comprehensive bibliography of Torres Strait Education) and women in the Torres Strait Islands (see for example Gaffney, 1989; Osborne, 1997), literature that focuses explicitly on the involvement of women in their children's mathematics education in the Torres Strait Islands is limited. Because of this constraint, the paper will explore beyond this region to develop understandings of how women conceptualize their role in their children's mathematics education. It will also seek explanations of "both ways" environments as describe by Kathryn Priest et al., (2009, p. 118). Briefly, the concept of both ways refers to "a blend of [Western] mainstream and Indigenous cultural knowledge being taught" (Priest et al., 2009, p. 118). This notion will be addressed more in-depth later in this paper. But first, important points need to be explored.

Karen Martin (2008) questions how a Westernized education system accords with Australian Aboriginal and Torres Strait Islander learning systems and acknowledges the influence of parents, extended family, Elders and Community. This matter is also the subject of discussion by the Assembly of First Nations (2005) who are calling for holistic and culturally relevant programs and curriculum.

*[C]ultural values, beliefs, traditions and language must be interwoven in all early learning and child care programming. Culture has been acknowledged to play a key role in developing physically and emotionally healthy children with high self esteem that it must become an integral*

*component of the everyday operation of these programs. First Nations clearly stated that Elders need to be involved as advisors and teachers in the development and implementation of First Nations early learning and child care programs. (p. 10)*

This call emphasis the need for mainstream education systems to critically reflect on their practices and how curriculum is delivered to Indigenous students. In so doing, considerations of how the students gain access to learning need to be addressed. If students perceive that the content of the curriculum does not link with their daily experiences, culture and home language they are less likely to engage in what they are expected to learn. The Assembly places significant importance on respecting and valuing the diversity of First Nations Communities, so that their children live healthy and successful lives.

In their report of *The School Readiness of Australian Indigenous Children*, McTurk, Nutton, Lea, Robinson and Carapetis (2008) highlight the heterogeneity of Indigenous cultures. Indigenous people live across different geographical locations and live different lifestyles in communities. However, what is homogeneous is that they share aspirations for their children (Mellor & Corrigan, 2004; Yunupingu, 1997). That is, Indigenous families want their children to access quality education so that they can gain the knowledge, skills and capacity to succeed in education, employment and in their present and future lives. This does not mean that they give up their cultural identity. Indigenous parents see as paramount that their children's cultural identities as Indigenous people are sustained and maintained (Lester, 2004 cited by Priest, 2005). Therefore an awareness of "the complex and delicate nature of the social and cultural issues at play within and between these communities is critical" (Clancy & Simpson, 2002, p. 54-55).

### Western Mainstream Education and the Recognition of Cultural Identity

Veronica Arbon (2008) challenges the assumptions underpinning Western mainstream education which purports to recognize Aboriginal and Torres Strait Islander children's cultural identity. She questions how such an education can bring about successful outcomes when it does not recognize Indigenous knowledge systems, cultures and home languages. In concert with Arbon,

Kathryn Priest (2005) asks how a mainstream education curriculum written to English conventions provides Aboriginal and Torres Strait Islander children with the knowledge and skills to participate in daily social life, if it does not recognize their cultural identity. Priest (2005) and Arbon (2008) state that Western education is now brought into question with calls for “both ways” education, that is, where mainstream knowledge and practices are blended with Indigenous cultural knowledge of learning. Taylor (2003) explains this further by stating that both ways education must work within an “intercultural space” (p. 45). That is,

*... the meeting of two distinct cultures' through processes and interactions which retain the integrity and difference of both cultures and which may involve a blending of elements of both cultures but never the domination of one over another. (p. 45)*

Therefore, it is crucial that cultural knowledge and experiences of Indigenous people are valued and respected and given the currency in the same way that non Indigenous knowledge is for both ways education to work.

The documents *Preparing the Ground for Partnership* (Priest, 2005), *The Indigenous Education Strategic Directions 2008–2011* (Department of Education, Training and the Arts, 2007) and the *National Goals for Indigenous Education* (Department of Education, Employment and Work Relations, 2008) provide explicit ways to integrate Indigenous cultural knowledge and mainstream knowledge so that Indigenous children receive the best possible literacy and numeracy education to enhance their opportunities for education, training and employment.

Key themes from the above documents include the need to provide children with the best start to education and the importance of contextualizing literacy and numeracy to their community and culture (see Priest, 2005 for a detailed review). Here, community is described “a culture that is oriented primarily towards the needs of the group. This cultural orientation perceives that the whole community must be strong in order to adequately meet the needs of the individual” (Priest, 2005, p. 12). Karen Martin (2005) describes culture as:

*being related . . . it is being related to people, to the sky, the salt water, the animals, the plants, the land . . . that is how we hold who we are . . . it is that we related to everything else . . . what is happening to our people now is we are not experiencing that relatedness . . . it is important that we pay attention to our responsibilities and keep our relatedness strong . . . we need that relatedness back . . . we need to re-present the stories of our relatedness (cited by Priest, 2005, p. 12).*

Put another way, Martin Nakata (2007b) states that contextualizing to culture is about that which already

exists, that is, Torres Strait Islander community, cultural context and home languages (including the sky, the sea, the land and spiritual values) and “Indigenous knowledge systems” (Nakata, 2007a, p. 2).

Ezeife (2002) cites the work of Hollins (1996) who states that Indigenous people belong to “high-context culture groups” (p. 185). These groups are regarded as adopting a holistic, top-down approach to processing information which is situated in the environment within which they interact. Low context groups adopt a hierarchical and development approach from the bottom up to process information and to construct meaning. Indigenous children who use holistic thought processing are more likely to be disadvantaged in Western mathematics classrooms that adopt a bottom up approach. This is because of the way mathematics is presented to learners, that is, as hierarchical and broken into parts with minimal connections made between concepts and Indigenous children’s culture and community (Ewing, 2008). Mathematics, then, potentially conflicts with how they learn. If this divergence is to change, the curriculum needs to be made more culturally-sensitive as well as environmentally and community orientated so that parents can be involved in their children’s learning.

### A Struggle for recognition

Kathryn Priest (2005) states that for many years, Indigenous women around Australia have struggled with gaining recognition for their cultures’ child learning practices. A contributing factor to this issue is the typical characterizations, or the Westernized view of Indigenous women’s involvement in their children’s education. Such involvement has characterized Indigenous women as lacking interest in their children’s education. Indeed, the portrayal of parents as problems to be overcome and as uninvolved in their children’s learning, upholds a particular view of parent participation in education (Jackson & Remillard, 2005). Now, Indigenous women in Australia are speaking out about what they want for their children, calling for recognition of their cultural knowledge and to be treated “on an equitable basis with ‘[W]estern’ culture” (Priest, 2005, p. 19). In citing the work of the Warrki Jarrinjaku ACRS Project Team (2002) Priest explains that there is a

*growing recognition of the need to have a ‘both ways’ approach to service design and delivery (Warrki Jarrinjaku ACRS Project Team 2002). An ideal ‘both ways’ environment places equal value and respect on quality of practices from both Kardiya (non-Aboriginal) and Anangu and Yapa (Aboriginal) cultures. (p. 123)*

Whilst there is a growing recognition of Anangu and Yapa cultural knowledge, more work in the wider society

is needed so that Indigenous knowledge is recognized, respected and learned. (Priest, 2005). For Indigenous women, this issue is not isolated to Australia.

In a study of African American mothers' involvement in their children's mathematics education Jackson and Remillard (2005) found that such characterizations have a strong tendency to privilege traditional Westernized practices of education and schooling. As a consequence of stereotypical views of parental involvement in their children's education, the mothers were confronted with challenges in relation to their children's education. This did not mean that the parents were not involved in their children's learning. The parents took it upon themselves to create opportunities to support their children outside of school. By thinking proactively and strategically, the parents were strong advocates for their children's futures and for the opportunities they wanted them to experience in their adult lives. They used their daily lives and family activities as spontaneous opportunities to engage in discussions about mathematics and its associated language, both informal and formal.

### The Language of Mathematics

Previous discussions have emphasized both ways learning environments and the importance of recognizing and valuing Aboriginal and Torres Strait Islander Peoples' cultural knowledges culture and home languages. Such recognition by non Indigenous people is crucial if they are to work with Indigenous Peoples in their communities to enhance mathematical education of Indigenous children and young people.

It is crucial is that Aboriginal and Torres Strait Islander children be provided with quality education that recognizes, in explicit and implicit ways, their culture, community and home language and that these important aspects are made visible in all areas of children's learning. Indigenous children's culture may be predominately oral and communicated in context, and therefore must be recognized as such by educators as is important (Priest, 2005).

The significance of recognizing oral language is highlighted by Paul Herbert (2008) in his presentation at the World Indigenous Peoples Conference on Education,

*Language is the conveyor of culture, through culture we add meaning to things based on symbols. When language disappears our symbols go with it leaving a group of people searching for symbolic meaning. These symbols are what we identify ourselves with. Without these symbols we are to an extent lost.*

Learning mathematics that is connected with children's culture and home language provides them with access for further learning and how they identify

themselves as learners in communities. When it is disconnected from their culture and home language learning is less likely to occur. A strong point made in Shirley Brice Heath's (1983) work emphasizes that from when we are infants, language determines how we come to know and to be in the world. It binds communities, parents and children together "the adults which the children will one day become repeat the processes with the next generation of children" (Zeegers, Muir & Lin, 2003, p. 55). What happens then when children are required to speak Standard Australian English in classrooms instead of their home language?

### The Official Language of Instruction

As the official language of instruction, English is learned by Torres Strait Islander children as a second, third or fourth language (Shnukal, 2002). It dominates the Torres Strait Curriculum which is written to English conventions even though it is being perceived by students as a "foreign language expressing alien and uncomfortable modes of thought" (Shnukal, 2002, p. 12). This point raises the question: how can children find meaning in the symbols of Standard Australian English when their first languages are more likely to be Kala Lagaw Ya, Meriam Mir or Yumplatok?

The mathematics curriculum implemented in Queensland is written and delivered in all classrooms in Standard Australian English (Queensland Studies Authority, 2004). However, it is perceived by students in the Torres Strait Island schools as a foreign language (Shnukal, 2002). Mathematics learning is further confounded by curriculum content and material that is out of context and lacking practical purpose and connections to the children's culture and environment thus further reinforcing the view of mathematics curriculum and the conventions it is written too as a foreign language.

Anthony Ezeife (2002) states that irrelevant material and Indigenous children's culture and environment would surface and influence the children's learning. He explains,

*If the instructional method favours the learning styles of students from Western cultures (as seems to be the case in contemporary formal school settings), then these students would perform quite well, while the performance of the disadvantaged students from indigenous cultures would not be as good. However, if indigenous students are given the opportunity to learn through an instructional medium that favours their learning or cognitive styles, then the likelihood is that learning would be facilitated and enhanced. (Ezeife, 2002, p. 180)*

A more culturally sensitive way to enhance Indigenous children's learning would be to educate using culturally and environmentally based education that links



directly with their culture. In this way, children have the incentive to learn for understanding because they can find meaning and links to their own cultures, their home languages and in the symbols used.

For Indigenous children, the mathematical concept may not be the difficulty; rather, it may be the language that is used to express it. For example, two categories of common nouns in English cause difficulty for Torres Strait Creole speakers (Shnukal, 2003, p. 55).

*The first is the count and mass (unbounded or non-count) distinction, so called because count nouns are thought of as units which can be pluralized, whereas mass nouns (e.g. "sugar", "wood", "flour", "cattle", "information", "destruction", etc.) are thought of as substance and cannot be pluralized, except with specialised meaning. Thus, "two sugars" does not mean "two grains of sugar", but "two lumps/spoonfuls of sugar". Mass nouns take the quantifiers ("how/too) much/little", whereas count nouns take "(how/too) many/few". There is not such distinction in Torres Strait Creole. All common nouns in Torres Strait Creole can be pluralized by using a number, the plural marker dem or a quantifier:*

wan bred  
one loaf of bread  
tri bulmakau  
three head of cattle  
dem ud  
pieces of wood  
amass plawa  
how many tins of flour

Children who are speakers of Yumplatok are more than likely unaware of the circumstances with which English nouns can and cannot be pluralized and are uncertain of which quantifier to use (Shnukal, 2003). This uncertainty is likely to be influential to how they come to learn formal mathematics that is written and spoken using Standard Australian English conventions. To further illustrate, puffing up shoulders and stating "he's big this kind way" means tall, while stating "I go . . . I go, go . . . I go, go, go", means "I went a very long way" (Nakata, 2002). Again, the problem may not be a mathematical or cultural issue, but rather, a language issue. Therefore, it is about having a specialized understanding of how children express their world as they see themselves in it—with verbalization as the key to understanding concepts rather than simply having them manipulate objects that are not context related (Nakata, 2002; Shnukal, 2002). Torres Strait islander children require explicit teaching through interactions with their teacher, other children and adults so they become aware of the different grammatical

structures between their language and of those in Standard Australian English.

### Concluding comments

Where possible this paper has discussed the aspirations that Torres Strait Islander parents have for their children. It has also emphasized the significance of recognizing the cultural identity and home language of Australian Aboriginal and Torres Strait Islander communities. This recognition by mainstream education is crucial if both ways education is going to succeed and further, if Indigenous children are going to be able to access further education, training and employment. This paper takes the position that Torres Strait Island children's learning of mathematics can be enhanced if there is an integration of Torres Strait Island cultural knowledge into mainstream western education. Many research documents cite that the mathematics that Indigenous children are learning in school is isolated, disconnected and of little or no relevance to their daily life, their culture and home language. Whilst some effort is being made, more is needed to enhance the lives of young Torres Strait Islander children and to recognize the child learning practices of their parents.

### Contributors' Bio

Bronwyn Ewing is a mathematics education researcher at QUT specializing in the pedagogy of mathematics classrooms from the early years to VET contexts. She has a special interest in the teaching and learning of mathematics to Aboriginal and Torres Strait Islander students and the role of Torres Strait Islander women in their children's prior-to-school mathematics education.

### Reference

- Aboriginal and Torres Strait Islander Social Justice Commissioner. (2008). Building a sustainable national Indigenous representative body – Issues for consideration. An Issues Paper prepared by the Aboriginal and Torres Strait Islander Social Justice Commissioner, in accordance with section 46C(1)(b) of the Human Rights and Equal Opportunity Commission Act 1986 (Cth). Retrieved 11/08/09, from [http://www.hreoc.gov.au/Social\\_Justice/repbody/repbody\\_paper2008.pdf](http://www.hreoc.gov.au/Social_Justice/repbody/repbody_paper2008.pdf).
- ABS. (2007). Schools Australia Catalogue No. 4221.0. Retrieved 11/08/09, from <http://www.abs.gov.au/AUSSTATS/abs@.nsf/0/84829036269D0245CA2573FD00112545?OpenDocument>.
- Arbon, V. (2008). *Arlathirnda Ngurkarnda Ityiyirnka Being-Knowing-Doing*. Brisbane: PostPressed.
- Assembly of First Nations. (2005). First Nations early learning and child care action plan. Retrieved 12/02/09, from <http://>

- [www.afn.ca/cmslib/general/elcc.pdf](http://www.afn.ca/cmslib/general/elcc.pdf).
- Behrendt, L. (2008). Warrane Lecture 2008: Achieving Social Justice for Aboriginal People in a Civil Society. Retrieved 20/10/08, from <http://www.abc.net.au/news/opinion/speeches/files/20081016behrendt.pdf>.
- Clancy, S., & Simpson, L. (2002). Literacy learning for Indigenous students: Setting a research agenda. *Australian Journal of Language and Literacy*, 25(2), 47-64.
- Department of Education Employment and Workplace Relations. (2008). National Goals for Indigenous Education. Retrieved 2/10/08, 2008, from [http://www.dest.gov.au/sectors/indigenous\\_education/policy\\_issues\\_reviews/national\\_goals\\_for\\_indigenous\\_education.htm](http://www.dest.gov.au/sectors/indigenous_education/policy_issues_reviews/national_goals_for_indigenous_education.htm).
- Department of Education Training and the Arts. (2007). Indigenous education strategic directions 2008-2011. Retrieved 2/10/08, 2008, from <http://education.qld.gov.au/strategic/planning/pdfs/indig-strat-directions.pdf>.
- Ewing, B. (2008). *Discourse, identity and community: Forty-three early school leavers' accounts of their experiences of mathematics learning in two contexts*. In: Australian Association for Research in Education 2008 : Changing climates - Education for Sustainable Futures, 30th November - 4th December, 2008, Queensland University of Technology.
- Ezeife, A. N. (2002). Mathematics and culture nexus: The interactions of culture and mathematics in an Aboriginal classroom. *International Education Journal*, 3(2), 176-187.
- Gaffney, E. (1989). *Somebody now*. Canberra: Aboriginal Studies Press.
- Heath, S. B. (1983). *Ways with words language, life, and work in communities and classrooms*: Cambridge University Press.
- Herbert, P. (2008). WIPC:E 2008 – the World Indigenous Peoples' Conference on Education.
- Hollins, E. R. (1996). *Culture in school learning: Revealing the deep meaning*. Mahwah, New jersey: Lawrence Erlbaum Associates.
- Jackson, K. R., J. (2005). Rethinking parent involvement: African American mothers construct their roles in the mathematics education of their children. *School community journal*, 15(1), 51-73.
- Lamb, S. (2009). Modelling of post compulsory schooling enrolments. Retrieved 11/08/09, from [http://www.cgc.gov.au/\\_data/assets/file/0014/17024/2009\\_-\\_Modeling\\_of\\_post-compulsory\\_students.pdf](http://www.cgc.gov.au/_data/assets/file/0014/17024/2009_-_Modeling_of_post-compulsory_students.pdf).
- Lester, J. (2004, November). Sydney Morning Herald. <http://www.smh.com.au>.
- Martin, K. (2008). *Please knock before you enter: Aboriginal regulation of outsiders and the implications for researchers*. Brisbane: PostPressed.
- McTurk, N., Nutton, G., Lea, T., Robinson, G., & Carapetis, J. (2008). *The school readiness of Australian Indigenous children: A review of the literature*. Darwin: Charles Darwin University, Northern Territory.
- MEECDYA (2008). National assessment program literacy and numeracy: Achievement in reading, writing, language conventions and numeracy. Journal. Retrieved from [http://www.mcecdya.edu.au/verve/\\_resources/NAPLAN\\_2008-Full\\_Report.pdf](http://www.mcecdya.edu.au/verve/_resources/NAPLAN_2008-Full_Report.pdf).
- Mellor, S. C., M. (2004). The case for change: A review of contemporary research on Indigenous education outcomes. Retrieved 12/01/09, 12/01/09, from <http://search.informit.com.au/fullText;dn=324175841163329;res=IELHSS>.
- Morrison, M. (2008). English as Second language Project Officer, Tagai State College, Thursday Island.
- Nakata, M. (2007a). The Cultural Interface. *The Australian Journal of Indigenous Education*, 36, 7-14.
- Nakata, M. (2007b). *Disciplining the savages: Savaging the disciplines*. Canberra: Aboriginal Studies Press.
- Osborne, E. (1997). *Torres Strait Islander Women and the Pacific War*. Canberra: Aboriginal Studies Press.
- Priest, K. (2005). *Preparing the ground for partnership: Exploring quality assurance for Aboriginal and Torres Strait Islander child care: A literature review and background paper*. Canberra: Department of Family and Community Services.
- Priest, K., et al. (2009). Warrki Jarrinjaku "Working Together Everyone and Listening": Growing Together as Leaders for Aboriginal Children in Remote Central Australia. *16(1)*, 117-130.
- Queensland Studies Authority. (2004). *Mathematics: Years 1 to 10 syllabus*. Brisbane: Queensland Studies Authority.
- Sanderson, V., & Thomson, P. (2003). Towards a just Indigenous education: a continuing challenge for state schooling. In A. Reid., and P. Thomson (Eds.), *Towards a public curriculum* (pp. 95-120). Flaxton: PostPressed.
- Sarra, C. (2009). New narrative tells of brighter future together. Retrieved 11/08/09, from <http://www.theaustralian.news.com.au/story/0,,25897610-28737,00.html>.
- Shnukal, A. (2002). Some language-related observations for teachers in Torres Strait and Cape York Peninsula schools. *The Australian Journal of Indigenous Education*, 30(1), 8-24.
- Shnukal, A. (2003). Bibliography of Torres Strait Education. *The Australian Journal of Indigenous Education*, 31, 77-80.
- Taylor, R. (2003). An Indigenous perspective on evaluations in the inter-cultural context: how far can one throw a Moree boomerang? *Evaluation Journal of Australasia*, 3(2).
- Yunupingu, M. (1997). 'Double power', *speech delivered at the Language Learning and Culture: Unsettling Certainties Conference, Darwin*.
- Zeegers, M., Muir, W., & Lin Z. (2003). The primacy of the mother tongue: Aboriginal literacy and non-standard English. *The Australian Journal of Indigenous Education*, 32, 51-60.

## 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

Volume 4, Number 2, 2009, pp. 135-143

# First Nations Children Count: Enveloping Quantitative Research in an Indigenous Envelope

Cindy Blackstock<sup>a</sup>

<sup>a</sup>Ph.D., Executive Director, First Nations Child and Family Caring Society, Ottawa, ON, Canada.

Indigenous peoples repeatedly call for disaggregated data describing their experience to inform socio-economic and political, policy and practice change (United Nations Permanent Forum on Indigenous Issues, 2003; UNICEF, 2003; Rae & the Sub Group on Indigenous Children and Youth, 2006). Although there has been significant discourse on the destructive historical role of western research with Indigenous communities (RCAP, 1996; Smith, 1999; Schnarch, 2004) and more recently on cultural adaptation of qualitative research methods (Smith, 1999; Bennett, 2004; Kovach, 2007), there has been very little discussion on how to envelope western quantitative social science research within Indigenous ways of knowing and being. This paper begins by outlining the broad goals of Indigenous research before focusing on how quantitative research is used, and represented, in the translation of Indigenous realities in child health and child welfare. Given the rich diversity of Indigenous peoples and their knowledges, this paper is only capable of what respected Indigenous academic Margo Greenwood (2007) would term “touching the mountaintops” of complex and sacred ideas.

### Cutting Edge Quantitative Research: lapping at the shorelines of Indigenous knowledge

Some researchers believe that qualitative methods are, almost inherently, more “indigenous” in nature than quantitative methods. Such assumptions are often based on a belief that Indigenous peoples were (and are) more concerned about storytelling and ceremony than

Questions or correspondence concerning this article may be addressed to:

[cblackst@fncaringsociety.com](mailto:cblackst@fncaringsociety.com)

### Abstract

Indigenous peoples repeatedly call for disaggregated data describing their experience to inform socio-economic and political policy and practice change (United Nations Permanent Forum on Indigenous Issues, 2003; UNICEF, 2003; Rae & the Sub Group on Indigenous Children and Youth, 2006). Although there has been significant discourse on the destructive historical role of western research with Indigenous communities (RCAP, 1996; Smith, 1999; Schnarch, 2004) and more recently on cultural adaptation of qualitative research methods (Smith, 1999; Bennett, 2004; Kovach, 2007), there has been very little discussion on how to envelope western quantitative social science research within Indigenous ways of knowing and being. This paper begins by outlining the broad goals of Indigenous research before focusing on how quantitative research is used, and represented, in the translation of Indigenous realities in child health and child welfare. Given the rich diversity of Indigenous peoples and their knowledges, this paper is only capable of what respected Indigenous academic Margo Greenwood (2007) would term “touching the mountaintops” of complex and sacred ideas.

scientific and numeric endeavour. However, as Nobel Prize nominee, Dr. Ervin Laszlo (2007) posits, many of the most celebrated advances in western science are now just lapping at the shorelines of the complex knowledge held in trust by Indigenous peoples for millennia. For example, Laszlo (2007) describes how the Indigenous beliefs in an interconnected reality across time and space are now being confirmed by the most advanced theories in physics such theories as String Theory and the Theory of Everything. In addition, quantum level physics is starting to bare out the importance of acting and thinking in what Aboriginal people call “a good way” or with “a good mind. Research appears to confirm what Indigenous peoples have believed for millennia—that information shapes reality instead of being a by product of reality (Laszlo, 2007). Laszlo is not alone in his assessment of how advanced Indigenous scientific

### Acknowledgements:

*Special thanks to the National Collaborating Centre on Aboriginal Health who made this paper possible.*

knowledge is. Nobel Prize winning biologist, Dr George Wald joins Peter Knutson and David Suzuki in arguing that advanced genetic science is now confirming the long held Indigenous belief that all life forms are genetically interconnected (Knutson and Suzuki, 1992).

These recent developments build on a long history of Indigenous science informing western science, particularly in fields of pharmacology, medicine, agriculture and architecture (Weatherford, 1988; RCAP, 1996). For example, an impressive 60% of the world's food source is derived from the knowledges of Indigenous peoples in the Americas (Weatherford, 1988).

From a mathematical perspective, numbers were developed to represent the natural world. As Indigenous peoples have long defined their cultures and languages in reference to the natural world, numbers are often not a foreign concept. For example, Meso American cultures invented zero in about 32 BC - centuries before it was "discovered" in India. Meso-American cultures had also developed the most accurate calendar (365 days per year) and had perfected architectural development in ways that outstripped civilized European society (Mann, 2006.) Although Indigenous scientific and numeric concepts varied, and were shaped differently than western systems, it is clear that these differences did not handicap Indigenous scientific enlightenment. Given that Indigenous peoples do have sophisticated systems of thought that produce scientific information, the widely held belief that quantitative research is somehow more culturally foreign than qualitative research is suspect.

I suggest that qualitative and quantitative research methods are equally appropriate for use with Indigenous peoples so long as they are appropriately enveloped in Indigenous knowledge and research protocols. However, it has been my experience that quantitative research is much more persuasive to western policy makers and thus is often a preferred option when pursuing the research translation agenda. The problem is that even though quantitative research is often more convincing to western policy makers they often expect Indigenous peoples' research to be qualitative which puts Indigenous peoples in a "catch 22". If Indigenous researchers employ qualitative methods only, they may not get the policy impact they need but if they use quantitative methods the research can be perceived by non Indigenous policy makers as not being indigenous enough. This is why it is so essential to debunk the myth that quantitative research is somehow more or less Indigenous than

qualitative methods. This reality, coupled with the fact that Indigenous communities the world over are calling for quality disaggregated data describing their situation (United Nations Permanent Forum on Indigenous Issues, 2003; UNICEF, 2003; Rae & the Sub Group on Indigenous Children and Youth, 2007), suggests an acute need for a robust discussion on how to "indigenize" quantitative research methods.

### Quantitative Translation Research

Although western universities and democratic societies say they welcome alternative ways of knowing the world, the reality is that the dominant power structures still heavily privilege western paradigms. What this means, in practical terms for Indigenous peoples, is that they often have to "confirm" their knowledge and reality using western methods before non Aboriginal policy makers and funding bodies will listen. This reality is what drives the translation research goal in Indigenous research. Translation does not imply a manipulation of the data. It simply means employing western research tools to explore and document what, quite frankly, most Indigenous people believe is an obvious reality. For example, First Nations have been reporting for decades that the child welfare system was removing a disproportionate number of First Nations children (Assembly of First Nations, 1993; RCAP, 1996) but without western research "evidence" these claims were often minimized (Blackstock, 2003). Once the Canadian Incidence Study on Reported Child Abuse and Neglect (Trocmé et. al, 2001) produced quantitative evidence supporting First Nations claims, the over representation of First Nations children in child welfare care was more seriously considered by non-Aboriginal child welfare authorities.

The focus on research as a translation tool is an important distinction from the western research doctrine of viewing research as a tool to generate "new knowledge." Research as translation, as opposed to being solely innovative, is one example wherein the interfaces between Indigenous and non Indigenous knowledge can create tension and confusion for non Indigenous researchers. The highest professional accolades, and funding sources, in western academia are reserved for those who produce new knowledge. By comparison, Indigenous peoples believe that the most important things about humanity are already known and thus the highest standard is the wisdom held by the Elders who



have studied ancestral knowledge for a lifetime (Auger, 2001.) What this means, in practical terms, is that western academics often get little reward for conducting translation-based research, research that is precisely so often needed by Indigenous peoples. The end result is that, until recently, there have been very few non Indigenous social science researchers who were willing to engage in translation based research. Consequently, many Indigenous researchers struggled to achieve two, often mutually exclusive goals (being recognized in western academia and doing meaningful translation research) so that Indigenous communities could access the policy change and resources they needed.

Although the value of translation based research is beginning to be recognized in western academic circles, practical barriers such as funding and academic recognition continue to persist. Eliminating these barriers is critical for Indigenous communities who, increasingly, are calling for more translation based research in order to get the “evidence” and funding needed to redress the longstanding socio-economic challenges they face.

Quantitative research is most frequently sought out by Indigenous peoples wanting to pursue specific policy goals requiring some sort of western approval or support (United Nations Permanent Forum on Indigenous Issues, 2003; UNICEF, 2003; Rae & the Sub Group on Indigenous Children and Youth, 2007). The question of whether this should or should not be the case is another debate. Indigenous peoples often face grave socio-economic conditions requiring immediate relief. In order to get that relief, they need to present the most compelling and convincing case to western policy makers using quantitative research. This often means presenting the case using quantitative research. In order to perform the translation function well, quantitative researchers need to thoroughly understand the research goal, build respectful relationships with the respective Indigenous community and adapt their research methods to more closely reflect the Indigenous context.

### **Preparing the Envelope: Adapting Western Research Methods for the Translation Research Purpose**

Non Indigenous researchers must understand how western research was used as a colonial tool within and towards Indigenous communities and peoples (RCAP, 1996; Smith, 1999; Bamblett, 2005). These colonial research paradigms resulted in knowledge extraction from, as oppose to knowledge benefit for, Indigenous peoples. As a result, Indigenous peoples have developed a healthy scepticism of western research, insisting that researchers demonstrate how the research will result in

community benefit and how Indigenous knowledge and ethical protocols will be respected (Schnarch, 2004). Observance of Indigenous ethical standards and values are not discretionary nor should researchers believe that western research ethics reviews accomplish the same goal rendering a secondary Indigenous ethics process redundant. Adherence to Indigenous ethical standards should be thought of as an essential pre-requisite to effective research. These ethical standards are often not onerous and serve to enhance both the quality and utility of results.

Inherent to the ethics of Indigenous research protocols is a requirement that researchers will nurture and maintain a respectful relationship with the Indigenous peoples who are subject to the study. This respect unfolds throughout the research endeavour, beginning with the formation of the research question. As a default setting, Indigenous communities should develop the research question in partnership with the researcher (Blackstock, 2003) because the whole goal of translation based research is to evidence a community reality. Indigenous communities should also be consulted in development of research methodology in order to ensure the inclusion of relevant information, the proper observance of cultural or contextual protocols and the proper interpretation and dissemination of findings (Schnarch, 2004).

Western researchers have often been raised on the idea that distance equals objectivity and frequently raise concerns about whether or not the formation of relationships within a translation-based research context introduces unnecessary bias. Porter (1995) argues that western conflation of relational distance and scientific objectivity is a falsehood in that it fails to recognize other sources of bias sourced in the researcher, method and unaccounted variables. This view has gained traction in the social science research community, notably with the growing popularity of Participatory Action Research and the generally accepted practice of declaring sources of bias in research articles. Indigenous peoples do not try to deny the influence of relationship or personal interest on research. They believe that centering community values and interests, whilst maintaining a proper balance of research interests and emotions, ensures research integrity and efficacy (Smith, 1999).

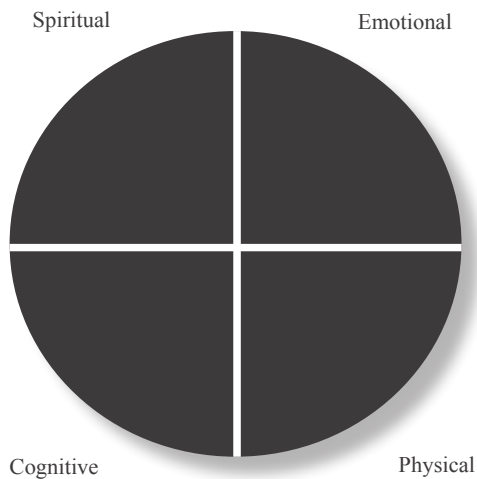
Given the diversity of Indigenous communities, it is critical that researchers work with Indigenous community leaders to identify the most effective and respectful ways of conducting and disseminating research. Useful guides to these discussions are the Ownership, Control, Access and Possession (OCAP) research principles (Schnarch, 2004) and the Reconciliation in Child Welfare: Touchstones of Hope for Indigenous Children, Youth and Families principles (Blackstock, Cross, Brown, George

& Formsma, 2006). Both these documents were jointly developed by Indigenous and non Indigenous child welfare experts to maximize the efficacy of child welfare research, policy and practice respecting Indigenous children and families.

**The Holistic Worldview: setting the stage for putting quantitative research in an Indigenous envelope**

The widely held Indigenous holistic world view holds that we are part of an interconnected reality created by everything that came before us. This foundation of experience and knowledge often called oral history shapes our current and future realities. Optimal functioning of this complex system, including all human experience and endeavours, is achieved when there is balance between the spiritual, emotion, physical and cognitive dimensions.

The holistic model is broadly held by Indigenous peoples worldwide but it can be expressed differently. One of the most broadly used expressions of the holistic model is the Medicine Wheel:



Applied in a research context, clarity of thought is achieved when the research reaches spiritual, emotional, cognitive and physical balance. The holistic worldview acknowledges that periods of imbalance are inevitable during the research process. The goal, therefore, is to identify these periods of imbalance and act in a way that achieves cumulative balance over the course of the research project.

**Quantitative research in an Indigenous envelope**

What would quantitative research look like when enveloped within an holistic approach? The following section describes how Indigenous researchers or non Indigenous researchers advised by Indigenous peoples have enveloped quantitative research in an Indigenous holistic world view envelope by invoking the spiritual, physical, emotional and cognitive dimensions of being.

**Invoking the spiritual**

For Indigenous peoples, spirituality plays a key role in contextualizing knowledge. Protecting knowledge, and its sacred status, results in instilling deference to the collective and is anchored in community values such as the Seven Grandfather Teachings: wisdom, truth, humility, honesty, bravery, love, and generosity (Auger, 2001). The spiritual has supernatural and natural dimensions, creating a reality wherein myth and reality become mutually reinforcing. For example, environmentalists Knudtson and Suzuki (1992) describe how Indigenous beliefs in circular creation, often termed reincarnation in western contexts, contributes to effective natural resource management. This belief system holds that animals, plants and other necessities of human life will only recreate themselves if they are treated with great respect by the current generation of humans. A failure to do so results in these essential life resources not being available for future generations and the eventual extinction of the human race. First Nations have known for centuries what the Al Gore is just finding out – if you do not treat the earth with respect then you are treating yourself badly (Auger, 2001).

From a quantitative social science research perspective, Indigenous research reports consistently employ symbolic art, legends and teachings to add meaning and context to the findings. For example, a young Yorta Yorta woman named Kahlit Luttrell designed the magnificent cover of the Secretariat National Aboriginal and Islander Child Care [SNAICC] (2002) report entitled *through black young eyes*. The image is intended to capture the emotions that children living with violence experience. Poetry and traditional teachings are threaded throughout the report alongside qualitative and quantitative research findings in order to add meaning. The back cover of the report was considered equally important and features the following poem by Lorraine Patten:

*They think I don't know  
 What about me?  
 Does anyone care?*

*The fights, the blues and the despair-*

*Some people think*

*I don't know*

*But the feeling inside me*

*Tells me what's so*

*"I'm sorry, I'm sorry*

*They say back and forth*

*But what about me?*

*I wish I could talk*

SNAICC, 2002

Similarly, the First Nations Child and Family Caring Society includes symbolism in its report entitled *Wen:de: We are Coming to the Light of Day*. The cover of the report features a First Nations girl holding a candle looking to the future and the inside of the cover features images of light. Interestingly Michelle Nahanee, the very talented First Nations designer who compiled the report, had visions of light and, at the same time, Elder Donald Horne was thinking of naming the report *Wen: de* which means "coming to the light of day". The name and the design were spiritually inspired and this spirit enveloped the dedication of the report made in memory of a First Nations boy named Jordan who unnecessarily spent over two years in a hospital as governments fought over payment for his at-home-care (Lavallee, 2005). The back cover of the report featured an inspirational quote encouraging the reader to move the report recommendations into a lived experience for First Nations children. These two reports were independently produced thousands of miles away by Indigenous peoples and yet they are remarkably similar in terms of how spirituality is expressed.

In contrast, western social work and health journals require articles to be submitted in text form only and the inclusion of spiritual content is typically discouraged. In general, the more bland the cover of the journal, the more scholarly it appears to a western audience. Is it any wonder why the readership of academic journals is so limited? Western research has not yet embraced the spiritual as a legitimate and integral aspect of knowledge—but Indigenous researchers are demonstrating how spirituality can help readers infuse information with meaning to create and internalize knowledge.

### **Invoking the emotional**

For some reason, the trend in western research is to conflate objective truth with an absence of emotion and passion. It seems the more indifferent you are about a topic the more respected you are for your "objective" and "unbiased" opinion (Priddy, 1999). As Theodore

Porter (1995) notes, however, western researchers cannot excise their interests and emotions from pure science research let alone the social sciences centered on human experience. Linguistic science affirms Porter's point of view, noting that people interpret information, including research, through cognitive frames which are shaped by our life experience, culture and context (Lakoff, 2004). Neuroscience has found evidence suggesting that emotion and cognition are linked (Rabins, 2003) and thus true research emotional objectivity in western science is more myth than reality.

For millennia, Indigenous peoples believed that such distance between logic and emotion is impossible, not to mention undesirable. Consistent with a holistic world view, Indigenous peoples believed that a balance of cognition, emotion, spirituality and physical knowing created the optimal climate to cultivate valid and useful knowledge (RCAP, 1996). It is important to understand the importance of the word "balance" in the holistic worldview. Indigenous peoples and non Indigenous researchers would agree that too much emotion distorts reality. However, Indigenous peoples believe that balance, from an emotional point of view, means acknowledging and embracing emotion as a reality versus trying to sideline it or deny it (Kovach, 2007). This means going beyond "declaring bias" in a research report to understanding your emotional connection to reality as a dynamic resource and influence throughout the research process.

### **Invoking the physical**

The *Wen:de: We are Coming to the Light of Day* report (Blackstock, C., Prakash, T., Loxley, J., and Wien, F., 2005) was printed with ecologically friendly ink on paper that protected old growth forests. The report needed to embody the values of respect for the land that are so integral to the healthy development of Indigenous children.

Indigenous languages are used in many quantitative research reports respecting Indigenous peoples such as the *Our children: Nos enfants* report authored by the Nunavik Regional Health Board of Health and Social Services (2003.) The cover features an Inuksuk embedded with pictures of children from Nunavik and the Inuktitut language is used for the title and throughout the body of the report. The statistical reports that typify quantitative research appear in this report, but they are interpreted in Inuktitut.

For indigenous peoples the written word is frozen when knowledge was meant to be alive. To infuse life into the written word, the physical elements of an Indigenous quantitative report must be in balance with the emotional, spiritual and cognitive elements.

### Invoking the cognitive

The cognitive domain is very familiar to western researchers: it is also highly valued by Indigenous peoples, although it is important to keep in mind that there are two very different worldviews informing cognition at work here. Indigenous peoples are more likely to value ancestral knowledge, interconnection and value the influence of the emotional, physical and spiritual domains on cognition than western researchers (Blackstock, 2007.)

The use of a common language (i.e.: French or English) can create an illusion of common understanding between western researchers and Indigenous communities. For example, the words “partnership” and “consultation” are often used by Canadian federal and provincial governments to describe how they work with Indigenous peoples but Indigenous peoples often have a far different interpretation both of what these words mean and how they are actualized by government officials. Western governments often believe that partnership with Indigenous peoples has been achieved whereas Indigenous peoples often believe it is still being aspired to (RCAP, 1996; MacDonald, 1999.) Research ethics in western research are not necessarily reflective of the personal ethics of the researcher but, in Indigenous cultures, no such differentiation exists – ethics are something you are, not something you put on (Blackstock, 2007).

Researchers involved in translation research need to become fluent and multilingual in both Indigenous and non Indigenous constructs of knowledge in order to accurately describe and translate the situation of Indigenous peoples for western policy makers. Western researchers must, in effect, walk in multiple worlds. In practice, researchers will often get invaluable assistance from Indigenous peoples who have long had to function in “multiple worlds,” one of which (a Euro-colonial world) has actively marginalized Indigenous ways of knowing and being.

### Comparing First Nations and western representations of a quantitative study

The Canadian Incidence Study on Reported Child Abuse and Neglect [CIS] (Trocmé et. al., 2001) provides an excellent contrast of how a population based study appears when it is enveloped in western and First Nations ways of knowing and being. The western report summarizes the major Canadian findings whereas the First Nations report, Mesnmimk Wasatek, presents the secondary analysis of First Nations data (Trocmé, MacLaurin, Fallon, Knoke, Pitman & McCormack, 2006.) The CIS is widely respected by Aboriginal and non Aboriginal child welfare researchers alike. First Nations have found the CIS data especially useful as it is

the first national child maltreatment study to specifically collect disaggregated data on the experiences of First Nations children and their families. The inclusion of First Nations in the CIS study necessitated some minor methodical modifications, such as respecting community ethics review processes and working with First Nations experts to develop and prioritize research questions for secondary data analysis: the results, however, are that much the richer on account of these slight methodological modifications.

Table 2 shows how the final report contrasts with the First Nations report across several key areas. The one area where the reports do not differ is in terms of the rigor and quality of the data analysis and the presentation of findings.

In my view, the CIS is one of the most successful examples of how quantitative research can be placed and employed within an Indigenous envelope. The openness of the CIS research team to work respectfully with First Nations researchers and communities to envelope the CIS in Indigenous ways of knowing and being, while taking seriously the translation research function, has resulted in significant policy advancements. For example, the First Nations CIS report has informed a national First Nations child welfare funding policy, amendments to provincial and First Nations child welfare programs and policy submissions to the United Nations.



Although the research team still feels improvements could be made to future cycles of the CIS to further maximize its policy efficacy, it serves as an excellent example of how quantitative research can support the Indigenous translation research purpose.

### Indigenous Research – on its own terms

Indigenous scholar Margaret Kovach (2007) argues that only Indigenous research centered on Indigenous ontology and methods is truly Indigenous - everything else is a compromise. I agree. I am encouraged by the growing numbers of Indigenous studies that validate Indigenous knowledge on its own terms and provide a framework for Indigenous knowledge and research to inform western social science.

In general, western social sciences have lagged behind the western pure sciences in terms of recognizing Indigenous knowledge and appreciating its potential to inform western knowledge. Social work and health theories still tend to understand the world in segmented scope (e.g.: structural theory, ecological theory, complexity theory, systems theory, phenomenology) or in segmented populations (i.e.: feminism, ethnic studies and anti oppressive frameworks) (Blackstock, 2007). Although some western research methods such



Content	Western CIS	First Nations CIS
Cover		
Cover Meaning	Government designed with a maple leaf likely symbolizing Canada and a grid but no meaning is noted in the report	Designed by a First Nations author who was commissioned by the Mi'kmaw First Nation who named the report.
Title	<i>Canadian Incidence Study of Reported Child Abuse and Neglect</i>	<i>Mesmick Wasatek: Catching a Drop of Light</i>
Meaning of Title	None Noted	Named gifted by the Mi'kmaw Family and Children's Services. "The tears of the beautiful child in the artwork fall into the sacred smudge bowl filled with water, the essence of all life. The butterfly symbolizes how the CIS information helped shape the transformation of services offered by Mi'kmaw Family and Children's Services to better support Mi'kmaw children and families.
Internal Photos/ Images	None	Portions of the cover art throughout
Methodology Group	Quantitative	Quantitative

**Table 2:** Comparing the Mainstream and First Nations CIS Report layouts

as ethnography explore phenomena across time, these approaches tend to focus on specific events or groups instead of an interconnected reality. Social work has not even begun to seriously consider something along the lines of the Theory of Everything that is being contemplated in physics in recognition of emerging evidence of the interrelationship of all things (Laszlo, 2007).

The pure sciences have gone full circle from discounting Indigenous knowledge in favour of myopic scientific knowledge and then, having followed the trail laid by years of scientific endeavour, are lapping at the shorelines of Indigenous knowledge again. In contrast, social science adheres to a myopic and dated concept of western science that largely discounts the validity of Indigenous knowledge. As a result, western social sciences often cast Indigenous knowledge to elective

status or bracket it as only having relevance to Indigenous peoples. This diminishes the value of Indigenous knowledge and also limits western social science knowledge and research.

The potential for the social sciences to benefit from Indigenous knowledge is exponential. Indigenous peoples have been living in social, economic and political systems in North America for at least 20,000 years and have highly sophisticated methods of surveying and transmitting knowledge across long periods of time. This knowledge could assist social scientists in expanding the potential of longitudinal research approaches and glean important ancestral knowledge about human existence and relationships. Many of the problems that western science has found most elusive such as global warming, dealing with cultural difference, and resolving conflict can be significantly enlightened by respectfully embracing

Indigenous knowledge. Physics, biology, ecology, pharmacology and others have already benefited from Indigenous knowledge (Weatherford, 1988) and now it is time for social sciences to do the same thing before they get left too far behind.

### Summary

Indigenous peoples and their knowledge count. Not just for Indigenous peoples but for everyone. Understanding the different purposes of Indigenous research provides a framework for Indigenous and non Indigenous research to co-exist respecting the distinctiveness and validity of their knowledges and research methods.

Enveloping quantitative research in an Indigenous envelope does not "water it down" but rather

contextualizes the information and provides more knowledge pathways (emotional, spiritual, and physical) than the typical western approach. After all, when you look at Table 2 what report would you, regardless of your culture, rather read? The western one with the grid and maple leaf or the one with beautiful child and the smudge bowl. Western social science has a lot to learn from Indigenous peoples – it is time for it to reach out to the Elders and go to school.

### References

- Assembly of First Nations (1993). *Reclaiming our nationhood; strengthening our heritage: report to the Royal Commission on Aboriginal Peoples*. Ottawa: Assembly of First Nations.
- Auger, D. (2001). *The northern Ojibwe and their family law*. Doctoral dissertation submitted to Osgood Hall Law School, York University. North York: York University.
- Bamblett, M. (2005). From welfare to wellbeing: progress in pursuing the well being of Aboriginal and Torres Strait Islander Children in Australia. In First Nations Child and Family Caring Society of Canada (Ed.) *Joining hands across the world for Indigenous children*. Ottawa: First Nations Child and Family Caring Society of Canada.
- Bennett, M. (2004). A review of the literature on the benefits and drawbacks of participatory action research as a research method. *First Peoples Child and Family Review*, 1(1), 19-33.
- Blackstock, C. (2003). First Nations child and family services: Restoring peace and harmony in First Nations communities. In *Child Welfare: Connecting Research Policy and Practice* edited by Kathleen Kufeldt and Brad McKenzie (Eds.) (pp. 331-343). Waterloo: Wilfred Laurier University Press.
- Blackstock, C. (2007). The breath of life and the embodiment of life: Indigenous knowledge and western research. Submitted to the *World Indigenous Peoples Journal on Education*.
- Blackstock, C., Cross, T., Brown, I., George, J. & Formsma, J. (2006). *Reconciliation in Child Welfare: Touchstones of Hope for Indigenous Children, Youth and Families*. Ottawa: First Nations Child and Family Caring Society of Canada.
- Blackstock, C., Prakash, T., Loxley, J., & Wien, F. (2005). *Wen: de: we are coming to the light of day*. Ottawa: First Nations Child and Family Caring Society of Canada.
- Greenwood, M. (2007). Personal conversation. July 26, 2007.
- Kovach, M. (2007). *Searching for arrowheads: An inquiry into Indigenous approaches using a tribal methodology with a Nehiyaw Kiskeyihtamotiw worldview*. Doctoral dissertation. University of Victoria.
- Knudtson, P. & Suzuki, D. (1992) *Wisdom of the Elders: native and scientific ways of knowing about nature*. Vancouver: Greystone publishing.
- Lakoff, G. (2004). *Don't think of an elephant: know your values and frame the debate*. White River Junction: Chelsea Green Publishing.
- Lavallee, T. (2005). Honouring Jordan: Putting First nations children first and funding fights second. *Paediatrics and Child Health*, Vol. 10, Number 9, 527-529.
- Laszlo, E. (2007). *Science and the Akashic field*. Rochester: Inner Traditions.
- MacDonald, K. (1999). *First Nations Summit Child Welfare Committee Discussion Paper: Phase One Prepared for the First Nations Summit Child Welfare Committee and the Ministry for Children and Families*, October 31, 1999.
- Mann, C. (2006). *1491: New revelations of the Americas before Columbus*. New York: Vintage Books.
- Nunavik Regional Board of Health and Social Services (2003). *Our children/nos enfants*. Kuujuaq: Nunavik Regional Board of Health and Social Services.
- Porter, T. (1995). *Trust in numbers: the pursuit of objectivity in science and public life*. Princeton: Princeton University Press.
- Priddy, R. (1999). *Scientific objectivity in question*. Retrieved 24 August 2007 at <http://home.no.net/rrpriddy/lim/5.html>.
- Rabins, P. (2003). Cognitive neuroscience of emotion. *American Journal of Psychiatry*, Volume 160, 193-194.
- Rae, J. & the Sub Group on Indigenous Children and Youth (2006). *Rights and reality: a report on indigenous children and the United Nations convention on the rights of the child*. Ottawa: First Nations Child and Family Caring Society of Canada.
- Royal Commission on Aboriginal Peoples [RCAP] (1996). *The report on the Royal Commission on Aboriginal Peoples*. Available on line at [http://www.ainc-inac.gc.ca/ch/rcap/rpt/lk\\_e.html](http://www.ainc-inac.gc.ca/ch/rcap/rpt/lk_e.html) 1996.
- Schnarch, B. (2004). *Ownership, control, access and possession or self determination applied to research*. Ottawa: National Aboriginal Health Organization.

- Smith, L. (1999). *Decolonizing methodologies; research and Indigenous peoples*. London: Zed Books Limited.
- SNAICC (2002). *Through young black eyes: a handbook to protect Indigenous children from the impact of family violence and child abuse*. North Fitzroy, Australia: SNAICC.
- Trocme, N., MacLaurin, B., Fallon, B. Daciuk, J. Billingsley, D., Tourigny, M., Mayer, M., Wright, J., Barter, K., Burford, G., Hornick, J., Sullivan, R., & McKenzie, B. (2001). *Canadian incidence study of reported child abuse and neglect: final report*. Ottawa, ON: Health Canada.
- Trocme, N., MacLaurin, B., Fallon, B., Knoke, D., Pitman, L., & McCormack, M. (2006). *Mesnmimik Wasatek: catching a drop of light: understanding the over-representation of First Nations children in Canada's child welfare system: An analysis of the Canadian Incidence Study of Reported Child Abuse and Neglect (CIS-2003)*. Ottawa: First Nations Child and Family Caring Society of Canada.
- United Nations Children's Fund (UNICEF) (2003). *Innocenti Digest No.11: Ensuring the Rights of Indigenous Children*. Florence: Innocenti Research Centre & UNICEF.
- United Nations Permanent Forum on Indigenous Issues (2003). *Chairpersons summary of the high level panel and dialogue on Indigenous children and youth*. New York: United Nations Economic and Social Council.
- Weatherford, J. (1988). *Indian givers: how the Indians of the Americas transformed the world*. New York: Crown Publishers.

## 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

Volume 4, Number 2, 2009, pp. 144-151

# After This, Nothing Happened: Indigenous Academic Writing and Chickadee Peoples' Words

Steve Koptie<sup>a</sup>

<sup>a</sup>M.Ed Student, University of Toronto, Toronto, Ontario, Canada.

*Plenty Coups refused to speak of his life after the passing of the buffalo, so that his story seems to have been broken off, leaving many years unaccounted for. "I have not told you half of what happened when I was young," he said when urged to go on. "I can think back and tell you much more of war and horse-stealing. But when the buffalo went away the hearts of my people fell to the ground, and they could not lift them up again. After this nothing happened. There was little singing anywhere," Besides he added sorrowfully, you know that part of my life as well as I do. You saw what happened to us when the buffalo went away." (Lear 2006: 2)*

The title of this paper is derived from a chapter in *Radical Hope: Ethics in the Face of Cultural Devastation* by Jonathan Lear (2006) which is a remarkable re-telling, re-visioning and re-reading of specific historical circumstances that created the human vulnerabilities that lead to the pathos/pathology, marginalization and despair in Indigenous communities across Turtle Island (North America). Plenty Coups, the last great warrior of the pre-colonized Crow Nation, had to make an agonizing and fatalistic decision, one that tied his people to "reservationization" and a subsequent loss of liberty. After this, "the Crow people became depressed; things ceased to matter to them. It did not take much time for despair to settle within his community or it was for them "as though nothing happened" (Lear 2006: 3). Lear has articulated an alternative perspective on the tragic impacts of "reservationization" of the Indigenous people

Questions or correspondence concerning this article may be addressed to:

[koptie.steven@gmail.com](mailto:koptie.steven@gmail.com)

### Abstract

Canadian Indigenous scholars valiantly search for stories of resilience and strength in contemporary Canada to demystify the tragic place of Indians in Canada. It is very much a journey of self-discovery and recovery of a positive identity and lost human dignity that allows the restoration of pride to succeed with the gifts Creation provides to Indigenous peoples. Cook-Lynn (2007) addresses this quest to locate safe places of connecting to those stories in her important work *Anti-Indianism in Modern America: Voice from Tatekeya's Earth*, where she writes about the obligation of Indigenous scholars to project strong voices to people who "believe in the stereotypical assumption that Indians are 'damned,' vanished, or pathetic remnants of a race" and "lets get rid of Indian reservations" or "lets abrogate Indian treaties." Instead of feeling inspired to find places of good will far too much energy is sapped escaping spaces of hate, indifference and inexcusable innocence. The cultural, historical and social confusion of a one-sided portrayal of Canadian colonization creates for researchers/witnesses at all levels of education huge gaps in understanding the unresolved pain and injury of Canada's colonial past on Canada's First Nations. Indigenous peoples are invisible in most areas of academic study, normally relegated to special programs like Aboriginal Studies as if Indigenous world-views, knowledge, culture and vision for Canada's future required mere comma's in course material that feel like "oh yea, then there are aboriginal people who feel" that stand for inclusion but feel like after thoughts only if a visible "Indian" finds a seat in the class. Indigenous students' experience within the academy has is often a 'Dickensish' tale. It is a tale of two extremes; the best of times and the worst of times mostly simultaneously as each glorious lesson learned carries the lonely burden of responsibility to challenge the shame and humiliation of each racist, ignorant and arrogant colonial myth perpetuated. Like *Oliver Twist* we want more. This paper was conceived out of an invitation by Indigenous author Lee Maracle at the 2009 University of Toronto SAGE (Supporting Aboriginal Graduate Enhancement) writing retreat where Lee and the Cree Elder Pauline Shirt spun webs of stories to encourage Indigenous scholars to explore and express our survival of vicious, traumatic and intentional cultural upheavals.

*Thank you, Dr. Jean-Paul Restoule for your efforts to bring Cultural Safety to the University of Toronto.*



in America. His book is a must read for Indigenous scholars seeking contextual frameworks for creating discourse on decolonization and the restoration of natural adaptability in ancestral homelands. The many diverse places on Turtle Island which have common experiences with colonization, upheavals of social, political, economic and spiritual devastation understand what the term, “our hearts fell to the ground” means. The unresolved intergenerational trauma (Wesley-Esquimaux 2009) that many experienced has led to soul crushing shame and debilitating confusion in far too many instances. Human violence and apathy stand as clear indicators that the sphere of healthy human emotion and social efficacy has been difficult to recover since Plenty Coups 19<sup>th</sup> century account of cultural, economic, political and physical dispossession and destruction by settlers escaping poverty and injustice in the Old World. Indigenous scholars today face a daunting challenge in the creation of academic literature that accurately presents the truth of de-civilization struggles currently happening throughout Turtle Island.

Modern Indigenous writers and scholars require safe spaces to create alternative descriptive paths towards transformation of outdated colonial mythologies and recover a world-view that maintained life-ways that by most historical, anthropological and spiritual accounts flourished for centuries with parallel success with all mankind. Misrepresenting a whole race of humanity allowed for immoral and illegal predatory settlement across Turtle Island that still carries a great level of conflict, controversy and injustice that has global implications for how nation states conduct geographical and political relationships in the present. The coming struggle for sovereignty in Canada’s Arctic region is the new frontier that challenges the rights of all Canadians. Diplomacy at home is just as difficult as good will abroad as Canada seeks truth and reconciliation to confirm its claim to legitimate nationhood. The need for alternative perspectives is so great and Canada is fortunate to have a growing number of Indigenous scholars and writers to reframe a mature Canadian identity beyond existing as a colonial outpost of Britain or America. Aboriginal cultural, economic, political and spiritual contributions to Canadian identity are significant misunderstood defining attributes (Saul, 2008).

Indigenous writers must locate narratives, words and ideas to resist and rebel against half-truths and misrepresentations of existing scholarly interpretations that maintain oppression and myths of cultural and racial supremacy that isolate Indigenous peoples as refugees in their own territories. As re-writers of colonial lies, we carry an ongoing responsibility to advocate for the recovery of self-determination, self-governance and territorial integrity. The quest for natural sovereignty is

recognized in the September 13, 2007 United Nations General Assembly Resolution to adopt the United Nations Declaration of the rights of Indigenous Peoples Article 33:

*Indigenous peoples have the right to determine their own identity or membership in accordance with their customs and traditions. This does not impair the right of Indigenous individuals to obtain citizenship of the states in which they live.*

Indigenous peoples have the right to determine the structures and to select the membership of their institutions in accordance with their own procedures.

This re-visioning is working towards the reclamation of our self respect and honors the suffering our ancestors endured. Today we are including the concept of cultural genocide in our discussions to reclaim the spaces the Creator offered our past generations. Natural cultural resilience and adaptability to colonization requires cultural re-quickening or a massive unified grieving process patterned after Rotinohshonni (Six Nations) transformative condolence ceremonies to restore *peace, power and righteousness*, the foundations of good will towards all Creation (Alfred, 1999). The assertion of basic human rights create pathways of restoration for Indigenous life-ways and provides economic, political, social, political and spiritual efficacy to successfully re-inhabit the diverse territories of Turtle Island. Lear (2006) creates an alternative narrative that invites the intellectual scrutiny necessary to navigate glaring gaps in modern knowledge and prevents against the most destructive aspects of man that now threaten all of Mother Earth. Exclusionary world views maintain the ignorance and arrogance that shield most current Canadian citizens from the responsibility to do no harm to future generations. This is another component of natural sovereignty in Indigenous world-views that provides important insight to the unsettled human condition that demands a transformation from “dis-ease” to traditional resilience that respects and honors future generations.

How do individuals and communities prepare or equip themselves for social, political, economic and spiritual vulnerability that ends with cultural upheaval and collapse? In the 21<sup>st</sup> century we have stark iconic visual media images of warfare and destruction in places like Europe, Korea, Vietnam, Yugoslavia, Rwanda, Ipperwash, and Gaza to frame our reference points for locating paths of compassion and kindness. These images should shock citizens of all races out of complacency and indifference and have them demanding their leaders work for peaceful resolution to tragic human conflict. Every unfortunate conflict offers opportunities to explore human struggles against injustice and efforts to avert spirals into catastrophe. Vietnam lost over 2 million citizens in a war of attrition to end French, British and American

imperialism. Indian and Pakistan cling to nuclear war threats in unresolved de-colonization and just mentioning the concept of a Palestinian state can cause violent backlash against such a bold suggestion. The experience of Indigenous peoples on Turtle Island, especially in Canada, needs to be listened to at a higher level, because the confusion flowing from the devastating epidemics, assimilative disasters of residential schools, massive child apprehensions, over reliance on incarceration as social regulation, and the ultimate human indignation of having your very existence defined by the Victorian Age rationalizations for domination, the Canadian Indian Act must be reconciled. These unrelenting sieges against Indigenous humanity block any meaningful adaptation. Many of the world's conflicts are struggles against having to abandon human rights to exist as distinct peoples in traditional territories. Telling a story is not enough, there must be collective action taking place, both from within First Nation communities and with the larger public to move what have become virtual mountains of grief. There needs to be a compassionate receiving and acknowledgement that takes place. Indigenous writers must uncover roots of indifference towards one race to truly represent the inhumanity because it is identity confusion of Canadian citizenship and nationhood that threatens our collective future.

In March 2009 one of Canada's most distinguished Indigenous authors Lee Maracle provided such a space at the first Supporting Aboriginal Graduate Education (SAGE) writing retreat north of Toronto at the Fern Resort. The commitment of University of Toronto to assist the progress of Indigenous scholars must be acknowledged. The strains of being strangers in our own lands is everywhere especially in spaces where we must challenge racism, oppression, sexism, classism, indifferent and dismissive attitudes that define colonial experience for our ancestors. Canadian universities must find ways to contribute truth and reconciliation frameworks for 21<sup>st</sup> century scholarly engagement if they are to seed transformation and decolonization. Indigenous writers and scholars have crucial perspectives and lived experience for addressing the cultural devastation and the harsh inequities from Canada's other history. Saul (2008), in his book *A Fair Country: Telling Truths about Canada*, challenges Canadians to explore colonial legacies that impair a mature identity formation beyond "a marriage of self-loathing, humiliation and adoration" (243).

Canadian Indigenous scholars have many ancestral narratives of resilience and remarkable adaptation to change to assist in locating a global definitive framework for "Indigeneity." Durie (2009) presented a paper in Vancouver, British Columbia on his efforts in New Zealand to develop a Maori health workforce to restore Indigenous well-being in that colonial state. Durie (2009)

claims indigeneity flows from "longstanding relationships with the natural environment;

*An ecological approach based on a synergistic relationship, has not only led to careful stewardship of the environment and natural resources, but also to a way of thinking within which health and illness are conceptualized as products of relationships-between individuals and wider social networks, and between people and the natural world. Adaptation to the natural environment was not only necessary for food and shelter but also gave definition to social groupings, tribal identity and a philosophy of environmental sustainability within which human survival unfolded. Language, culture, and a distinctive system of knowledge was a by-product of the environmental experience and the bond with the land was reflected in song, custom, approaches to healing, birthing, and the rituals associated with death. (Durie 2009:3)*

The exploration and re-expressing of the pathos of colonization by Indigenous scholars of how loss of cultural resilience and natural sovereignty to adapt to changing social, political, economic and spiritual landscapes created collective pathology, being others in our own places and ashamed of our predicament. Re-quickening this sad history will guide all humanity away from reckless exploitation that could destroy all Creation. Maracle (2009) calls this recovery of confidence by confiding in each other as a going home journey that brings us back to the familiar. She demands Indigenous writers "feed the courage", that enlivens all voices, even those not in agreement. "We never did anything alone" is Lee Maracle's modern warrior rally call to reclaim the clarity that once resided in our ancestral remembering. The good life in our families was always a collective responsibility that required family choices on what must be shared to create places we would "want to stand under" supporting clean minds, hearts and bodies, (Maracle, 2009).

### Reflective Topical Autobiographies

This author, as a returning mature graduate Indigenous scholar has found many enlightening moments from blending accumulated personal, family, work, and educational knowledge to re-energize a desire to reframe the Canadian identity to include the richness of Indigenous culture. A growing number of mature Indigenous social service workers are returning to Canada's learning centers where they are articulating observations and insights to Indigenous experience in colonial Canada. It is imperative that post-colonial academic literature include these contributions. True reconciliation between Canada and First Peoples is only possible if those stories of resilience are reflected back

from the experience of historic trauma and unresolved intergenerational suffering (Koptie, 2009). One of the gifts of researching for a graduate degree in community development was gaining access to the work of Irihapeti Marenia Ramsden. Her work as a mature Indigenous scholar is a superb role-model as is her struggle to have social, health and political institutions in New Zealand incorporate Cultural Safety in all aspects of social, political, ecological and spiritual engagement between Maori people of New Zealand and those who hold power and privilege in colonial New Zealand. Her doctoral thesis has given all Indigenous scholars a model for writing about Indigenous knowledge and community healing.

Irihapeti Ramsden completed her doctorate thesis just prior to her tragic death, after a 5 year battle with breast cancer. This is surely a testament to her enduring women-spirit. This became the essence of my paper on Cultural Safety. Ramsden (2003) created a living legacy by framing her research around reflective topical autobiography where she made her life experience available to outsiders. Johnstone (1999) who Ramsden credits for guidance as a self-researcher defined reflective topical autobiography as a framework that allows the writer or researcher a context to:

*...return at will to his or her life story again and again to re-read, re-vision and re-tell the story in the light of new insights, understandings and interpretations of meanings acquired through ongoing lived experience. (Johnstone, 1999:25)*

Ramsden is generous in her praise of an important role-model in her life, Thich Nhat Hanh, a Zen Buddhist monk, peace activist, scholar and poet who was nominated in 1967 for a Nobel Peace Prize by Martin Luther King Jr. who valued Thich Nhat Hanh's efforts to bring peace to Vietnam. Reconciliation requires the capacity for "deep listening" a crucial part to be receptive to reflective topical autobiographies. A paper by Thich Nhat Hanh (1993), titled "The Fourth Precept: Deep Listening and Loving Speech" presents ideas for bringing "joy, peace, and happiness to many people and alleviate their suffering":

*Aware of the suffering caused by unmindful speech and the inability to listen to others, I vow to cultivate loving speech and deep listening in order to bring joy and happiness to others and relieve them of their suffering. Knowing that words can create happiness or suffering, I vow to learn to speak truthfully, with words that inspire self-confidence, joy and hope. I am determined not to spread news that I am not sure. I will refrain from uttering words that cause division or discord, or that can cause the family or community to break. I will make all efforts to reconcile and resolve all conflicts, however small (Thich Nhat Hanh, 1993:1).*

### **On-the-Ground Healing Words: Reflective Topical Autobiography**

As an organizer of residential school survivor healing circles along with being a participant and facilitator of many Indigenous sharing circles this writer has witnessed the movement to recover and restore cultural connection to family, community and First Nations. Participants sharing collective experiences learn that shame is a common experience of loss of language and cultural identity that has been reduced to a pathological and predatory side show in the colonial circus (Koptie, 2009:66). One of the greatest personal experiences of collective emancipation and psychologically liberating moments of clarity came from work in northwestern Ontario, remote fly-in reserves, where I was able to support some of the first residential school community healing circles. In one Cree community, the intergenerational suffering in silence by adults prevented emotional closeness to children and grandchildren and became a blockage to locating healing voices. The loss of family connections when children are stolen from their communities interrupts and impedes the transfer of loving, caring and sharing resilience from parent to child across whole communities and territories. These life-path guides were replaced by values emulating from abuse and violence within residential schools that created wounded souls filled with hatred, jealousy and greed.

How do people recover their humanity, as well as basic human rights to safety, and lives not driven by fear of neglect, hunger, pain, sexual abuse and ridicule? The transfer of suffering was never explained or understood. The incomprehensible becomes debilitating silence. An exercise to explore the pain and suffering within the group, from not knowing how to express the hurt to their families and communities, started with the group while standing and placing their hands on their heads to acknowledge "I did not know." This is an expression of compassionate, honest, humble and kind misunderstanding of the impacts of intergenerational historic trauma. Most survivors suffer in silence out of shame and to protect their social, emotional, psychological and spiritual integrity. To publicly acknowledge the confusion from un-expressed suffering is often the first experience of incomprehensible and unrecognized unresolved grief. They were then invited to place their hands on their hearts and quietly exclaim, "I am so sorry." There was in unison sighs of release from oppressive painful memories not yet ready for words and weeping, for releasing appropriate emotions is safer when shared with empathetic co-survivors.

This is an on-the-ground example of the spirit of personal truth and reconciliation. This process took many sessions and a great deal of courage, honesty

humility, respect truth, love and wisdom, the seven qualities or values promoted by traditional Aboriginal people often referred to as “The Seven Grandfather Teachings,” (Wesley-Esquimaux and Snowball, 2009). For Indigenous writers and scholars, these values provide a working outline to frame personal narratives that are both topical and reflective of common experiences. Hawai’i Indigenous scholar Poka Laenui (2000) writes about colonization and de-colonization and has put in words a model for re-vision, renewal and recovery. The five processes of colonization according to his work are: **Denial and Withdrawal, Destruction/ Eradication, Denigration/Belittlement/Insult, Surface Accommodation/Tokenism and Transformation/ Exploitation.** The five processes of de-colonization are: **Rediscovery and Recovery, Mourning, Dreaming, and Action.** This framework is another major contribution to modern Indigenous writers and scholars to weave stories of survival and resilience for community healing.

In another remote, isolated reserve participants where the Cree language is the main form of interpersonal communication the initial sharing was around developing a definition of the residential school experience from the consciousness embedded in the communities’ worldview through their shared language. I gave a teaching on the evils of harm to woman and children. I requested the group to speak amongst their group in their Cree language until they found a word or expression for what kind of people intentionally harm children and women one of humanities worst crimes. I stated that if the police were to come into our meeting place and arrest me for rape or violence against children or women, what would happen when I went to jail and everyone was aware of my crimes. Most men know jailhouse hierarchies and even within that fraternity the worst contempt and calls for retribution is towards pedophiles and rapists. This strategy had other preventative intentions as healing often comes with education. The group soon came up with a cultural concept they could utilize to comprehend the life within most residential schools. They spent the next three hours both crying and laughing about the paradox of education mixed with trauma that filled their stories.

One inspiring experience from those community narrative sharing circles comes from an Elder at one meeting who requested a private counseling session. She was considered a community leader but reluctant to demonstrate vulnerability in her fragile community and struggled to lived a life as if nothing happened. She was unsure talking about suffering could restore hope, happiness and joy in the lives of people where the struggle for survival is extreme and filled with despair, helplessness and hopelessness. She spoke at length about her childhood, ruined by being taken away from her loving family at the age of 4. In workshops, I often ask

young parents what would happen if the police came to their suburban home, knocked on the door and said give us your children or go to jail. A collective gasp routinely follows with disbelief that this is recent history for many First Nations. The Elder struggled to comprehend the abuse she experienced from religious people who her family had taught were good. She wanted to know why she would be continually punished at the residential school when she was being good like her grandmother in loving kindness had instructed her. I stopped the conversation to ask her to think again about what her grandmother would have said when she was guiding this woman to be a good human being in the traditional language from the traditional Cree World-view. She became still and began to weep. “You are right, the teachings about goodness my grandmother passed down were far superior to those of uncaring, unloving and racist residential school nuns who would harm innocent children,” she cried in a release of pent up suffering.

### Exiles in Waiting with Words of Hope

Dubravka Ugresic is a remarkable Croatian exile of the former Yugoslavia whose woman-spirit should inspire Indigenous women globally to unite, recover and reclaim natural sovereignty in their homelands. Her bold reflective autobiographic narratives challenge complacency that allows trauma in places removed from privilege. Indifference to evil clearly leads to human catastrophe. History is useless if lessons from mans worst crimes, conflicts and conduct fail to establish “Never Again” protection of the most vulnerable. Ugresic (2005) offers a healing tool for moments when angst suffocates hope and disillusion, despair and helplessness bring back the pain of suffering that silence the restoration of voice. She goes to a beach, faces into the wind to an imaginary wall and wails for the release of hatred and the desire for revenge. To those sick and evil perpetrators of trauma she returns their poisonous acts:

*May you be cursed in this world and the next.*

*May you not live to see the sun rise.*

*May the vultures get you.*

*May you vanish from the earth.*

*May you walk a thorn field barefoot.*

*May God make you thinner than a thread and  
blacker than a pot.*

*May you reap wormwood where you sow basil.*

*May the Devil torment you.*

*May the Devil lap your soup.*

*May ravens caw at you.*

*May thunder and lightning strike you.*



*May lightning strike you and split you down the middle.*  
*May you wander blind over the earth.*  
*May a serpent bite you in the heart.*  
*May you suffer like a worm under bark.*  
*May your heart quarter and burst.*  
*May you never more see the light of day.*  
*May all abandon you.*  
*May you lose all but your name.*  
*May your seed be obliterated.*  
*May your life be bleak and barren.*  
*May a serpent swallow you whole.*  
*May the sun burn you alive.*  
*May your sugar be bitter.*  
*May you choke on bread and salt.*  
*May the sea cast up your bones.*  
*May grass sprout through your bones.*  
*May you turn to dust and ashes.*  
*May your mouth utter never a word.*  
*May you be damned.*  
*May a live wound devour you.*  
*May the waters close up over you.*  
*May your name be forgotten.*  
*May you never see the sun.*  
*May you rust over.*  
*May you be murdered every day of the year.*  
*May your roots dry up.*  
*May you lick ashes.*  
*May your heart turn to stone.*  
*May you die in darkness.*  
*May your soul fall out.*  
*May you never eat your fill.*  
*May your joys lament.*  
*May you drift without end.*  
*May you go deaf.*  
*May you go dumb.*  
*May the earth push up your bones.*  
*May you be devoured by worms.*  
*May you lose your soul and nails.*  
*May you never again see your house.*

*May you lack bread when you have salt.*  
*May you turn to wood and stone.*  
*May your star go out.*  
*May you take to the road.*  
*May your days be black.*  
*May your tongue go mute.*  
*May you leave your bones behind...*

From the book, *Ministry of Pain*

(Ugresic 2005: p.255-257)

The two stories or reflective topical biographic narratives and the Ugresic (2005) exercise of purging hatred are offered as evidence on the need for Indigenous scholars to locate paths for healing in spaces and in places where, with very little ground work, a great deal of healing work is possible to alleviate undefined suffering. We are a fortunate generation for many of us have had families who wanted something better in life than the pain of their ancestors. Stonechild (2007) addresses the trade of land (Treaties) for education leaders like Plenty Coups envisioned. They got instead organized cultural genocide in the guise of assimilation policies to “kill the Indian” in the children. Education became another trauma to escape. Neither one of my parents went to high school. I believe my grandfather escaped a residential school called the “Mush Hole” because the main food was oatmeal and ran off with a travelling carnival in the 1930’s. He was determined that none of his eleven children would have anything to do with residential school or “carnies” but my Mohawk mother ran off with a man whose family owned a travelling carnival, but that is another lengthy autobiographic narrative that I want to write. Embedded in that story are parallels of colonization (Koptie, 2009). It is also a remarkable story of finding an identity while struggling to maintain a path of hope for future generations. My son Joshua Eric graduates from the Aylmer Police College on April 2, 2009 and becomes a York Region, Ontario police officer April 30, 2009. His name comes from a great uncle who was a decorated warrior who’s life ended at Dieppe during the Second World War in France.

### **Words from Chickadee People**

The “stop it now” generation is surfacing throughout “Indian Country” with a new evolutionary Warrior spirit to tackle the despair they see in their territories. They will become activists to interrupt indifferent and dismissive notions of Canadian colonial identity that allow oil sands chaos, water pollution and climate disasters to go unchallenged on their shared lands. Indigenous writers must help all young people locate words for healing and activism in languages and in the spirit of intentional living

that our ancestors preserved for us. Indigenous writers and scholars can look at Plenty Coups' life story, Ramsden's (2003) framework for re-telling personal stories and countless other remarkable resilience narratives to be, re-read, retold with re-vision to garner new insights, understandings, and interpretations of common colonial experiences. These re-histories are tools to re-educate the dominant culture on the intent our ancestors had when making Treaties and other accommodations for survival and to buy time to adapt to the colonial circus. They did what they had to do when relinquishing their natural sovereignty to make war in times of destructive turmoil that they witnessed around their territories. If the alternative was genocide then we must honor their legacy to future generations. The confusion, shame and anger we carry is surely a lot less than watching the buffalo go away, the Creators most precious offering for survival. After the buffalo went we can only speculate the tremendous fear and terror that swept across "Indian Country." Looking to understand the motivations of Plenty Coups is to re-vise colonial myths of civilization transplanting primitive peoples in a destiny manifested by cultural, scientific, political, economic supremacy ordained by religious zealots and extremists. The trajectory of prerogative power across Turtle Island is now a global path to catastrophe as fundamentalist political, economic and religious groups, failing to study painful historical lessons, engage in warfare seeking dominance of Mother Earth. Canada's imperial ambitions in Afghanistan will not survive the imposition of a Taliban Act of tribal control and attack on that country's natural sovereignty and responsibility for peace, power and righteousness. It is imperative to listen deeply to Plenty Coups life story or reflective topical biographies of that time to extract profound lessons of hope for Indigenous peoples struggling with de-colonizing their homelands on Turtle Island.

Lear (2006) contends a review of a vision quest and dream from that experience altered Plenty Coups later perceptions of events tragically unfolding in his territory. A cultural imperative that young men undergo rites of passage ceremonies in preparation for adulthood is long established by anthropologists. This is confirmed by the anthropological recordings of Plenty Coups narrative on that 1855 or 1856 experience. In his vision came the image of disappearing buffalo. After that in his dream a mighty storm in which the Four Winds start a war in the forest leaving but one tree where a desperate old man sits to warn young Plenty Coups:

*"Listen Plenty Coups," said a voice. "In that tree is the lodge of the Chickadee. He is least in strength but strongest of mind among his kind. He is willing to work for wisdom. The Chickadee-person is a good listener. Nothing escapes his ears,*

*which he has sharpened by constant use. Whenever others are talking together of their successes and failures, there you will find the Chickadee-person listening to their words. But in all his listening he tends to his own business. He never intrudes, never speaks in strange company, and yet never misses a chance to learn from others. He gains successes and avoids failure by learning how others succeeded or failed, and without great trouble to himself...The lodges of countless Bird-people were in the forest when the Four Winds charged it. Only one person is left un-harmed, the lodge of the Chickadee-person. Develop your body, but do not neglect your mind, Plenty Coups. It is the mind that leads a man to power, not strength of body." (Lear 2006:70-71)*

### Invitation to Explore and Express

I am struck by the prophetic power of this dream/vision, ancient yet modern, which is also a profound road map through colonial learning spaces for reclaiming Indigenous knowledge and worldviews. Future generations of Indigenous scholars and writers can find unlimited alternative vantage points to explore and express in Lee Maracle's invitation to re-vision our journey on our lands. There are also untold reflective topical autobiographic narratives that can be re-told as Irihapeti Ramsden challenges survivors of colonization to create the Cultural Safety that restores wellness and brings global reconciliation of past injustices. This paper was a journey of reflection on a form of Indigenous writing for future generations that finds positive stories of adaptation and intentional choices to protect traditional resilience in crisis. Blair Stone Child (2007) asserts that education is the new buffalo. A new wave of Indigenous academic writing is filling in the gaps of failed attempts to adequately reframe a world "after this, nothing happened" and "when people's hearts fell to the ground." The survivors have a new, strong and vibrant voice. Plenty Coups would be proud. For me, Graduate School research and writing is very much about struggling for words to express lessons on over 25 years of community healing work that can be used to alter the often hurtful notions Canadians have about their real history and identity. The rewards are gaining access to collaborative wisdom and compassionate appreciation of shared experiences from around Mother Earth. One learns that all humanity can be reflected back through an Indigenous lens. Good will from strong good minds is a good plan for the well-being of strong future generations. Or so a Chickadee-person told Plenty Coups.

### References:

Alfred, T. (1999). *Peace, Power, Righteousness*, Don Mills, ON: Oxford University Press.

- Battiste, M. (ed.) (2000). *Reclaiming Indigenous Voice and Vision*, "Processes of Decolonization," by Poka Laenui, Vancouver, BC: University of British Columbia Press.
- Durie, M. (2009). "Indigenous Health Workforce Development: Maori Experience," paper delivered at the First Nations Health Managers Second National Conference, Vancouver, BC.
- Gerstenberger, R. (2006). "Indigenous-labour solidarity and the Six Nations land dispute." in *New Socialist: Ideas for Radical Change*, Issue no. 58, p. 28.
- Johnstone, M. (1999). "Reflective topical autobiography: an underutilized interpretive research method in nursing", *Collegian*, Vol. 6 No. 1.
- Lear, J. (2006). *Radical Hope: Ethics in the Face of Cultural Devastation*, Cambridge, MA: Harvard University Press.
- Koptie, S. (2009). "Metaphorical Reflections on the Colonial Circus of the Drunken Indian and the Kidney Machine," *First Peoples Child and Family*, Volume 4, Number 1.
- Maracle, Lee (2009). *Lectures: Indigenous Writing*. SAGE, University of Toronto, Ontario.
- Ramsden, I. (2003). *Cultural Safety and Nursing Education in Aotearoa and Te Waipounamu*, Doctoral Thesis, located: <http://culturalsafety.massey.ac.nz/>.
- Shirt, Pauline (2009). *Lectures: Indigenous Writing*. SAGE, University of Toronto, Ontario.
- Stonechild, B. (2007). *The New Buffalo*, Winnipeg, MB: University of Manitoba Press.
- Thich Nhat Hanh (1993). *For A Future To Be Possible: Commentaries on the Five Wonderful Precepts*, Berkely, CA: Parallax Press.
- Ugresic, D. (2005). *Ministry of Pain*, New York, NY: Harper Collins Books.
- Wesley-Esquimaux, C. & Snowball, A. (2009). "Viewing Violence, Mental Health and Addictions through a Wise Practices Lens," paper for joint publication.
- Wesley-Esquimaux, C. (2009). "Trauma to Resilience: Notes on Decolonization", in *Restoring the Balance: First Nations Women, Community, and Culture*, Valaskakis, G. and Stout, M., and Guimond, editors, Winnipeg, MB: University of Manitoba Press.

## 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

Volume 4, Number 2, 2009, pp. 152-160

# Aboriginal Youth Gangs: Preventative Approaches

Jane P. Preston<sup>a</sup>, Sheila Carr-Stewart<sup>b</sup> and Charlene Northwest<sup>c</sup>

<sup>a</sup> B.Ed., M.Ed., Ph.D. Candidate, graduate student, University of Saskatchewan, Saskatoon, Saskatchewan, Canada.

<sup>b</sup> B.A., M.A., M.Ed., Ph.D., Department Head Educational Administration, University of Saskatchewan, Saskatoon, Saskatchewan, Canada.

<sup>c</sup> B.Comm., Consultant for Samson Cree Nation, Hobbema, Alberta, Canada.

### Introduction

Fifteen years ago, Aboriginal youth gangs and their related atrocities were, for the most part, nonexistent. These days, especially across the Prairie Provinces, Aboriginal youth gangs are an increasingly prevalent, highly-profiled phenomenon. The alarming growth rate of Aboriginal youth gangs is particularly apparent within urban centers such as Winnipeg, Regina, Saskatoon, and Edmonton (Bernhardt, 2006). As Chettleburgh (2003) highlighted, approximately 96% of youth gang members within Saskatchewan and 58% of youth gang members in Manitoba and Alberta are of Aboriginal descent. On a per capital basis, Saskatchewan has the highest concentration of youth gang membership in all of Canada, with 1.34 gang members per 1,000 people. Over 90% of Aboriginal gang inmates are imprisoned in penitentiaries across the Prairies (Chettleburgh, 2003). As Cuthand (2008b) stated,

Questions or correspondence concerning this article may be addressed to:

Jane P. Preston  
University of Saskatchewan  
College of Education  
Educational Administration  
#28 Campus Drive  
Saskatoon, SK  
S7N 0X1  
(306) 966-7628 (office)  
(306) 966-7020 (fax)  
[jane.preston@usask.ca](mailto:jane.preston@usask.ca)

### Abstract

The purpose of this article is to describe programs and strategies dissuasive of Aboriginal youth gang involvement. Individual approaches target areas such as antisocial behavior, personal challenges, and negative thinking patterns. Family-orientated approaches reaffirm family values as a means to deter youth from gang association. Providing positive opportunities for youth to interact with community role models and to partake in community programs are also dissuasive to the proliferation of Aboriginal youth gangs. Although information herein is intended to tackle Aboriginal youth gang issues, it can also be useful in addressing peripheral social issues within communities, in general.

“Jails in Saskatchewan are nothing but crime factories that are run by gangs” (p. A13).

The reasons for and consequences of Aboriginal gangs are linked to the social realities endured by many Aboriginal peoples. For example, over half (52%) of Aboriginal children live in poverty, as compared to 23% of non-Aboriginal children (Anderson, 2003). Suicide is five to six times more prevalent among Aboriginal youth, as compared to non-Aboriginal youth (Anderson, 2003). Many Aboriginal youth are at risk of being recruited by gangs due to additional factors including (but are not limited to) lack of employment opportunities, institutional racism and discrimination, and a sense of hopelessness (Federation of Saskatchewan Indian Nations, 2003). The National Chief of Congress of Aboriginal Peoples, Kevin Daniels, stated that the expansion of Aboriginal youth gangs has led to an increase in gang-related deaths, alcohol and drug abuse, poverty and homelessness among Aboriginal youth (“Interview with National Chief,” 2009). Moreover, these gang-related issues, particularly within Alberta and Saskatchewan, will likely exacerbate due to increasing demand for illicit drugs within the oil-rich, affluent Prairie Provinces (Adam, 2009; Alberta Alcohol and Drug Abuse Commission, 2005; Stolte, 2008;



Friesen & O'Neill, 2008). Chief Lawrence Joseph of the Federation of Saskatchewan Indian Nations (Cherry, 2005) warned that timing is vitally important because if Aboriginal youth gang issues are left ignored, in the near future, the problem will exponentially worsen.

The literature pertaining to youth gangs describes a myriad of ways to reduce the criminal activities and devastation caused by gangs. Remedies range from persuading parents to decrease the amount of violent television children watch to increasing police presence in identifiable gang territory. However, expanding police presence to control gang activity is only one way to address Aboriginal youth gang issues. Polischuk (2009) believed a more effective way to deal with Aboriginal youth gangs is to focus upon preventative programs and strategies, thereby pre-empting issues undergirding youth gang proliferation.

Throughout this paper, we extrapolate the idea that problems associated with the proliferation of Aboriginal youth gangs need to be addressed through enhancing individual, family, and community wellness. Within each of these areas, we provide an overview of strategies and established programs, which target Aboriginal youth gang issues. Although specific approaches are delineated within the categories of individual, family, and community, we recognize these strategies and programs are multi-faceted and can overlap categories. Another important point to consider is that while the information presented within this article can be directly applied to preventing Aboriginal youth gang escalation, these preventative approaches can also be adapted to address peripheral social issues within communities, in general.

### Individual Wellbeing

A growing number of researchers, law enforcement agents, and other stakeholders actively engaged in youth gang reduction are demanding a paradigm shift regarding the approaches used to curtail youth gang activity. This new mindset diverts attention from tactics of suppression and incarceration as a core means to control youth gangs toward promoting the amelioration of preventative programs and policies that foster positive identities for individuals prone to youth gang involvement. Preventative programs targeted at Aboriginal youth gang involvement logically infer that strategies focusing on individual wellness need be put in place within communities before youth gangs become an issue; thus, the implementation of such programs need to be established early – as early as during the infancy stages of child development.

Gatti, Tremblay, Vitaro, and McDuff, (2005) indicated youth who are raised in challenging childhoods environments are more prone to join gangs and stay in gangs for a longer duration of time, as compared to

children who experience more nurturing childhoods. One way to ensure that an equitable start to life is bestowed upon young children is through the provision of quality childcare and early intervention programs (OECD Directorate of Education, 2004). During the past ten years, a spate of early childhood development programs has surfaced across Canada (see Friendly, Beach, Ferns, & Turiano, 2007), and, fortunately, some of this attention has been funneled toward enhancing Aboriginal childcare programs. Preston (2008a) identified a variety of federally-funded Aboriginal early intervention programs including: *Aboriginal Head Start in Urban and Northern Communities*, *First Nations and Inuit Child Care Initiative*, *First Nations National Child Benefit Reinvestment*, *Brighter Futures*, and *Maternal Child Health Program*. These programs are primarily intended for children from newborn to age five and are developed through the incorporation of: (a) a local Aboriginal curriculum; (b) Aboriginal self-governance; and (c) Indigenous culture and language. Quality Aboriginal childcare programs can positively influence the spiritual, emotional, physical, and intellectual development of young children (Greenwood, 2005). Such a salubrious approach to child wellness helps to deter the onset youth gang proliferation within a community.

Another approach dissuasive to Aboriginal youth gang proliferation focuses on strengthening the positive self-concept and culture identity of young people. As explained by Dukes, Martinez, and Stein (1997), many youth who want to be or who are affiliated with youth gangs have a negative self-image. "Gang members [tend] to be persons with identity problems - who [do] not feel good about themselves, [have] less confidence in their academic abilities, [have] lower feelings of purpose in life, and [have] weak attachments to their ethnic group" (p. 152). Hence, preventative approaches need to target such things as: anti-social behavior, personal challenges, negative thinking patterns, and negative lifestyles. Brendtro and Larson (2004) argued that although many at-risk youth have endured traumatic experiences, young individuals are generally resilient and can lead productive and fulfilling lives, provided they are surrounded by supportive leaders who supply intrinsically meaningful ways to develop personal strength and positive values. Detering individuals from becoming involved with youth gangs is synonymous to celebrating personal abilities, reaffirming positive personal goals, and restoring a sense of hope.

In an effort to nurture the emotional and spiritual strength of Aboriginal youth, constructive leadership and affirmative peer pressure must be readily accessible for individuals who may be attracted to the false lure of gang lifestyles. Specifically, Aboriginal youth need to be provided with more opportunity to develop self-

competency in areas such as education, Indigenous language, vocational training, culture knowledge, and social demeanor. By doing so, Aboriginal youth will feel more in control of their lives, life choices will become more abundant, and the development and sustainability of a healthy lifestyle will be more readily secured (Brendtro, Brokenleg, & Van Brockern, 2002).

### Application of Programs for Individual Wellbeing

One program that focuses on the constructive and enabling abilities of at-risk children is called PALS. PALS stands for *Positive role models, Academic tutoring, Leisure and physical activity, and Social development* (Schneider, 2007). An established PALS program (located in St. Mary's University, Nova Scotia) provides a weekly bus service to children from ages 5 to 12 and offers an abundance of youth-related activities. The program aims to address five key areas vital to the positive development of children: (a) education/academic development; (b) life and social skills/ behavioral development; (c) physical activity and health development; (d) mentors and positive role models; and (e) effective parenting and a nurturing social environment (Schneider, 2007).

The PALS program, itself, can be implemented in communities with gang-related issues, or a modification of the program could be delivered through various versions of local after-school programs. As indicated by Maxson, Whitlock, and Klein (1998), individuals who are more at risk of joining youth gangs are young people who have high levels of unstructured and unsupervised social time with other youth. Chettleburgh (2007) identified after-school time as *empty* time. He explained that the time between 3:00 p.m. and 6:00 p.m. is one of the riskiest times for adolescents to become victimized and/or running afoul of the law. Specifically, during this time, there is significant merit to keeping children busy, rather than, for example, letting them hang out at a mall with unsupervised youth. Quality, after-school programs have been shown to be an effective buffer against delinquency, as they provide alternative, fun activities for children (Chettleburgh, 2007; Lee, 2001). Moreover, constructive, organized activities can benefit children by improving their social skills, health, confidence, grades, and positive peer networking. Examples of after-school programs include: sport leagues, computer clubs, horseback riding, tutoring time, arts and crafts programs, cooking clubs, traditional dance clubs, employment preparation training, language instruction, music clubs, and community revitalization programs. Once an after-school program is in place, it is also important that organizers consider continuing the program throughout the months of July and August, when school is not in session. By doing so, the

unstructured time of the summer holidays can continue to be filled with activities that foster the social development and wellbeing of youth, while simultaneously deterring children from gang-related activities.

A common characteristic of many individuals at risk of joining youth gangs is they possess inherent entrepreneurial skills; hence, the financial advantage of gang life is compelling to them (Chettleburgh, 2007; Stolte, 2008). To more positively channel the entrepreneurial potential of youth, employment opportunities and self-employment training programs need to be available to adolescents during school time and as an extra-curricular option. An example of such fecund endeavors is actualized within Osakayak High School in Saskatoon. This school sponsored an entrepreneurial project as part of its *Aboriginal Youth Education Program* (AYEP). Through the structure of the program, the students created and sustained a fairly lucrative business by designing Aboriginal t-shirts (Loleit, 2007).

There are a variety of other programs dedicated to utilizing the vast talents and entrepreneurial skills of young individuals. Another after-school program is called *Junior Achievement Canada*, which is dedicated to educating young people about the expertise required to create and sustain their own business. Junior Achievement Canada provides young children with leadership, entrepreneurial, and workforce readiness skills (*Junior Achievement*, 2008). Job placement services and apprenticeship programs, such as the *Aboriginal Apprenticeship Program* (Aboriginal Futures, n. d.) are additional ways to prepare young adolescence to enter the workforce. Such services provide youth with experience in the trades, which are presently in very high demand, especially within the Prairie Provinces (Preston, 2008b). Summer youth employment programs sponsored within local communities also provide young individuals with employment experience and economic gain.

In sum, preventative programs that focus on the individual's wellbeing reaffirm the budding potential of young Aboriginal individuals. Ascertaining the healthy development of youth begins at birth and is supported through the provision of quality Aboriginal childcare and early intervention programs. By reestablishing constructive goals, by rechanneling talents and abilities, by redirecting a sense of hope, and by focusing entrepreneurial skills on positive business endeavors, individuals lured toward youth gang involvement are more likely to focus on more personally rewarding dimensions of life.

### Family Wellness

Parents, spouses, siblings, grandparents, Elders, aunts, uncles, cousins, and the extended family are an integrated

part of the growth and development of an Aboriginal child. Personal networking among Aboriginal family and community members often results in intimate social bonding, thereby supporting the survival and prosperity of each family, and, in turn, of the entire community. The National Indian Brotherhood & Assembly of First Nations (1989) stated, "An Aboriginal child's sense of security and belonging is based on cooperation and harmony within the extended family" (p. 9). In this light, family wellness is an extremely important buffer against gang proliferation.

Research indicates that membership within gangs is often prognosticated by a difficult family environment. Franzese, Covey, and Menard (2006) proposed, "The most important influence on the decisions to join gangs is whether parents, siblings, and friends are or have been gang members" (p. 205). Sgt. Olson of RCMP's Integrated Gang Intelligence Unit agreed that youth gang affiliation is sometimes groomed by parental influences. Police officers witness gang-member parents dress their newborn to five-year-old children with gang regalia; other young children are taught by their parents to imitate specialized hand gestures utilized by youth gangs (Bernhardt, 2006; "Girls and Gangs," 2007). With that stated, in order to prevent children from being involved with gangs, parents need to do more than simply not affiliate with gangs. Parents need to incorporate positive child rearing propensities into their home life, because, as Hill, Howell, Hawkins, and Battin-Pearson (1999) stipulated, children whose parents lack proper child management skills are more prone to gang membership. In addition to parents, siblings also have a powerful influence on young children and their future choice of whether or not to be involved with gangs. Children whose brothers and sisters display antisocial behaviors and/or associate with gang members experience higher risks of joining gangs (Hill et al., 1999). Such findings conclude that preventative youth gang efforts need to include the entire family and restructure the maladaptive values and beliefs that may be portrayed within a family unit.

### Application of Programs for Family Wellness

There are a variety of programs that focus on family wellness. *FAST* (Families and Schools Together) *Canada* is a program that has been implemented in more than 100 schools across the country. The program is used to strengthen the family unit by addressing parent-child bonding via three main components: (a) building a three-way relationship between parents, children, and school; (b) addressing personal values, personal accountability, and family management; (c) empowering parents to become the primary protectors of their children (Wisconsin Center for Education Research, 2007). A

participating family is invited to the school one evening a week for eight to 14 weeks. In an effort to address the cultural needs of Aboriginal peoples, FAST Canada has been adapted into an affiliated program called *Aboriginal FAST* (Family Services Canada, 2009).

Fortifying family wellness may mean advising parents how to constructively deal with aggression in children. *The Incredible Years: Parent, Teachers, and Children Training Series* is a prevention and intervention program targeting children from ages four to eight who are highly aggressive, disobedient, hyperactive, and inattentive (The Incredible Years, 2008). This curricula-based program provides a variety of training modules created for parents, teachers, and children. For this program, off-site leader training is available, and, after completion of the course, the trained individual comes home to deliver the information to community members. As well, an outside instructor can travel to a community and present course information. The Incredible Years program has been recognized by the U.S. Department of Justice as an exemplary program for effectively reducing violence and delinquency in children (Webster-Stratton, 2000). In addition to the United States, The Incredible Years is currently active throughout Canada and the United Kingdom. A strong point of the programs is that it can be delivered in the community by trained local community leaders.

Another program designed specifically for strengthening the family unit is called *Functional Family Therapy* (FFT). This program targets youth aged 11 to 18, who are either at risk or are presenting delinquent and violent behavior, substance use, and various behavior disorders (Alexander et al., 1998). The program has a flexible implementation process and can be delivered to clients in their homes, within a clinic, at school, through community-based programs, and within various institutional settings (Alexander et al., 1998). Functional Family Therapy is an effective intervention strategy for recently released high-risk offenders (Sexton & Alexander, 2000). Alexander et al. (1998) explained that the duration of the program is approximately three months, consisting of 12, one-hour sessions. Both trained therapists and court workers who received Functional Family Therapy training deliver the program. A review of the program demonstrated vast cost benefits directly related to lowering recidivism rates. Within the United States, the programs has saved from \$7.69 to \$13.25 per dollar invested (Washington State Institute for Public Policy, 2004). Although Functional Family Therapy is an American program, Violato, Genius, & Oddone-Paolucci (2008), representing Correctional Services Canada, recognized Family Functional Therapy as one of the most promising approaches to family therapy for young offenders within Canada. Currently, there is not an



Aboriginal-based equivalent of this program located in Canada.

The Aboriginal Youth & Family Well Being and Education Society (n.d.) is a non-profit agency focused on promoting the success of young Aboriginals through the provision of positive learning excursions, which are lead by Aboriginal volunteers. In order to improve the conditions faced by Aboriginal youth and their families, this organization provides a number of venues and ideas for Aboriginal child and family wellness, including cultural camps, cultural ceremonies, and traditional pursuits such as hunting and trapping.

Promoting the strength of the family unit is formidable force against the proliferation of youth gangs. The *Royal Commission on Aboriginal Peoples* (1996) explained, "...healthy families are the foundation of strong and healthy communities" (Vol. 3, "*Gathering Strength*", para. 27). Preventive programs such as FAST, The Incredible Years, and Functional Family Therapy and associations such as The Aboriginal Youth & Family Well Being and Education Society empower parents by enhancing parent-child relationships. Through family participation in Indigenous cultural ceremonies, Aboriginal family values are recognized and celebrated. These family-centered activities support the perpetuation and wellbeing of Aboriginal families and are a protective force against Aboriginal youth gangs.

### Community Wellness

Throughout the decades, Aboriginal peoples have long endured a host of unfair social, economic, and geographical barriers, all of which have had traumatic, detrimental effects upon them, their families, and their culture. As described earlier, these formidable obstacles have created a society that provides unequal health and welfare opportunities for Aboriginal peoples. As a result, some young Aboriginal people have lost their cultural roots and no longer see themselves as an important part of their community. In relation to youth gangs, studies indicate that gang members are often young people who feel disenfranchised from their community, culture, and family (Federation of Saskatchewan Indian Nations, 2003).

Fred (2000) explained, "Native people are being encouraged to get in touch with their culture and to use it for the betterment of their people" (p. 301). The Federation of Saskatchewan Indian Nations (2003) believed that government policies must support Aboriginal communities that supply alternatives to the criminal justice system for youth. Thus, through the teaching of Aboriginal traditions and culture, some Aboriginal communities deliver prevention and intervention programs that are focused on the healing

of gang members and the restoration of Aboriginal communities. For example, Ellerby and Ellerby (1998) studied the role of Elders and traditional healing as an effective treatment for Aboriginal criminal offenders. In their research, they found the non-judgmental, spiritual attitudes of Elders to be a core element of their therapeutic approach to healing Aboriginal peoples. Elders believed there needs to be a revitalization of the Aboriginal ceremonies and teachings within local communities, and these fundamental teachings are a necessary and effective way to treat Aboriginal offenders, dissuade at-risk youth from joining gangs, and re-constitute a healthy lifestyle into the community. Elder wisdom is vital to the overall wellness and healing process of Aboriginal peoples and their communities (Ellerby & Ellerby, 1998).

In 2000, Ovide Mercredi authored a document for Correctional Service Canada that focused on Aboriginal gang members in the federal corrections system. An important recommendation within this report supported the idea that Aboriginal community members, especially Elders, need to provide Aboriginal youth with a sense of culture, pride, and identity. For example, traditional Aboriginal dance has been identified by the Beardy Okemasis First Nations (Saskatchewan) as a playing a vital role in keeping young people in touch with First Nations community values (Hughes, 2007). Many Aboriginal gang members want to change, but lack the tools and knowledge to stabilize and better themselves (Dolha, 2003). In relation to this point, Phillips (as cited in Dolha, 2003) stated that many Aboriginal gang members respect their Elders and their traditional culture. The reverence that many gang members have for their traditions creates a window of opportunity or a sense of direction such that gang members can re-evaluate their ways and regain personal focus rooted within Aboriginal culture.

In addition to the assistance of Elders', community members also have vast potential to help address gang problems. Unfortunately, due to fears of retaliation, people sometimes remain silent and choose to do nothing about the gang-related problems apparent within their community (Cuthand, 2008a). Saccone (2005) indicated that when community members do not unite, members try to individually protect themselves by putting locks and bars on the doors and windows of their homes. Such actions symbolize the rampant fear within the community, fear that further empowers gangs and their followers. Thus, community members need to assemble and address the gang-related problems of their community. In an effort to expose and resolve local gang issues, community members also need to be informed about professionals and organizations who/that they can turn to for confidential assistance. Most often the community members know who the drug dealers are and the location



of houses affiliated with gang members. Community members have valuable knowledge and, thereby, can offer suggestions to help specific individuals. The assistance of community members can take on a variety of additional forms. Community members can participate in community beautification initiatives such as a *graffiti wipe* campaign (Saccone, 2005). In some cases, community members have enforced curfews to deter gang members from congregating during specific times and locations (Delaney, 2006). Some Aboriginal communities have utilized traditional methods, such as banishment of gang leaders from their communities. In such a case, a band council can pass a resolution to banish a person or persons from a reserve (Cuthand, 2008a).

Since the health and wellbeing of Aboriginal people flows largely from the health and social make-up of the community (Health Canada, 2005), strengthening the community's protective factors is a key aspect in dissuading gang involvement. The community's protective factors include: providing opportunities for youth to build positive relationships with mentors, providing an abundance of role models/positive social peers, supporting family and community service programs (Public Safety Canada, 2007), and providing opportunities for Aboriginal youth to connect with their Indigenous language and culture.

### Application of Programs for Community Wellness

In 2005, the Hobbema Canadian Mounted Police (Alberta) initiated a community crime reduction initiative to disrupt gang activity, illicit drug use, and violence within the Hobbema area. This initiative, called the *First Nations Hobbema Community Cadet Corps Program*, tailored its activities to meet the needs and concerns of its youth by placing a strong emphasis on Aboriginal culture, language, education, sports, and a healthy lifestyle (*Hobbema Community Cadet Corp*, 2008). The program provided mentors who taught young cadets to concentrate on positive attitudes, abilities, and achievements, rather than focusing on negative obstacles that hinder success (*Hobbema Community Cadet Corp*, 2008). Interestingly, the focus of the *Hobbema Community Cadet Corp* is similar to the focus of the PALS program, as described previously. Both programs are centered on accentuating the positive skills and talents possessed by every individual.

Part of a community effort to suppress the destructive power of gangs is to try to reduce the duration of time that an individual belongs to a gang. For most young people, gang membership is a brief phase of their life, as about two-thirds of youth gang members leave the gang within one year (Hill, Lui, Hawkins, 2001;

Thornberry, 1998). This information supports the idea that the community must provide appropriate services and facilities for gang members once they have formally cut ties to a gang. Such services include alcohol and drug treatment, employment opportunities, and educational opportunities (Public Safety Canada, 2007). Furthermore, research indicated that the most common reason for leaving a gang is personal maturity (Campbell, 1991; Franzese et al., 2006). As teenage gang members enter young adulthood, they are more prone to experience adult responsibilities including parenthood, marriage, and steady employment (Campbell, 1991; Franzese et al., 2006). Strong attachment to and involvement with family, school, community, cultural institutions, and employment opportunities help reduce gang proliferation.

An integral part of the community is its school, and, as such, the school is an ideal place to deliver gang-awareness programs and various gang-related forums. As referred to earlier, Osakayak High School hosted a Gang Awareness Day. A youth group participated in the planning of the day, which included wrap-up activities such as talking circles used to debrief and de-escalate fears and uncertainties resulting from the day's information (Federation of Saskatchewan Indian Nations, 2003). It is important to remember that if teachers are asked to deliver gang-awareness programs, providing professional development for them in this area is essential.

Another program called GREAT (Gang Resistance Education and Training) is a similar school-based program as Osakayak High School delivered; however, GREAT is taught by trained law enforcement personnel. GREAT is directed at middle school students and provides them with the personal and social tools needed to resist the lure and trap of gangs (Esbensen, 2000). This program, delivered in nine, one-hour lessons not only deters youth from joining gangs, but assists in developing positive relationships with police officers. On this topic Cuthand (2008a) explained:

*Rightly or wrongly, our people have looked upon police forces as outside agencies and contact with them has generally been negative. Now, we need to work with the RCMP and city policy forces to put an end to the reign of [gang] terror. (p. A11)*

Undeniably, positive partnerships need to be renewed and sustained with law enforcement agencies in an effort to reduce the criminalization of at-risk youth.

Although Chettleburgh (2007) believed that healthy police-community partnerships need to be a focus within the community, he also indicated police need to suppress top gang members by heavily prosecuting the worst 20% of offenders. These top offenders include gang leaders and core members who are responsible for most of the

crime. Often the incarceration of marginal gang members further trains youth to become hardened, influential gang members when released from jail, perpetuating the cycle of gang violence (Dolha, 2003). The Federation of Saskatchewan Indian Nations (2003) stated, "Young offender facilities, correctional centers and federal institutions are breeding ground for gang recruitment" (p. 3). Therefore, putting non-gang Aboriginal youth in correctional facilities with hardened gang members often predisposes them for a future life of gang involvement. In response to this point, the Federation of Saskatchewan Indian Nations has called for a moratorium on any increase in beds at young offender facilities (Warick, 2003).

In sum, addressing gang-related challenges is a responsibility that needs to be assumed by all community members living in a neighborhood tormented with youth gangs and related gang violence. Coordinating the community's participation to deter the proliferation of local gangs means that criminal justice systems, community-based agencies, and local grassroots organizations must develop a variety of gang-deterrent policies and programs. In association with the examples highlighted previously, additional examples of community-focused services might include: referring fringe gang members to youth services, sponsoring youth-focused activities within the community, providing community members with professional contacts for gang crisis intervention, advocating safe zones around schools, and providing remedial educational services, job orientation opportunities, job placement and mentoring for at-risk gang members (Spergel et al., 1994). In an effort to support gang-reduction activities, local leadership must be recruited and provided with necessary training. Moreover, in order for communities to activate local leadership and promote community services, funding from local, provincial, and national organizations needs to become readily available. By doing so, communities will be empowered with adequate personal, social, and infrastructural resources to target at gang reduction.

### Closing Thoughts

Across Western Canada, Aboriginal youth gangs have witnessed unprecedented growth, and, as such, there is an urgent need to curtail further proliferation of this phenomenon. To prevent the degradation and carnage associated with gang-related activities, it is paramount that Aboriginal leaders, Elders, and community members provide the mentorship and counseling needed to deter youth from becoming affiliated with gang lifestyles. As mentioned previously, to accomplish these objectives, communities need support from local, provincial, and federal governments. With financial assistance secured,

preventative strategies can be directed at strengthening the positive spirit of at-risk youth, enhancing relationship between parents and troubled children, and re-connecting Aboriginal youth to their culture, language, and community. In return, such efforts fortify the health of Aboriginal peoples and the longevity of Indigenous traditions.

Aboriginal tradition promulgates the idea that there exists a delicate interdependence between the individual, the family, the community, and the spiritual order of the universe (Brant-Castellano, 2002). Because of this interrelatedness, harmony or disharmony in any of these four areas has a rippling effect within every other area. Such spiritual insight dictates that a multi-dimensional approach is required to effectively deal with Aboriginal youth gangs. Such spiritual insight also supports the notion that in order to curtail the proliferation of Aboriginal youth gangs, a united effort must be extended from individuals, families, local communities, and local and national leaders throughout Canada.

### References

- Aboriginal Futures. (n.d.). *Alberta Aboriginal Apprenticeship Program*. Retrieved January 9, 2009, from <http://www.aboriginalfutures.com/alberta.html>.
- Aboriginal Youth & Family Well Being and Education Society. (n.d.). *About us*. Retrieved January 19, 2009, from <http://www.aboriginalyouth.ca/AboutUs.aspx>.
- Adam, B. A. (2009, July 9). Rise in crack use fuels crime in city. *The StarPhoenix*, p. A1.
- Alberta Alcohol and Drug Abuse Commission. (2005). *Illicit drug use in Alberta*. Edmonton, ON: Author.
- Alexander, J., Barton, C., Gordon, D., Grotper, J., Hansson, K., Harrison, R., et al. (1998). *Functional Family Therapy: Blueprints for violence prevention, Book Three*. Boulder, CO: Center for the Study and Prevention of Violence, University of Colorado.
- Anderson, J. (2003, March). *Aboriginal children in poverty in urban communities: Social exclusion and growing racialization of poverty in Canada*. Presentation to Subcommittee on Children and Youth at Risk of the Standing Committee on Human Resources Development and the Status of Persons with Disabilities. Ottawa, ON: Retrieved July 20, 2009, from <http://www.ccsd.ca/pr/2003/aboriginal.htm>.
- Bernhardt, D. (2006). Street gangs recruit in schools, educators warned. *The StarPhoenix*, p. A3.
- Brant-Castellano, M. (2002). *Aboriginal family trends: Extended families, nuclear families, families of the heart*. The Vanier Institute of the Family. Retrieved February 19, 2009, from <http://www.vifamily.ca/library/cft/aboriginal.html#Conclusion>.

- Brendtro, L., Brokenleg, M., & Van Brokern, S. (2002). *Reclaiming youth at risk: Our hope for our future*. Bloomington, IN: Solution Tree.
- Brendtro, L., & Larson, S. (2004). The resilience code: Finding greatness in youth. *Reclaiming Children and Youth*, 12(4), 194-200.
- Caledon Institute of Social Policy. (2002). *Families and School Together Canada*. Retrieved January 18, 2009, from [http://www.familyservicecanada.org/files/fast/fast\\_caledon\\_e.pdf](http://www.familyservicecanada.org/files/fast/fast_caledon_e.pdf).
- Campbell, A. (1991). *Girl in the gang* (2<sup>nd</sup> ed.). Cambridge, MA: Basil Blackwell.
- Cherry, T. (2005, March 16). FSIN says it tried to warn police about gang activity. *Leader Post*, p. A1.
- Chettleburgh, M. (2003). *Results of the 2002 Canadian policy survey on youth gangs*. Ottawa, ON: Public Safety Canada.
- Chettleburgh, M. (2007). *Youth thugs: Inside the dangerous world of Canadian street gangs*. Toronto, ON: Harper Collins.
- Chettleburgh, M. (2008, June 7). The gangs to fear. *National Post*, p. A21.
- Cuthand, D. (2008a, May 2). Act together to rid community of gang menace. *The StarPhoenix*, p. A11.
- Cuthand, D. (2008b, October 3). Cramming jails proven failure at fighting crime. *The StarPhoenix*, p. A13.
- Delaney, T. (2006). *American street gangs*. Upper Saddle River, NJ: Pearson Prentice Hall.
- Dolha, L. (2003). Aboriginal gangs in Prairie Provinces in "crisis proportions." *First Nations Drum*, Fall Issue, pp. 1-3.
- Dukes, R., Martinez, R., & Stein, J. (1997). Precursors and consequences of membership in youth gangs. *Youth & Society*, 29(2), 139-166.
- Ellerby, L. A., & Ellerby, J. H. (1998). *Understanding and evaluating the role of Elders and traditional healing in sex offender treatment for Aboriginal offenders*. Ottawa, ON: Aboriginal Corrections Policy Unit.
- Esbensen, F. (2000, September). Preventing adolescent gang involvement. *Juvenile Justice Bulletin*, Washington, DC: Office of Juvenile Justice and Delinquency Prevention Care. Retrieved January 21, 2009, from [http://www.ncjrs.gov/html/ojdp/2000\\_9\\_2/contents.html](http://www.ncjrs.gov/html/ojdp/2000_9_2/contents.html).
- Family Services Canada. (2009). *Aboriginal FAST*. Retrieved July 20, 2009, from [http://www.familyservicecanada.org/fst/Aboriginal\\_FST.html](http://www.familyservicecanada.org/fst/Aboriginal_FST.html).
- Federation of Saskatchewan Indian Nations. (2003). *Alternatives to non-violence report: Aboriginal youth gangs exploration: A community development process*. Saskatoon, SK: Author.
- Franzese, R. J., Covey, H. C., & Menard, S. (2006). *Youth gangs* (3<sup>rd</sup> ed.). Springfield, IL: Charles C. Thomas.
- Fred, R. (2000). Foreword to "resistance and renewal." In R. M. Mann (Ed.), *Juvenile crime and delinquency: A turn of the century reader* (pp. 293-302). Toronto, ON: Canadian Scholastic Press.
- Friendly, M., Beach, J., Ferns, C., & Turiano, M. (2007). *Early childhood education and care in Canada 2006* (7<sup>th</sup> ed.). Toronto, ON: Children's Resource and Research Unit.
- Friesen, J., & O'Neill, K. (2008, May 9). Armed posses spreading violence across the Prairie communities. *The Globe and Mail*, p. A16.
- Gatti, U., Tremblay, R. E., Vitaro, F., & McDuff, P. (2005). Youth gangs, delinquency and drug use: A test of the selection, facilitation, and enhancement hypotheses. *Journal of Child Psychology and Psychiatry*, 46(11), 1178-1190.
- Girls and gangs. (2007, October 21). *Winnipeg Free Press*, p. A1.
- Greenwood, M. (2005, February). *Where to from here? Building a First Nations early childhood strategy*. The Assembly of First Nations, Health Secretariat. Retrieved January 3, 2009, from [http://www.aec-society.bc.ca/files\\_new/pdf\\_documents/AFN%20ECD%20Strategy2%20final.pdf](http://www.aec-society.bc.ca/files_new/pdf_documents/AFN%20ECD%20Strategy2%20final.pdf).
- Health Canada. (2005). *First Nations, Inuit, and Aboriginal health: Alcohol, drugs & solvent*. Retrieved January 7, 2009, from <http://www.hc-sc.gc.ca/fniah-spnia/substan/ads/index-eng.phd>.
- Hill, K. G., Howell, J. C., Hawkins, D., & Battin-Pearson, C. (1999). Childhood risk factors for adolescent gang membership: Results from the Seattle social development project. *Journal of Research in Crime and Delinquency*, 36(3), 300-322.
- Hill, K. G., Lui, C., & Hawkins, J. D. (2001, December). Early precursors of gang membership: A study of Seattle youth. *Juvenile Justice Bulletin*, U. S. Department of Justice. Retrieved January 8, 2009, from <http://www.ncjrs.gov/pdffiles1/ojdp/190106.pdf>.
- Hobbema Community Cadet Corp. (2008). Retrieved January 8, 2009, from <http://www.hobbemacadets.net/whoweare.htm>
- Hughes, L. (2007, Spring). The dance will lead. *Prairies North: Saskatchewan's Magazine for Good Prairie Living*, pp. 54-63.
- The Incredible Years. (2008). *About the Incredible Years Program*. Retrieved January 18, 2009, from <http://www.incredibleyears.com/>.
- Interview with National Chief Kevin Daniels. (2009, Spring). *The Forgotten People*. Retrieved July 20, 2009, from <http://www.abo-peoples.org/media/people.pdf>.
- Junior Achievement. (2008). Retrieved January 19, 2009, from [http://www.jacan.org/Lee, S. \(2001\). Academic effects of after-school programs](http://www.jacan.org/Lee, S. (2001). Academic effects of after-school programs). Champaign, IL: ERIC
- Lee, S. (2001). *Academic effects of after-school programs*. Champaign, IL: Clearinghouse on Elementary and Early Childhood Education. (ERIC Document Reproduction Service No. ED458010).
- Loleit, S. (2007, February 27). AYEP links Aboriginal students to business community. *The StarPhoenix*, p. B4.
- Maxson, C., Whitlock, M., & Klein, M. (1998). Vulnerability to

## Aboriginal Youth Gangs: Preventative Approaches

- street gang membership: Implications for practice. *Social Justice Review*, 72(1), 70-79.
- Mercredi, O. W. (2000). *Aboriginal gangs: A report to the Correctional Service of Canada on Aboriginal youth gang members in federal corrections system*. Ottawa, ON: Correctional Service Canada.
- National Indian Brotherhood and Assembly of First Nations. (1989). *Report of the national inquiry into First Nations child care*. Ottawa, ON: Assembly of First Nations.
- OECD Directorate of Education. (2004, August). *OECD early childhood education and care policy: Canada country note*. Human Resources and Social Development Canada. Retrieved January 28, 2009, from <http://www.hrsdc.gc.ca/en/cs/sp/sdc/socpol/publications/reports/2004-002619/Country.pdf>.
- Polischuk, H. (2009, February 14). Expert suggest "social" solution. *Leader Post*, p. A3.
- Preston, J. P. (2008a). Enhancing Aboriginal child wellness: The potential of early learning programs. *First Nations Perspectives: The Journal of Manitoba First Nations*, 1(1), 98-120.
- Preston, J. P. (2008b). The urgency of postsecondary education for Aboriginal peoples [Electronic version]. *Canadian Journal of Educational Administration and Policy*, 86, 1-22.
- Public Safety Canada. (2007). *Youth gang in Canada: What do we know?* Ottawa, ON: Author.
- Royal Commission on Aboriginal People. (1996). *Report of the Royal Commission on Aboriginal Peoples, Volume 3: Gathering strength*. Ottawa, ON: Minister of Supply and Services Canada.
- Saccone, J. (2005, April 23). Graffiti mars city neighbourhood. *The StarPhoenix*, p. A12.
- Schneider, S. (2007). More support for PALS Program at Saint Mary's. *Saint Mary's Times*, 37(1), 1-2.
- Sexton, T., & Alexander, J. (2000, December). Functional Family Therapy. *Juvenile Justice Bulletin*, Washington, DC: Office of Juvenile Justice and Delinquency Prevention Care. Retrieved January 18, 2009, from [http://www.ncjrs.gov/html/ojjdp/jjbul2000\\_12\\_4/contents.html](http://www.ncjrs.gov/html/ojjdp/jjbul2000_12_4/contents.html).
- Spergel, I., Chance, R., Ehrensaft, K., Regulus, T., Kane, C., Laseter, R., Alexander, A., et al. (1994). *Gang suppression and intervention: Community models*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention. Retrieved July 20, 2009, from <http://www.ncjrs.org/pdffiles/gangcorr.pdf>.
- Stolte, E. (2008, March 25). Boom fuelling gang growth: Report; drug dealers heading west to cash in on economy. *Edmonton Journal*, p. B3.
- Thornberry, T. P. (1998). Membership in youth gangs and involvement in serious violent offending. In R. Loeber and D. P. Farrington (Eds.), *Serious and violent juvenile offenders: Risk factors and successful intervention* (pp. 147-166), Thousand Oaks, CA: Sage.
- Violato, C., Genuis, M., & Oddone-Paolucci, E. (2008). *Compendium 2000 on effective correctional programming: Chapter 11: Treatment and intervention approaches with families*. Correctional Services Canada. Retrieved July 20, 2009, from [http://www.csc-scc.gc.ca/text/rsrch/compendium/2000/chap\\_11-eng.shtml](http://www.csc-scc.gc.ca/text/rsrch/compendium/2000/chap_11-eng.shtml).
- Warick, J. (2003, August 22). Aboriginal gangs an "epidemic." *The StarPhoenix*, p. A1.
- Washington State Institute for Public Policy. (2004). *Benefits and cost prevention of early intervention programs for youth*. Olympia, WA: Author. Retrieved January 21, 2009, from <http://www.wsipp.wa.gov/rptfiles/04-07-3901.pdf>.
- Washington State Institute for Public Policy. (2004). *Benefits and cost prevention of early intervention programs for youth*. Olympia, WA: Author. Retrieved July 21, 2008, from <http://www.wsipp.wa.gov/rptfiles/04-07-3901.pdf>.
- Webster-Stratton, C. (2000, June). The Incredible Years training series. *Juvenile Justice Bulletin*, Washington, DC: Office of Juvenile Justice and Delinquency Prevention Care. Retrieved January 18, 2009, from [http://www.ncjrs.gov/html/ojjdp/2000\\_6\\_3/contents.html](http://www.ncjrs.gov/html/ojjdp/2000_6_3/contents.html).
- Wisconsin Center of Education Research. (2007). *Families And Schools Together Project (FAST): Building relationships*. Retrieved January 18, 2009, from [http://www.wcer.wisc.edu/projects/projects.php?project\\_num=64](http://www.wcer.wisc.edu/projects/projects.php?project_num=64).



## 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

Volume 4, Number 2, 2009, pp. 161-164

# Towards Transformational Research for and with Indigenous Communities: The New British Columbia Indigenous Child Welfare Research Network

Sandrina de Finney<sup>a</sup>, Jacque Green<sup>b</sup> and Leslie Brown<sup>c</sup>

<sup>a</sup> BA, Ph.D., Assistant Professor, School of Child and Youth Care, University of Victoria, Victoria, British Columbia, Canada.

<sup>b</sup> BSW, MPA, Associate Professor, Faculty of Social Work, University of Victoria, Victoria, British Columbia, Canada.

<sup>c</sup> Ph.D., Associate Professor, Faculty of Social Work, University of Victoria, Victoria, British Columbia, Canada.

### A Vision for Transformation

*I did not know there was Indigenous ways of doing research. I am delighted to learn how to do research "in a good way." This is an excellent opportunity to create dialogue and network, share knowledge, and make research simple and accessible to our communities (Network research training participant).*

How would child, family and community wellness be enhanced if Indigenous knowledge and values were integrated into every aspect of child and family services? How could Indigenous research play a role in this transformation? How would the growing rates of Indigenous children in care be impacted if Indigenous communities controlled the research that drives child welfare policy and practice? Given the horrific history of 'child welfare' and 'research' with Indigenous communities, are these terms even appropriate to use with Indigenous families? How might research be conducted and applied more respectfully in and by our diverse communities?

Like many across Canada, policy makers, service providers and community members in British Columbia have been pursuing a vision for the transformation of the child welfare system and its concomitant practice

Questions or correspondence concerning this article may be addressed to:

[sdefinn@uvic.ca](mailto:sdefinn@uvic.ca)

### Abstract

This article documents the development of the newly launched Indigenous Child Welfare Research Network in British Columbia. This Network is a provincial association of researchers, service providers, community members and policy makers with an interest in using Indigenous research in the transformation of child and family services. Rooted in a vision for healing and the inclusion of diverse voices, Network initiatives seek to reclaim Indigenous ways of knowing and doing and reposition them at the core of child and family wellness initiatives. The Network provides a space for critical dialogue about Indigenous research, as well as opportunities for research-related training, knowledge transmission and resource sharing.

approaches that have not shown to be in the best interest of Indigenous communities. The efforts to remodel the child welfare system are evidenced by the growing number of Indigenous controlled child welfare agencies and by government and community attempts to restructure systems of authority and reviews of practice standards. While some attention has been given to rethinking policy and service development to make it more relevant to Indigenous peoples, research remains an under-utilized resource for effecting change in the area of child welfare. The dearth of Indigenous-driven research is in part underpinned by the contested history of research in Indigenous communities. Historically, Indigenous ways of caring for children and families have been dismissed as invalid, while too often Euro-Western 'scientific' research has been used to silence or appropriate Indigenous knowledges, and to justify harmful policies and practices. Despite growing efforts to Indigenize child and family services, much of the current research that underlies policy and evidence-based practice remains Euro-Western in its subject matter and methodological orientation.

The newly formed Indigenous Child Welfare Research Network in British Columbia responds to an

urgent need for Indigenous research that is grounded in the voices of Indigenous children, youth, families and communities. We feel strongly that Indigenous control over research agendas, designs and applications would ensure a more foundational reflection of Indigenous voices in child and family policies and practice standards. Through the Network, we hope to contest the damaging legacy of child welfare research by centering research models that are more congruent with Indigenous worldviews.

### Our History

In 2007, the Faculty of Human and Social Development at the University of Victoria identified the need for a provincial research strategy to support Indigenous child welfare policy and practice in British Columbia. To that end, in February of 2008, the Faculty called together key players from throughout the province to attend a forum to discuss a vision for Indigenous child welfare research. Out of this forum came the idea to establish a provincial Indigenous Child Welfare Research Network that would include Indigenous academics, community members, community organizations, Elders, young people, and those who hold a vested interest in our children.

The outcome of the one-day forum was a sense of collaboration and a growing momentum to draw on research to benefit Indigenous child, family and community wellness. Forum discussions stressed that past and current practices were not meeting the needs of Indigenous families and their communities. Participants spoke about the potential of a research network to re-claim Indigenous family and community knowledges in support of healing and wellness. One clear message coming out of the forum was that the time has come for communities and agencies to adapt research methods to meet their own needs. One forum participant emphasized the importance of recentering Indigenous ways of knowing as integral to a contemporary agenda for Indigenous research: "I think that Aboriginal research (i.e. historical data, traditional knowledge, traditional methodologies, full inclusion of diverse values and ethics<sup>1</sup>) has been a long time coming." Participants felt strongly that Indigenous knowledges and methodologies in their diverse forms would be relevant to both historical and contemporary issues facing Indigenous communities.

The forum also reconfirmed the importance of being inclusive of all Indigenous Peoples<sup>2</sup> and particularly those of British Columbia, whose languages and cultural teachings are among the most diverse in Canada. Forum participants emphasized the need for research that speaks to differences between northern, southern, rural and urban realities. Many Elders reminded us that Network initiatives should honor different contexts but also promote collaboration between regions and sectors. Effective knowledge dissemination would enable communities and agencies across regions to share not only struggles, but also successful models of research.

Finally, forum participants stressed the importance of working across generations in order to achieve effective cycles of change. It was pointed out that community members, including Elders and youth, must be involved as full and equal partners in creating and benefiting from research. Many echoed the need for a renewed focus on child and youth engagement. One participant commented that "when there are publications about Indigenous children, Indigenous children should be able to read and understand the publication." This vision has remained at the core of our efforts to develop the Network. As expressed by one service provider, "it is very good to see that the hard work of our parents and grandparents is coming to fruition through the younger generation."

### Launching the Indigenous Child Welfare Research Network

Following on the success of our first provincial forum, the Indigenous Child Welfare Research Network was officially launched on February 13, 2009. The BC Ministry of Children and Family Development granted start-up funds in order to grow the Network, develop Indigenous child welfare research training, and host a provincial conference in October 2009. We have established a governance system that includes a province-wide, inter-disciplinary community advisory committee with members of diverse backgrounds, ages and affiliations. Interested forum participants volunteered for the advisory committee and have taken on the responsibility of developing a research strategy that is reflective of diverse voices and realities across BC. The long-term vision of the Network is to create a provincial research institute that will offer training and resources, support innovative Indigenous research, and facilitate connections between researchers, communities and organizations.

<sup>1</sup> Network members have identified Aboriginal research methodologies and analysis as grounded in storytelling about topics such as child rearing, family values, knowledge of land and community, ceremony, and rites of passage.

<sup>2</sup> The Network strives to be inclusive of diverse Indigenous experiences. Our use of the term Indigenous includes Aboriginal, First Nations, Metis, Inuit, and other Indigenous Peoples worldwide.

Our new website ([www.uvic.ca/icwr](http://www.uvic.ca/icwr)) provides updated information on Network activities, a clearinghouse of research resources, research training information, and opportunities for dialogue and exchange. Network initiatives also include a newsletter, research projects, translation of research into accessible language, community consultations, and student mentorship. The Network also hosted a child welfare conference in Victoria on October 6 -7, 2009, which showcased the work of communities, organizations and researchers and supported collective dialogue for a way forward for the Network.

### **Indigenous Research Training**

Among our many initiatives, we have developed a research training package that includes a two day training workshop and toolkit.<sup>3</sup> The toolkit contains literature and multi-media resources (the majority from Indigenous sources) for the conduct of Indigenous research. These resources document various forms of Indigenous research such as traditional storytelling, community-based and action research, and Indigenous evaluation models. The toolkit is complemented by our regional training workshop, a two day interactive session that brings together local knowledge with research examples from diverse Indigenous communities. In order to reflect the realities of diverse Indigenous communities across BC, each community training session is developed and delivered in collaboration with local partners, including Elders, youth, service providers and researchers. Training participants are invited to share resources, skills and strategies that address their specific community research needs. Contextualizing our research training to different regions avoids the top-down approach often espoused by university research.

The Network training package reinforces several key messages related to Indigenous research. First, it is critical that as community researchers and trainers we remain accountable to the communities we work with. Our initiatives are developed in close consultation with local Elders and leaders to ensure that we follow proper protocols when honoring local territories, conducting sessions, sharing stories, and thanking respected teachers and storytellers with appropriate gifts and words. In this way, we model reciprocity and ethical protocols for the respectful conduct of research.

Another important goal of our training is to demystify the very notion of research. As emphasized by a training participant, making research transparent and more accessible to Indigenous communities contests the

<sup>3</sup> The training agenda and parts of the toolkit are available on our website to ensure that communities can develop and implement their own research goals.


assumption that research belongs only to elites: “This [research training] challenged my belief that research can only be done by experts. It gives hope that Indigenous research can create meaningful, nurturing relationships and also create change and transformation for Indigenous people.”

Finally is our assertion that Indigenous communities have always undertaken research. Indigenous research cannot be extricated from teachings that are deeply intertwined with every day life. We have heard from community after community that their research approaches are rooted in a process of storytelling, community consultation, collaborative analysis and evaluation, all guided by traditional protocols, ethics, and relationships. Many participants in our regional training sessions have shared cultural stories related to drumming, canoeing, basket weaving, child rearing and family governance, which provide important guidelines for conducting research. One training participant observed that the training reaffirmed the value of Indigenous teachings as an important form of research: “The training made it easy to realize that the basis of our lives is a journey of research and learning. So new, yet such an old methodology that has been steeped into our history for millennium past and a millennium to come.”

### **The Complex Work of Re-claiming**

Clearly, Indigenous methods have different but equally valid standards for ensuring relevance and accountability to community protocols and ethical guidelines. Our approach contests the prevalence of ‘evidence-based practice’ which imposes external research findings onto communities, instead honoring ‘community-based evidence’. The documentation of community-based evidence is a much more holistic process that is guided by oral traditions and accountability to community governance structures, whereby Indigenous communities have full control in determining research goals, approaches and outcomes.

But the use of research as a transformational tool is certainly not straightforward. Our focus on community teachings as a basis for a new Indigenous agenda highlights the contradictions inherent in a process of re-claiming research. Our efforts to re-tell research stories involve re-thinking extremely burdened terms like ‘research’, ‘methodology’, ‘evidence’ and ‘child welfare’. This ‘re-storying’ responds to community requests for a new way of understanding and using research to meet multiple needs, both traditional and contemporary. At the same time, we are also confronted with the loaded history and limitations of research-related terminology, the need to return to ancient community concepts that are more deeply contextualized, and the importance of continuously



evaluating our assumptions and language. Our work with the Network does not by any means resolve these long-standing tensions, but it is an important step forward. We hope to open a relational and conceptual space for critical but productive dialogue about Indigenous research that does not minimize these complexities.

We are also cognizant that Indigenous leaders, practitioners and governments must be able to effectively use our research as they work to improve the lives of families.

The paucity of Indigenous research has meant that they have had to rely on mainstream mentorship for direction. Our Network underscores that Indigenous research has much to contribute to partnership building and to collaboration with other sectors. One of our training participants commented that “much of this model can be implemented or integrated into any policy in our agencies. This training must be shared with mainstream society.” A key component of building Indigenous research capacity is to translate community-based Indigenous methodologies into models for advocacy that can inform funders, government and other organizations in their development of good practices for our communities and families. Part of the ongoing work of the Network will be to build the credibility of Indigenous research and its potential for informing local community policy and practice with families. These are issues we hope to explore further in our work within the Network and in future articles.

### **Join the Network!**

As it grows, the Network is becoming a gathering place for celebrating the positive programs espoused by Indigenous communities and organizations. The Indigenous Child Welfare Research Network supports a common vision for change, while seeking to remain inclusive of diverse voices. We invite everyone with an interest in supporting Indigenous children, families and communities to join our budding Network by visiting [www.uvic.ca/icwr](http://www.uvic.ca/icwr). Although the Network is BC-based, membership is open to anyone who wants to join.

This is a new beginning to a long and important journey, for the future of our children and their children’s children (Network member).