

Reclaiming Connections: Understanding Residential School Trauma Among Aboriginal People

A Resource Manual



The Aboriginal Healing Foundation

© 2005 Aboriginal Healing Foundation

Published by:
Aboriginal Healing Foundation
75 Albert Street, Suite 801, Ottawa, Ontario K1P 5E7
Phone: (613) 237-4441
Toll-free: (888) 725-8886
Fax: (613) 237-4442
E-mail: programs@ahf.ca
Website: www.ahf.ca

Design & Production:
Aboriginal Healing Foundation

Printed by:
Anishinabe Printing (Kitigan-Zibi)

ISBN 0-9736647-3-8

Unauthorized use of the name “Aboriginal Healing Foundation” and of the Foundation’s logo is prohibited.
Non-commercial reproduction of this document is, however, encouraged.

Ce document est aussi disponible en français.



**Reclaiming Connections:
Understanding
Residential School Trauma Among
Aboriginal People**

**Prepared for
the Aboriginal Healing Foundation**

**By
Deborah Chansonneuve**

2005

Table of Contents

| | |
|--|--------------|
| Acknowledgements | 1 |
| Preface | 3 |
| Introduction | 5 |
| A Snapshot of Life Prior to Contact and Colonization | 9 |
| | |
| Section I: Pre-Contact History | 11 |
| Inuit | 13 |
| First Nations | 19 |
| Post-Contact History | 26 |
| Emergence of the Métis | 26 |
| Aboriginal People Today | 32 |
| | |
| Section II: Residential Schools | 33 |
| Impacts of “Aggressive Assimilation” and Traumatic Disconnection | 43 |
| | |
| Section III: What is Trauma? | 49 |
| | |
| Section IV: Healing is Sacred: Stories, Dreams, Dance, Drum & Ceremony | 65 |
| Healing From Trauma | 72 |
| Checklist to Prevent Re-Victimization | 76 |
| “Just” Therapy | 79 |
| Working With Clients to Promote Safety and Prevent Re-Victimization | 81 |
| | |
| Section V: Impacts of Trauma on Workers | 87 |
| Strategies for Self-Care | 92 |
| | |
| Appendix A: Fact Sheets | A-1 |
| Appendix B: Aboriginal Healing Models | B-1 |
| Appendix C: Annotated Bibliography | C-1 |
| | |
| References | References-1 |

**Reclaiming Connections:
Understanding
Residential School Trauma Among
Aboriginal People**

**Prepared for
the Aboriginal Healing Foundation**

**By
Deborah Chansonneuve**

2005

Acknowledgements

Reclaiming Connections is based on a manual developed by the Wabano Centre for Aboriginal Health in Ottawa, Ontario, as a resource tool for frontline workers and educators. It has been adapted from this earlier version to suit the needs of a larger, national audience.

By increasing awareness of the history and impacts of residential school abuse, it is hoped this manual will mobilize service providers and educators to work more closely together in support of a common vision for healing.

This manual represents a collaborative effort shared by many people deeply committed to promoting recovery from the trauma of residential school abuse and its intergenerational impacts.

Because of their unique position on the front lines of trauma recovery work, Aboriginal counsellors and helpers have an important role in transforming a painful past into hope for a new future. Their insights into the needs of people in pain, their compassion and practical good sense were instrumental in shaping both the content and format of this manual.

We gratefully acknowledge the contributions of twenty-three frontline workers from Aboriginal services in Ottawa and Eastern Ontario. Their willing participation in a weeklong retreat, designed to identify key aspects of trauma and recovery this manual must address, and ensured its relevance and effectiveness as an ongoing resource.

A focus group comprised of eight frontline workers and Elders was also held at the Aboriginal Healing Foundation in December 2003 to gather additional feedback as part of the process of revising the manual.

The final product reflects the experience and perspectives of workers and helpers on the front lines, as well as their proven commitment to a holistic, culture-based approach to recovery.

As well, we acknowledge and honour the Elders from the urban community of Ottawa whose cultural wisdom guided us throughout the process. They are:

- Irene Lindsay
- Angaangaq
- Jim Albert
- Paul Skanks

Thank you also to the Aboriginal Healing Foundation (AHF), whose support of this initiative would not have been possible. The AHF funded both the initial retreat for frontline workers and production of the earlier version of *Reclaiming Connections*, as well as revisions and production of this manual.

Finally, a special acknowledgement to the Survivors of residential schools whose courage to heal themselves, their families and their communities is an ongoing source of inspiration. They are living embodiments of the resilience, beauty and tenacity of Inuit, Métis and First Nation people in Canada.

Preface

In a service delivery context, many Aboriginal frontline workers, counsellors, teachers, traditional people and Elders are either Survivors of residential schools or have experienced its intergenerational impacts.

With the long silence shattered and more stories being told, the full scope of the tragedy of residential school abuse has finally been revealed.¹

Aboriginal frontline workers have much to teach about a holistic, culture-based approach to recovery from the impacts of this abuse, beginning with how to restore faith in those whose trust in others and in “the system” has been badly broken.

“How we differ from mainstream is the love that we have. This is the foundation of the work and what keeps us going and what makes our work as good as it is.”

(Aboriginal Frontline Worker/Retreat Participant, 2000)

The Healer’s Retreat: Working Effectively With Trauma in an Aboriginal Context

The materials in this manual were generated out of a weeklong retreat from twenty-three frontline workers held in the summer of 2000.

By integrating interactive, practice-based workshops on trauma and healing with ceremonies, such as smudging, Qulliq lamp lighting, drumming and song, the retreat reflected a practical, balanced and spiritually-grounded approach to healing.

Transforming the Pain of the Past into Hope for the Future

In the spring of 1987, a social worker with clients from the NI’akapxm First Nation in British Columbia took the first action in a series of events that would finally reveal the true story of the experiences of Aboriginal children in Canada’s residential schools.

Examining client histories and disclosures of child sexual abuse in order to better understand their chronic addictions problems, she made a chilling discovery. Over a period spanning many generations, most of the NI’akapxm, who had attended St. George’s Residential School as children, had been sexually abused there.

In the criminal investigation that followed, a former dormitory supervisor was one of many charged for his role in the sexual abuse. When the judge hearing the case announced the sentence, he linked 140 to 700 incidents of sexual abuse against children to this one person. The judge also stated his belief that sexual abuse was a “major contributing factor” in the level of alcoholism and suicide among the NI’akapxm.

Though Aboriginal people from all parts of Canada had long reported abuses at residential schools, no previous attempt had ever been made to investigate the full scope of the problem or to link it with the shockingly high rates of suicide and addictions in the Aboriginal population.

The NI’akapxm First Nation investigation and the media attention it generated meant the voices of thousands of residential school Survivors would be heard at last.

¹ See the Fact Sheets titled *Human Rights Violations* and *Residential School History*.

At the dawn of a new millennium, the long silence imposed by Canada's denial of the suffering of Aboriginal people was finally over.

In 1998, eleven years after NI'akapxm and thousands of other such investigations, with the churches and government facing unprecedented litigation, the Government of Canada issued this statement.

"The Government of Canada acknowledges the role it played in the development and administration of these schools.

Particularly to those individuals who experienced the tragedy of sexual and physical abuse at residential schools, and who have carried this burden believing that in some way they must be responsible, we wish to emphasize that what you experienced was not your fault and should never have happened.

To those of you who suffered this tragedy at residential schools, we are deeply sorry."

(The Honourable Jane Stewart, 1998:2)

Their descendants, hoping for some evidence the government also accepts responsibility for the impacts of this abuse that passed from parent to child and generation to generation, are still waiting.

Although no apology was forthcoming, the Canadian government established, in 1998, a 350 million dollar Healing Fund to address the healing needs **of all those impacted by residential abuse, including its intergenerational impacts** (Aboriginal Healing Foundation, 2004).



Introduction

This manual was created as a learning and reference tool for groups and organizations providing services to Aboriginal people. Its focus is trauma recovery for Survivors of residential school abuse, as well as for their descendants who suffer the intergenerational impacts.

It is designed to serve two purposes. First, it provides a culture-based approach to trauma recovery in the context of residential school abuse for frontline workers. Secondly, it is an educational tool to raise awareness of Aboriginal culture and history in Canada.

Definition of “Residential School”

The Aboriginal Healing Foundation defines *residential school* as: “the Residential School System in Canada, attended by Aboriginal students. It may include industrial schools, boarding schools, homes for students, hostels, billets, residential schools, residential schools with a majority of day students, or a combination of any of the above” (Aboriginal Healing Foundation, 2001:5).

The Meaning of the Title

The purpose of residential schooling was to assimilate Aboriginal children into mainstream Canadian society by *disconnecting* them from their families and communities and severing all ties with languages, customs and beliefs. To this end, children in residential schools were taught shame and rejection for everything about their heritage, including their ancestors, their families and, especially, their spiritual traditions.

The impacts of disconnection and shaming were compounded by the physical

and sexual abuse many children experienced at these schools, often by multiple perpetrators and many for the entire duration of their childhood.

The tools of cultural genocide are cultural shame, cultural disconnection and trauma. It is now understood that unresolved, multiple disconnections and historical trauma are directly responsible for many of the problems facing Aboriginal people today.

The title *Reclaiming Connections* was chosen to underscore the message that restoring Indigenous languages and the wisdom of culture will restore pride in Aboriginal identity and ancestry. This is the basis of healing in families, communities and nations.

By reclaiming these connections and healing from the past, Aboriginal people also reclaim a future of purpose and hope for the next generation of Inuit, Métis and First Nation children.

Why this Manual was Created

Aboriginal people are over-represented in all risk-groups associated with preventable social and economic problems, such as homelessness, poverty, addictions, violence, chronic illness and diseases that include tuberculosis, HIV/AIDS and diabetes. Yet, providers offering prevention and intervention programs fail to draw Aboriginal people to their services.

One reason is the paternalistic and prejudicial attitudes that continue to exist toward Aboriginal people in mainstream society. The persistence of these attitudes is directly related to lack of knowledge about

Aboriginal culture and history and underscores the urgent need for culture-based training and educational resources.

Elder Paul Skanks suggests knowledge of Aboriginal culture and history is essential in order to provide effective services. He poses the following question to non-Aboriginal service providers.

“How can you serve a people you don’t understand? How can you have empathy for people without an understanding of the issues that brought that person to you for help in the first place that impact on them or their family?”

(Paul Skanks, 2002)²

Another barrier to access is a service system that has become badly fragmented and over-specialized. An uncoordinated service system leaves many Aboriginal clients feeling re-traumatized by numerous disclosures required for multiple intake and assessment procedures without finding the respect, compassion and practical support so urgently needed.

Although the range of services run by and for Aboriginal people is expanding, they often lack the resource capacity to fully meet the level of need. An accessible, coordinated and culturally-sensitive service system is essential.

To achieve this vision, Aboriginal and non-Aboriginal service providers must work collaboratively to create an atmosphere of mutual respect, cooperation and trust. The painful lesson of our shared history should be to keep our hearts and minds open to every opportunity for a new beginning.

² Personal communication with the author in 2002.

Although this manual does not provide a set recipe for such relationships, it is meant to promote the type of active, intercultural learning that generates new thinking and new approaches.

Using a community development process, this manual was created out of the ideas, insights and experiences of frontline workers, helpers and Elders in the Ottawa region. It does not contain all of the answers about trauma and healing nor is this approach the only one. To what extent others find it helpful and useful will depend on their own community context, resources and perspectives.

How to Use this Manual

This manual provides information about the impacts of residential schooling on Aboriginal people in Canada. It is not meant as an intensive study of complex and important historical events. Readers wanting more information are referred to the list of resources recommended and the annotated bibliography.

All information in this resource manual is to be used, copied and/or adapted to suit the needs of those using it. Sections can be used in whole or in part as handouts for public or professional education workshops, or as a way of generating discussion about history, culture or trauma recovery related to residential school abuse and its impacts.

Section I of the manual provides a brief overview of Indigenous cultures prior to European contact. Because the Canadian educational system neglects the important contributions of Aboriginal people to society as we know it today, this section of the manual is essential reading. It is hoped this section also prevents Aboriginal people from being defined

solely in terms of victimization by colonizers, which comprises only a small part of the overall history of the original inhabitants of this land.

Section II begins with an overview of the policies that first led to Indian residential schooling and then to the so-called *60s Scoop* where thousands of Inuit, Métis and First Nation children were forced into foster care and adoption.

This section also describes abuses endured by these children and their families—abuses that, in many cases, were much worse than the initial living conditions from which authorities decided the children needed protection. Also included are the intergenerational impacts of historical trauma and accumulated loss from the perspective of frontline workers and Elders who participated in the retreat.

Section III contains an overview of contemporary theories about post traumatic stress disorder in the context of ethnocide and historical trauma. It is meant to bring a shared focus to the work with Aboriginal trauma Survivors in the context of residential school abuse.

Section IV provides a very brief and general overview of some traditional Aboriginal practices that promote healing; a holistic trauma recovery model compatible with the needs is summarized.

Section V outlines an Aboriginal approach to maintaining healthy, balanced people and organizations in the course of trauma recovery work. Work with trauma survivors has a profound influence on the physical, emotional, mental and spiritual health of frontline workers and helpers. Because Aboriginal frontline workers are often personally impacted by the trauma of residential school abuse and its

intergenerational impacts, self-care is a crucial component of effective service delivery.

The **Fact Sheets** in **Appendix A** are designed to be easily photocopied as handouts for public education presentations in high schools, at community forums, or for staff training within health and social service organizations.

Appendix B is a synopsis of three Aboriginal healing models specific to trauma recovery and residential abuse.

Appendix C is an annotated bibliography of related resources and recommended readings.

Limitations of this Manual

The Elders caution non-Aboriginal readers against thinking that written information alone is a sufficient way to learn about other cultures. The beliefs, values, traditions and customs of Inuit, Métis and First Nation people are too diverse and complex to be adequately conveyed in this format.

As well, written information is easily misinterpreted and remains fixed over time. The true value of written information can be assessed by two criteria:

1. Does it affirm what you already know at some level, based on your own experience?
2. Does it arouse either your curiosity or your discomfort enough that you are motivated to further your own learning in a particular area?

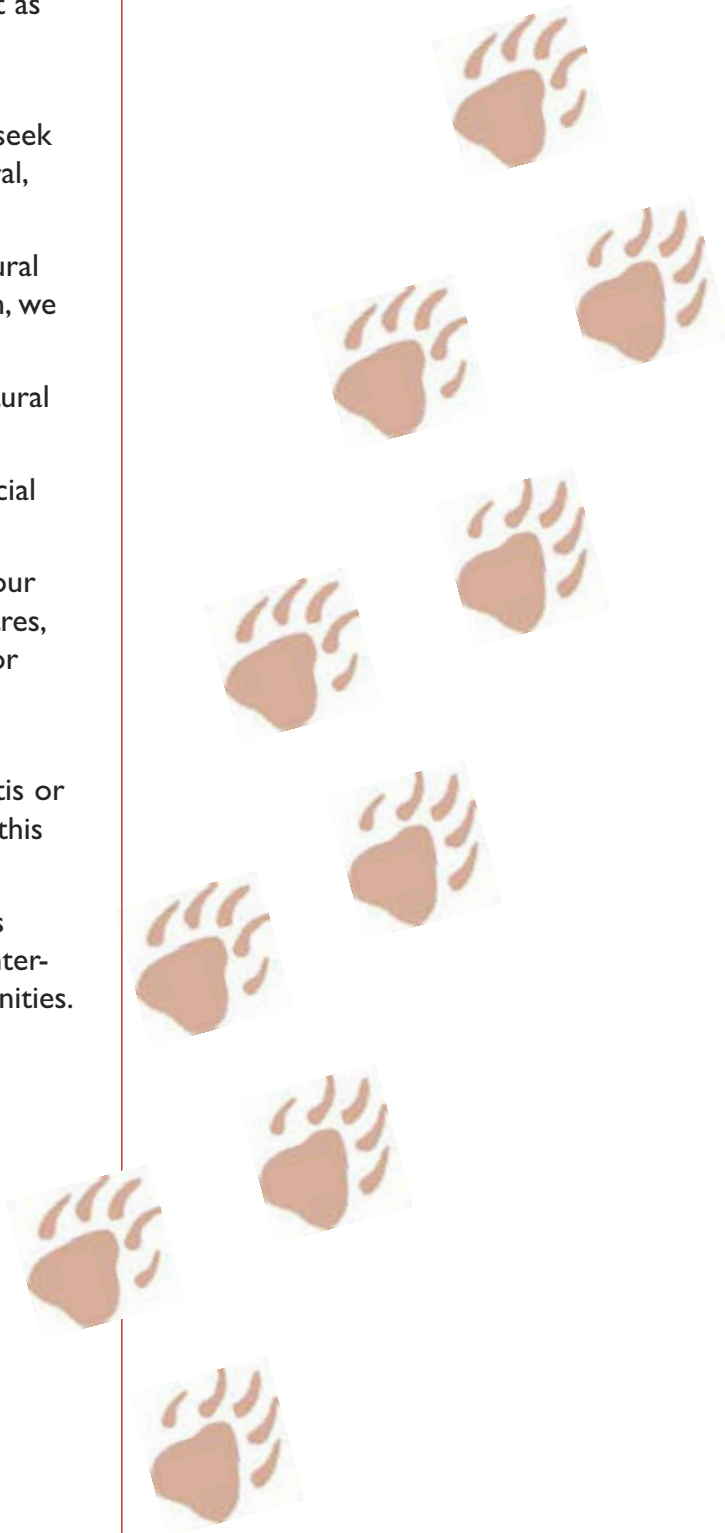
For Aboriginal people, experiential learning is the fundamental principle behind the acquisition of knowledge and skills.

Traditional methods of teaching and learning involve doing and the Elders tell us: “The **way** we are taught is as important as **what** we are taught.”

The readers of this manual are encouraged to actively and respectfully seek out other opportunities for cross-cultural, experiential learning.

For further information about cultural events that welcome public participation, we encourage you to explore the following:

- community pow wows or other cultural celebrations in your area;
- Aboriginal Day celebrations and special events held annually on June 21st;
- contact the community centres in your area, such as Native Friendship Centres, Aboriginal Health Centres, or Inuit or Métis Community Resource and Information Centres;
- contact any of the national Inuit, Métis or First Nations organizations listed in this manual; or
- visit any of the websites listed in this manual for further information on inter-cultural events and learning opportunities.



A Snapshot of Life Prior to Contact and Colonization

Writings of the first Europeans about the inhabitants of Turtle Island can be used as snapshots to create a picture of indigenous life prior to colonization.

On Parenting and Children

“Indian ‘children are not obstinate, since they give them everything they ask for, without ever letting them cry for that which they want. The greatest persons give way to the little ones. The father and the mother draw the morsel from the mouth if the child asks for it. They love their children greatly.’”

(Miller, 1996:55)

“Out of a hundred that have passed through our hands scarcely have we civilized one ... We find docility and intelligence in them, but when we are least expecting it they climb over our enclosure and go to run the woods with their relatives, where they find more pleasure than all the amenities of our French houses. Savage nature is made that way; they cannot be constrained and if they are they become melancholy, and their melancholy makes them sick. Besides, the Savages love their children extraordinarily and when they know they are sad they will do everything to get them back.”

(Fournier and Crey, 1997:51-52)

On Interpersonal Relations

“Excesses” of emotion and behaviour were rare, and “their language is chaste.” Indeed ... “they have ... an admirable composure, and do not know what it is to burst out into insults. I do not remember ever seeing any one of them angry”.

(Demos, 1994:149)

On Character

“They are of body lustie, strong and very nimble: they are a very understanding generation, quicke of apprehension, suddaine in their dispatches, subtile in their dealings, exquisite in their inventions, and industrious in their labour.”

(Whitaker, 1613 cited in Pearce, 1988:13)

On Governance

“Finally, there is a civill government amongst them which they strictly observe, and shew thereby that the law of Nature dwelleth in them: for they have a rude kinde of Common-wealth, and rough government, wherein they both honour and obey their Kings, Parents, and Governours, both greater and lesse, they observe the limits of their owne possessions, and inroach not upon their neighbours dwellings ...”

(Whitaker, 1613 cited in Pearce, 1988:13-14)

The Situation in Europe

During the time when Europeans first arrived on the shores of Turtle Island between late 1400 to the end of 1800, the following was the situation they left behind in “civilized” Europe.

The Inquisition

From 1257 to 1816, 500 years of terror were decreed by Papal authority under the “Inquisition” in which over one million people, mostly women and homosexuals, were brutally murdered. Written by a priest, the Inquisitor’s handbook titled *Malleus Maleficarum* recommended heretics (non-believers in Christianity) and witches be “often and frequently exposed to torture” (Lovelace and Rice, 1999:479), before burning them alive.

Children in Europe

Both pre- and post-industrial Europe were defined by the terrible exploitation of children as young as 6 years old who were forced into labour as prostitutes, factory workers, miners, chimney sweeps and beggars. The cruelties inflicted against children from the *lower classes* of society resulted in terrible injury and death for many thousands. *Les Misérables*, a play written by Victor Hugo in 1862, describes vividly the lives of European children at the time their missionaries were *civilizing the savages* of the new world.



Section I: Pre-Contact History



Section I:

Pre-Contact History

Introduction

The term *Aboriginal People* refers to the descendants of the original inhabitants of what First Nation people call *Turtle Island*—now known as North America.

The Canadian Constitution recognizes three separate groups of Aboriginal people, each having unique heritages, languages, cultural practices and spiritual beliefs. They are the **Métis, Inuit and First Nations**.³ (The term *First Nation(s)* came to use in the 1970s to replace the term *Indian*, which many people found offensive. Another offensive term, *Eskimo*, has been replaced by *Inuit*.)

From a cultural and spiritual perspective, Indigenous people expressed their beliefs in their origins through Creation stories passed down from generation to generation by the Elders. Inuit Creation stories tell of the first man, *Aakulagjug*, and the first woman, *Umarniqtu*. Prior to Christianity, Inuit shamans would ask for their help and guidance through difficult times (Kulchyski et. al., 1999).

Creation stories from the South were as diverse as the many First Nations and tribes. In the Mohawk version, *Sky Woman* fell to earth onto the back of a great turtle, which grew to become known as *Turtle Island* (Kulchyski et. al., 1999).

From an anthropological and historical perspective, there are two main theories of the origins of human life on this continent. One is that the first humans crossed the Bering Strait from Asia sometime between 50,000 to 30,000 BC and that, by 8,000 BC,

their descendants had settled throughout the continent.

Others counter the theory of a single-entry point. They argue that similarities of symbols and construction methods at sacred sites from Peru and Mexico to Africa, Egypt, Ireland and Bretagne are too common to be merely coincidental. These similarities more likely reflect the wide travels and intercultural exchanges of early seafaring peoples.

Historians now generally agree that humans were present in the Americas by 15,000 BC and that, from 5,000 to 1,000 BC, agriculture, pottery and complex social and economic systems existed. This marked the end of the Stone Age period and the beginning of what is known in history books as the *High Indian* civilizations.

Population estimates for the Americas prior to sustained European contact in 1500 are as high as 112.5 million people speaking an estimated 2,200 languages. In what is now Canada, the population is estimated to have been anywhere from 500,000 to over 2 million people.⁴ Within this population were many hundreds of diverse nations, tribes, languages and dialects (Dickason, 2002).

Among these richly diverse cultures, there were striking commonalities in worldview. Respect for self-discipline, appreciation for humour, the law of hospitality and a deep faith in the unity of all living things were beliefs shared by many.

³ See the Fact Sheets in Appendix A for additional information on Métis, Inuit and First Nation cultures.

⁴ By early 1900, however, the Indigenous population of the Americas had shrunk by 93 per cent, mainly due to European diseases and genocide.

A shared understanding of the lives, strengths, customs and beliefs of Indigenous people prior to European contact is crucial in order to fully grasp the scope of the impacts of assimilation strategies, such as residential schooling.

The government of Canada marked a new era in the history of relations with Aboriginal people when it recognized the importance of this shared understanding. The following is an excerpt from the government's *Statement of Reconciliation* released in 1998.

“The ancestors of First Nations, Inuit and Métis peoples lived on this continent long before explorers from other continents first came to North America. For thousands of years before this country was founded, they enjoyed their own forms of government. Diverse, vibrant Aboriginal nations had ways of life rooted in fundamental values concerning their relationships to the Creator, the environment, and each other; in the role of Elders as the living memory of their ancestors, and in their responsibilities as custodians of the lands, waters and resources of their homelands.”

(The Honourable Minister Jane Stewart, 1998:1)



Inuit

Inuit and Inuvialuit are people very distinct from both First Nations and Métis, and who occupy vast areas of the Canadian Arctic.

Inuvialuit live in the Western Arctic and speak Inuvialuktun. Inuit live primarily in Nunavut, the Northwest Territories, northern Labrador and Quebec and their language is Inuktitut. Inuvialuit and Inuit share a strong connection with other circumpolar Inuit of Russia, Alaska and Greenland in terms of their cultural history, as well as their stories, traditions, crafts and tools.

It was not until the nineteenth century that any form of regular contact took place between Inuit and the Europeans. There is, however, ample evidence that Inuit and Inuvialuit were active trading partners with First Nations from the south for thousands of years prior to the arrival of Europeans.

Living in small, well-organized camps of extended families, Inuit and Inuvialuit were nomadic people who survived primarily by hunting marine mammals and gathering.

People of the Arctic were fully aware of the urgency of their struggle for physical survival. They understood the absolute need for cooperation and sharing in order to endure the harsh Arctic environment. Cooperation and sharing remain the foundation of an Inuit social ethic Elders call “Inuit law” (Kulchyski et. al., 1999).

Preserving emotional stability and balance within the camps were essential to maintaining cooperation, as conflict and disruption used up precious energies needed for survival.

Inuit and Inuvialuit were adept at finding creative ways to overcome interpersonal

difficulties and maintain harmony within the camps. The social and psychological systems developed by Inuit over thousands of years ensured good mental health for individuals and families in spite of perilous and demanding conditions.

These social and psychological systems placed high value on **ajurnarmat** (it cannot be changed) and **issumatuq** (the wisdom that comes with time and experience) (Minor, 1992).

Interpersonal communications skills are highly developed in Inuit and Inuvialuit, especially intentional listening (clarifying a listener both heard *and understood* what a speaker had said) and giving/receiving respectful advice. Strategic uses of humour and silence enabled people to live together in harmony throughout the long months of winter darkness.

Spirituality

As in many other Indigenous cultures, the Circle was one of the underpinnings of ancient belief systems. It represented the cyclical aspects of birth, life and death, as well as seasonal cycles marking changes in lifestyle, food, social activities and ceremonies.

Inuit Elder Angaangaq describes this concept as **“the Circle that Has No Beginning and No Ending to Which We All Belong.”**

Prior to contact, spiritual practice was based on shamanism. Shamans could be either male or female and held powerful and respected positions in community life.

Shamans were believed to possess healing powers, as well as the ability to influence or change nature. Visions, songs and medicines helped shamans to induce pregnancy, restore mental health, overcome illness or injury and guide animals to the hunters.

As with many other Indigenous cultures, the Inuit and Inuvialuit worldview was one in which all living things were in unity; therefore, humans, the land, animals and plants were considered equal in terms of respect and consideration.

Traditional Diet

The traditional Inuit diet consisted primarily of sea and land mammals, such as whale, seal, and polar bear, as well as berries. (Caribou were not introduced to the Arctic until the twentieth century.) Meat, preferred fresh and uncooked, was always eaten communally. Today, traditional Inuit food is known as *country food*.

Traditional Medicine

Centuries of accumulated knowledge allowed Inuit to survive and live long lives without modern doctors, longer than any other Indigenous people. Inuit used medicines derived from plants and animals to prevent and heal from illness and injury.

Types of medicines and methods for using them varied widely with regional differences in plant and animal life. Some examples include:

- **Cuts** were treated by applying a powdery plant to the wound before it was bandaged with a thin layer of caribou skin; or sometimes a whole leaf of chewing tobacco was applied or arctic hare droppings that had been crushed

into a powder (this was considered best for preventing bleeding).

- **Infections** were opened to let the pus out, then treated with geese or seal fat to keep it from drying out.
- **Cataracts** were removed by inserting human lice or warble fly larvae into the eye. (Larvae are now used to clean infected wounds in many modern hospitals.) Another treatment was to apply a powder made of cooked bones to the eye; this stuck to the cataract and was then removed with the cataract intact.
- **Treatment of Ear Infections, Fevers and Fractured Bones** was the same as today, applying hot or cold compresses and setting bones in splints or slings.

Family Life

Family life in the Arctic was characterized by the fluidity of the relationships among children and adults in the camps. Children held a very special place in Inuit life and in the hearts of all people of the camps, not just the birth parents. Disciplining, teaching and guiding children's development was a responsibility shared by all.

This fluidity is also evident in long-held Inuit adoption practices. *Customary adoption*, which is still practiced today, is a traditional custom in which children are accepted into the homes of adoptive parents to be raised.

The reasons for such adoptions vary widely. It may be because the adoptive couple is unable to have children or because the birth parents are unwilling or unable to care for the child.

Whatever the reason, the child knows her or his biological parents and family and is encouraged to develop a sense of connectedness to them while clearly also belonging with the adoptive family.

Inuit and Inuvialuit do not use terms such as “give-up” or “give-away” to describe their relationship with children. There is no stigma attached to adoption and all references are from the perspective of choosing, wanting and welcoming children.

Their love of children is reflected in **Aqausig**, which means loving babies and creating a special song for each infant out of that love.

The Role of Elders

Elders were held in great respect and authority. They intervened when there was trouble, provided guidance to members of the camps and determined what action would be taken when community laws were broken.

People with extensive knowledge of the land were also considered Elders. They taught young people respect for animals, the land and the importance of sharing.

“We were told to help Elders, to love them, to go to Elders with problems because they wanted us to be good people. We were told to obey and listen to adults and we were told to love orphans. We were told not to fight, not to lie, and not to steal. This is what we were told.”

*(Elder Rachael Uyarasuk
as cited in Kulchyski et. al., 1999:260)*

Roles of Men and Women

Survival in the Arctic required the skills and cooperation of everyone in the camps. Women developed skills in preparing seal and caribou skins for clothing to suit even the harshest Arctic weather conditions.

They prepared the food and, along with the men, fished, dried the fish and constructed the camp dwellings. Women were also the keepers of the Qulliq, an oil lamp that was the only source of light and heat throughout the long winters.

Along with Elders, women were the decision-makers of the household, influential in resolving disputes and maintaining relationships.

The most essential skills of the men were planning and carrying out the dangerous hunting expeditions for large game, such as seal, whale, caribou and polar bear.

Both women and men were actively involved in child-rearing as parents, grandparents, uncles, aunties and foster parents, teaching the children of the camps respect for Inuit laws crucial to their survival.

Inuit expansive notion of “family” is reflected in the language. The word **qatangutgiit** refers to immediate or close family relations based on blood ties.

The word **ilagiit** refers to the “outer family” of extended relatives that can sometimes overlap with qatangutgiit.

Children were also bonded to adults through **tuqlluraniq**—a namesake. Inuit believed naming a child after someone who has recently died would allow the spirit of that person to live on in the child.

For thousands of years, Inuit cultural and family life centred on community feasts and

the sharing of food, drum dancing, throat-singing and games of dexterity and skill.

Sustained Contact with Europeans

The quest for a northwest passage first motivated Europeans to explore the Arctic regions. One of the earliest accounts of European contact with the Inuit are the journals of Martin Frobisher who made three expeditions to the Arctic in 1576, 1577 and 1578 (Morrison and Wilson, 1995).

The arrival of whalers in the Arctic in the mid-1700s marked the beginning of economic relationships between Inuit and Europeans. By 1800, whaling boats pervaded the North and, by the early 1900s, intense whaling had severely reduced the stocks.

Following the whalers came traders, missionaries (Anglican from rural England and Roman Catholic from France and Belgium) and the North-West Mounted Police. Until the 1950s, however, Inuit still retained control over their own decision-making and remained largely autonomous.

Discovery of rich mineral deposits and the Cold War's demand for strategic NATO air bases in the 1950s sparked a new interest in the North that would change Inuit cultural and political life dramatically.

This interest marked the onset of *forced relocation*, during which the Canadian government forcibly removed Inuit from ancestral homes and hunting territories to centralized, government-built settlements. This dis-connection from ancestral lands caused grief that is still felt by many Inuit today.

Contributions of the Inuit

Inuit ingenuity and creativity continue to enrich contemporary life. Some examples are:

- the *kayak*, designed by Inuit, has become one of the most popular ways of enjoying water travel and sport worldwide;
- snow goggles were fashioned from bone, antler and ivory to reduce blinding snow glare during hunts; and
- Inuit art inspired by the animals, people and spirits of the Arctic is known and loved by collectors worldwide.

Explanation of terms

Inuit: is plural and means “the people;” the singular is **Inuk**.

Inuktitut and Inuvialuktun: are the languages of the Inuit and Inuvialuit, respectively, including many dialects.

Inuksuk: singular, meaning “like a person,” refers to stones piled to resemble a human and is used as markers or forms of communication. Plural is Inuksuit.

Eskimo: a Chipewyan word meaning “eaters of raw meat” that many contemporary Inuit find insulting and unacceptable.

Qallunaat: the name Inuit use to describe people who are not Inuit.

Ulu: the half-moon shaped woman's knife used for cutting meat and preparing hides.

Country Food: the food of the North, such as Arctic char, caribou, muktuk, seal, whale and bannock. Inuit love this food raw and fresh or frozen, or made into roasts and stews.

Amauti: a woman's parka with a large hood for carrying a child on her back.

Qulliq: a long, narrow, flat lamp, generally carved of soapstone with a wick made from cotton or moss that can only be picked at certain times of the year. The fuel it burns is oil from the fat of any animal, such as caribou, seal, whale or polar bear. For many centuries,

the qulliq was the only source of heat, light and cooking for Inuit.

Syllabics: there are two written forms of Inuktitut and Inuvialuktun, one based on syllabics and the other based on Roman orthography. These written forms of the language were introduced by missionaries and are still in use today.

*Inuit and Residential Schools*⁵

Inuit were the last Aboriginal people in Canada to be affected by the residential school system. Even though Inuit had indicated their preference for federal day schools where the children could remain under the cultural influence of their families, the Canadian government opened four residential schools: Yellowknife Residential School Hostel in 1958, Inuvik Residential School in 1959, Churchill Residential School in 1964 and in Chesterfield Inlet in 1955 (King, 1996).

“In 1955, less than 15 percent of the Inuit school-age population was in attendance” (King, 1996:74). By 1964, due to “vigorous” government policy, this had increased to 75 per cent and overcrowding was becoming a problem (King, 1996). It is estimated that, of the total 105,000 to 107,000 individuals who attended residential schools, 5 per cent were Inuit (DIAND, 1998).

Inuit children attending these schools experienced a dramatic change in both diet and dress. The purpose was to acculturate them to middle-class Canadian standards that failed to take into account conditions of life in the Arctic (King, 1996).

To wean the children away from raw meat, the traditional Inuit diet was banned

from residential schools (although for a time, some schools served raw foods to the children as a “special treat”). Children were taught that the foods fed to them by their parents were dangerous to health and uncivilized. Needless to say, this caused a strain on relationships when the children returned home (King, 1996).

Today, Inuit Survivors of residential schools speak of their terror as children during first plane flights to these schools, of their loss of a sense of family and feeling of being loved, the loss of language, the humiliation they suffered at being forced to perform demeaning acts and the pain of physical and sexual abuse.

Cultural Reclamation

Forced changes in housing, diet and education imposed by the Canadian government proved disastrously unhealthy for the Inuit. A population that had endured for tens of thousands of years without addictions, substance abuse or serious health problems, such as tuberculosis, began spiralling into tragedy.

In 1971, Inuit Tapirisat of Canada (ITC) was formed to work on behalf of Inuit social, economic and political development. Through ITC, cultural reclamation emphasized protection of language and restoration of hunting as the bases of Inuit society. (With the creation of Nunavut, the name was changed to Inuit Tapiriit Kanatami (ITK).)

In 1984, Pauktuutit, the National Inuit Women’s Association, was founded to address social, economic and political issues of importance to women and to restore the role of women in all spheres of cultural and political life.

⁵ See also Section II: Residential Schools.

Some of the issues of concern being addressed by the Inuit in Canada are:

- 60 per cent of Inuit are under age 25;
- 50 per cent are unemployed;
- 6 per cent live in southern Canada;
- the rate of suicide is the worst in the world: the Inuit suicide rate in Canada is 211 per 100,000 vs. the rest of Canada at 14 per 100,000;
- sexual assault in the North is 4 to 5 times higher than the rest of Canada; the highest risk group is children age 7 to 18 years;
- the Inuit have lower life expectancies, higher infant mortality rates and higher rates of death by accident and violence than the rest of the population in Canada; and
- by the year 2016, the Inuit population is expected to reach 60,300 (Health Canada, 1993).

Inuit today

There are four Inuit regions of the Canadian Arctic, each with its own “Regional Association” and separate land claim agreement. These regions are: Labrador with an Inuit population of 4,500; Nunavik, population of 8,000; Nunavut, population 23,000; and Inuvialuit with a population of 5,000.⁶

The creation of the new territory of Nunavut on April 1, 1999, marked a historic milestone in the history of Inuit in Canada. Its new legislative assembly, cabinet and court are responsible for governing an area comprising 20 per cent of Canada.

The hallmarks of Inuit tradition and culture remain to this day: respect for

individuals, a concern for Inuit collective well-being and a willingness to share. Inuktitut is still spoken in all Inuit communities and is the language used in radio and television programs that originate in the North.

Whether in northern communities or the urban Inuit communities of the South, traditional Inuit country food, games, drum dancing and throat-singing remain the central focus at community celebrations.



⁶ See the Inuit Tapirisat Kanatami (ITK) website for further information.

First Nations

Prior to European contact, many significant and distinctive nations co-existed in the Americas. In what is now Canada, there are six major cultural regions: the Woodland First Nations in the east, the Iroquois First Nations of southeastern Ontario and Quebec, the Plains First Nations of the prairies, the Plateau First Nations, the Pacific Coast First Nations and the First Nations of the Mackenzie and the Yukon River basins.

The economic base was primarily fishing, hunting and agriculture. Goods found at burial sites, such as conch shells from the Gulf of Mexico, copper work from the Southwest and ground slate from the Maritimes, show there was also an extensive trading network throughout the continent. (Such expansive trading practices later enabled the First Nations to become competitive, efficient trading partners with the Europeans.)

Family Life

Most Indigenous cultures were matrilineal with descent traced on the female side of the family. Clans were comprised of extended families descended from a common female ancestor. They generally consisted of a woman, the **Clan mother**, and her daughters or a group of sisters, together with their husbands and children.

The bonds uniting couples were completely different from European customs of matrimony and divorce. Couples partnered and unpartnered easily, with no other consideration than consent of the two people involved.

The double standards later introduced by

the Christians for men and women concerning sexuality and “chastity” were considered coercive and unacceptable.

Two essential values or laws expressed and modeled in family and community life were non-interference and sharing. Because sharing was considered a law, the hoarding of possessions or wealth was considered anti-social behaviour. Whether through potlatches or give-aways, a family’s wealth was indicated by the value of the gifts bestowed on others.

The European notion of discipline for children was virtually non-existent in Indigenous cultures. Children learned proper behaviour by modeling adults or experiencing the consequences of their misbehaviour. The steadfast refusal of parents to *spare the rod or spoil the child* later became one excuse for the Church to remove children from their families and communities in order to *civilize them*.

Gender and Sexuality

Studies of 200 Indigenous languages show 168 have a concept of more than two genders, with some having words to describe as many as 8 different genders. In some Indigenous cultures, men who were like women and women who were like men were especially respected for the uniqueness of the gifts they contributed to community life. Such individuals, called “*berdaches*” by Europeans (known today by some as Two-Spirited⁷ people), served important roles as matchmakers, teachers, counsellors, medicine people, pipe carriers, visionaries and seers. In the Crow tradition, a gay or transgendered man cut the centre pole for the Sun Dance.

⁷ *Two-Spirited* is a modern term created by Aboriginal gays, lesbians and transgendered people. It refers to both female and male characteristics being present within one person.

A Case Study: Indigenous Governance

Aboriginal people possess the accumulated wisdom of many centuries of nation building. One of the earliest known governance systems created to manage the complex affairs of many nations is the union of the **Haudenosaunee** (meaning People of the Longhouse).

This union marked the first time in world history that several mighty nations had joined together without sacrificing the sovereignty of any individual member.

Over a thousand years ago in early 1,000 AD, the great leaders, Ayonwatha and the man known as The Peace Maker⁸ founded the **Haudenosaunee**. Also called League of the Iroquois or Iroquois Confederacy, it created its own Constitution called the **Kaianerekowa or Great Law of Peace**.

The Wampum Belt, created to symbolize the Constitution, is the oldest of its kind in North America and possibly the world.

The design of the Wampum Belt illustrates the principles of Friendship, Law, Peace, Security and Shelter under which the five nations that comprised the League united with one another.

The principal nations of the Iroquois League were: the Mohawk, Onondaga, Seneca, Oneida and Cayuga and their union endured for many centuries. (The Tuscarora were later incorporated into the League when it became evident to them the extent to which Europeans jeopardized their future.) Together, they controlled territory stretching from what became New England to the Mississippi River.

Every member nation of the League had a council composed of delegates called *sachems*, chosen by the women of that nation.

Each nation governed its own territory and had its own council to decide issues of public policy. These councils exercised jurisdiction over the internal concerns of that one nation only. In this respect, they exercised powers somewhat like the individual governments of the colonies.

In addition to individual councils for each separate nation, the sachems together formed the Grand Council of the League.

In this Council, all fifty sachems of the five (and later six) nations sat together to discuss issues of common concern and manage internal and external affairs. Within the Grand Council, each sachem had equal authority and privileges. Individual power was wholly vested in each person's speaking skills, gifts of persuasion and ability to represent the people.

When the Europeans arrived in America, the Iroquois League constituted the most elaborate and significant rights-based political confederation in the world.

The Iroquois model of political alliance and governance became a template later used, in some instances word for word, by the founders of the American Constitution, some of whom had visited the chiefs to learn about the Constitution.⁹

The Role of Women in the League

Women had an important and central role in all Indigenous cultures. Within the Iroquois League, this role included the power

⁸ According to Mohawk Elder Paul Skanks, the name of *The Peace Maker* is never mentioned except in the most sacred of ceremonies.

⁹ Thomas Paine and Benjamin Franklin visited the Iroquois chiefs and borrowed much from their Constitution. For example, the oral preface to the Iroquois Constitution begins, "We the people" as does the written preamble to the American Constitution.

to choose, as well as to de-horn (or impeach) a chief.

If the conduct of any sachem or chief appeared improper to the people or if he was unable to inspire their confidence, the women of his clan had the authority to de-horn and expel him by official action. They would then choose a new chief to replace him.

Women were also owners of the Longhouses and agricultural lands, responsible for decision-making and other aspects of family and community life.

Men were generally the providers and defenders who carried out the decisions of the women. However, as noted previously, the concept of gender was fluid as were gender roles.

Shared Leadership and Authority

In almost every North American tribe, clan or nation, ultimate authority rested with the group rather than individuals. Power was not centralized, compliance was not coerced and decision-making required consensus.

The underlying principle of consensus was that the best decisions arise out of a participatory process in which a diversity of ideas and perspectives are taken into consideration.

Communication and consent were the central tenets of good government. Leaders were fully accountable to the people through transparent, collaborative decision-making processes.

The system of women choosing male chiefs ensured gender equity, respect and accountability to women, creating balance in family, community and political life.

Another important political innovation borrowed from the First Nations was the *caucus*. Caucus was a formal mechanism designed to prevent political issues from becoming too divisive or combative within a larger group.

Potentially troublesome issues were delegated to a smaller, closed group called a caucus for full discussion by members.

Representatives of the caucus then returned to the larger council with the results of their deliberations. (The *caucus* has since become a mainstay of both American and Canadian political systems.)

"I like to think of Indigenous leadership in terms of the relationship between the drummers, singers, and dancers at a pow-wow. The drummers and singers give voice to the heartbeat of the earth, and the dancers move to the sound, giving life to their personal visions and to those of their people. The drum prompts and paces. Drummers, singers, and dancers act together to manifest tradition through the songs: all three groups are essential and related, the role of each group being to respect and represent the spirit of the creation in its own way, according to its own special abilities."

(Alfred, 1999:91)

Legacy of the Iroquois League

The Iroquois model of governance and its concept of impeachment were worlds apart from the European tradition, where monarchs, regardless of their competency, ruled by "divine right" until death.

In creating a "new" independent government, the Americans categorically rejected this European model in favour of the

egalitarian principles of the Iroquoian model. (Although they apparently saw no reason to copy the Iroquois in granting women any political role.)¹⁰

Many aspects of the governance model conceived by the Iroquois were borrowed for the constitutions of both the United States and Canada, as well as for the United Nations when it was created in 1945.

The United Nations was first called the *League of Nations*. It was modeled after the Iroquois League, granting all members an equal voice, no matter how small or large the country they represented. Ironically, the founders of this international body established its offices in New York, part of the ancestral homelands stolen from the Iroquois.

Agriculture

From the beginning of European contact, Indigenous people, skilled in agriculture, willingly shared their ancient practices of biodiversity with the newcomers. Their practical, yet innovative, approach to growing and processing plants is now understood as one of the keys to reversing ecological damage in today's commercial farming (Weatherford, 1991).

Some of the best-known plants, originally domesticated by Indigenous people, are corn, potatoes and tobacco.

Foremost of the ecologically-friendly methods they developed was polyculture farming — planting crops that are different, but complementary, together on a small field or *milpa*.

Rather than planting in neat rows to allow cultivation, plants were placed in small

mounds. This resulted in less soil lost to rain runoff that, in turn, stabilized the soil.

European farmers in America adopted this practice, known as hilling, and followed it from early colonial times until the 1930s. (When the United States abandoned hilling in favour of dense planting, erosion increased dramatically. To this day, thousands of tons of quality topsoil float down the Mississippi River system annually.)

Combining complementary crops and planting in the “hilling” system protected against erosion, insects and harsh weather. Recent scientific research has proven the effectiveness of combining corn, squash and beans in reducing herbivory —the destruction of plants by insects and other pests.

Because cultivated plants attract predatory insects that, in turn, prey upon smaller pests, corn loss is reduced without use of chemical insecticides.

Weed-like plants were also grown around the edges of gardens, to attract pests away from the crop plants. (Recent studies in Mexico have shown traditional polyculture increases corn yields by as much as 50 per cent over monoculture.)

Traditional Medicines

From the time of first contact, the Europeans recognized the skills of Indigenous people in preparing, preserving and compounding medicines. Although European medicine, at that time, had not yet progressed beyond alchemy, people of the Americas had refined countless highly effective medicines capable of producing both psychological and physiological effects.

¹⁰ In addition to governance structure, the American Constitution also “borrowed” the guiding principles of the Great Law of Peace, such as the Right of Freedom of Speech and the Right of Freedom of Religion/Culture of Happiness, Shelter and Protection.

Traditional healers used the roots of trees and plants to produce drugs such as **quinine** and **ipecac**, a potent medicine that cured otherwise lethal intestinal infections. (Poison clinics throughout the world still use this to induce vomiting, but it is most important in treating amoebic dysentery.)

A tonic made from evergreen bark and needles to cure scurvy would later save the lives of many European sailors.

The bark of the poplar or willow tree was used to make a liquid for headaches and other minor body pains. Centuries later, a coal tar derivative was found to contain a similar active ingredient, salicin, which is now known as acetylsalicylic acid or **aspirin**.

A cathartic from the bark of the *Rhamnus purshiana* shrub was a commonly used **laxative**. Because of its bitter taste, it was usually mixed with sugar or chocolate.

Traditional healers also developed medicines for the ailments of women. Blue or black cohosh, a parasitic plant growing on the roots of oak trees, was used as an antispasmodic to help reduce menstrual cramps.

One of the most widely used skin ointments in the world today is known as **petroleum jelly**. Traditional healers made this salve from olefin hydrocarbons and methane. Applied to human and animal skin, it protected wounds, stimulated healing and kept the skin moist. (It was also used to lubricate the moving parts of tools.)

The proven value and usefulness of Indigenous cures and medicines were demonstrated in a series of publications in early 1800, with such titles as *The Indian Doctor's Dispensary*.

By 1820, when the first **United States Pharmacopeia** was published, it listed **over 200 drugs supplied by "Indians"** that continue to benefit modern medicine.

Spirituality

Balance and holism are the fundamental principles underlying the Native worldview and concept of spirituality. The circle, hoop, or wheel are one of the most sacred Native spiritual symbols because they express a unifying force in life.

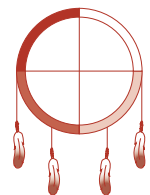
The circle represents balance and completeness in the universe within a framework of ongoing cyclical change and transformation.

The Medicine Wheel is the symbol of how this principle applies in theology, philosophy and psychology.

Although many nations have developed different versions of the Medicine Wheel, all are based on the four directions and the four seasons or cycles of life.

At the centre of Medicine Wheel teachings is the concept of **Bimaadiziwin** or **Living in a Good Way**. This concept teaches the importance of balance in oneself, aspects of all four quadrants of the wheel (Kulchyski, et. al., 1999).

Holism means awareness of and sensitivity to the interconnectedness of all things: of people and nature; of people, their kin and communities; and within each person, the interconnectedness of body, mind, heart and spirit.



Teachings of the Medicine Wheel Applied to the Four Developmental Stages of Life¹¹

The Medicine Wheel or Sacred Hoop teaches that life is cyclical. Because everything occurs naturally in cycles, the potential for transformation is inherent in all Creation.

Within this worldview, the circle connects the spirits of all beings and things in a great, sacred *whole*. When connectedness to any part of the whole is lost or interrupted, the sense of sacredness is also lost. As the sacred is the most fundamental of all connections, when it is lost, people will destroy others, the environment or themselves.

Applied to human development, the Medicine Wheel teaches of four sequential life cycles, each with its own developmental task. A special ceremony is attached to each stage to mark and celebrate the changing seasons of life from birth to old age and death.

The First Direction is the East: the direction of **childhood**. The developmental task in this quadrant is to learn **belonging**.

By watching and play-acting what adults do, children learn the place of people and all things in Creation, as well as their own place at the heart of family and community life.

The Second Direction is the South: the direction of **mastery**. The developmental task in this quadrant is **learning new skills and behaviours**.

Children learn the mental, physical, emotional and spiritual aspects of a balanced life by spending time *on the land*, hunting, fishing, trapping, canoeing and kayaking; through storytelling, ancient legends and through ceremonies.

The Third Direction is the West: the direction of **Interdependence**. The developmental task in this phase is to put the skills that have been acquired and one's own special gifts into **service for the benefit of family, community and nation**.

The Fourth Direction is the North: the direction of **Generosity**. This is the direction of the Elders whose developmental task, now that they know they belong and have learned and practiced many useful skills, is to **give away their wisdom**. This ensures the teachings continue into the next generations.

Disruption of the developmental tasks in any of the four cycles can cause an imbalance resulting in a loss of connection to the sacred.

The role of traditional people, counsellors and Elders is to help individuals find their own path to restoring balance by reawakening their connection to the sacred. Healing work is, therefore, considered sacred work and requiring special gifts, characteristics and skills.

In this sense, traditional healing is a science, an art, a philosophy and a way of life.

Contributions of the First Nations

The modern world continues to benefit enormously from the contributions of the First Nation people. In addition to governance models and the medicines described earlier, the following are just a few of many First Nation gifts to modern life:

- **canoe**, originally made of bark and pitch;
- **toboggans**, invented by the Mi'kmaq of what is now Eastern Canada for hauling game, moving camp and traveling;

¹¹ These teachings are from an undated taped lecture by Dr. Terry Tafoya, titled *Values, Attitudes & Beliefs*.

- **snowshoes** of many different types were first invented by Aboriginal people;
- **hundreds of pharmaceuticals** derived from original native remedies are still used widely in treating dysentery, cholera, upset stomach, diarrhea and scurvy; also, aspirin, petroleum jelly and cough syrup made from balsam and honey;
- **more than 100 species of plant grown today were originally grown by Indigenous people. Corn, squash and potatoes** are some of the best known of these plants that are now grown worldwide. The Huron cultivated 17 varieties of corn or maize and eight varieties of squash. (**Popcorn** and **corn syrup** have become favourite foods);
- **wild rice** is actually a cereal grain mistakenly called rice by the Europeans because of its rice-like shape. This was an especially prized delicacy, often presented as a gift or token of friendship;
- **games**, such as lacrosse and lawn darts, originated with the First Nations;
- **chewing gum**, originally made from spruce trees;
- **ginger ale**, originally a remedy for upset stomach, is still widely used as a tonic as well as a soft drink; and
- **sunflowers** were cultivated for the nutritional value of the seeds.

*First Nations and Residential Schools*¹²

Residential schools were established in all provinces and territories, except for Prince Edward Island and New Brunswick, as a means of assimilating “Indian” children into Canadian society.

In 1900, 48 per cent of First Nation children between the ages of 6 and 15 were enrolled in these schools (Dickason, 2002).

According to the Indian Residential Schools (IRS) Data Project (INAC, 1998), it is estimated that 105,000 to 107,000 Aboriginal individuals who had attended residential schools were still alive in 1991. Of these, 80 per cent were status Indians, 6 per cent were non-status Indians, 9 per cent were Métis and 5 per cent were Inuit.



¹² See also Section II: Residential Schools.

Post-Contact History

Emergence of the Métis

Although racial “mixing” began from the time of first contact with Europeans, a distinct Métis identity did not emerge until early in the eighteenth century when the fur trade was well established (Dickason, 2002).

The word Métis comes from the Latin *miscere*, which means “to mix” and was used originally to describe offspring of Algonquin, Ojibwe and Cree women, and the French and Scottish fur traders. Other terms for these biracial children included: country-born, Black Scots, *Bois brules* and Half-breeds.

From the eastern coastal regions across to Hudson’s Bay and the Great Lakes, English, Scottish and French crews of fishing, trading or exploring expeditions paired with Native women. In what was then New France, both the Church and the Crown encouraged such interaction as a way of bolstering the French/Native population and strengthening French claims to the land.

With the expansion of the fur trade, these men moved westward, intermarrying with Cree and Ojibwe women. Gradually, the *coureurs de bois* became of mixed heritage. By mid-1800, a large population had congregated in the Great Lakes region.

With competition becoming fiercer between the Northwest Trading Company based on the Pacific Coast and the Hudson’s Bay Trading Company based in the interior, many French *coureurs de bois* moved even further westward to seek their fortune in the fur trade.

Métis leader Louis Riel (1844 to 1885) estimated that, by mid-1800, one-quarter of the Native population of the West was Métis.

Their distinctiveness from both First Nations and European culture was marked.

When the Hudson’s Bay Trading Company defeated the Northwest Trading Company in early 1800, it established a settlement at the junction of the Red and Assiniboine rivers in Manitoba to promote its interests in the fur trade. With Hudson’s Bay Company approval, Métis joined this settlement, where they combined subsistence farming with bi-annual buffalo hunting.

The Art and Science of the Hunt

Buffalo hunting was a dangerous and complex undertaking that required a broad range of skills and military-type precision planning.

The hunts, held each year in late summer and, again, in winter, were highly organized events involving men, women and children. The distinctive, two-wheeled Red River carts were designed by the Métis to haul the belongings of the families, as well as meat and hides, to and from the location of the hunts.

Before each hunt, a General Assembly was held to select officers and ensure everyone knew and agreed to abide by established rules of order to ensure everyone’s safety.

As a first step, the assembly chose ten **capitanes** who, in turn, selected ten **soldats** each, as well as ten guides from among hunters past their prime. The most skilled of the capitanes became the leader of the hunt whose role was styled after a combination of “War Chief” and “le President.”

Over the course of the hunt, each guide and captain commanded for a day, ensuring that for each ten-day cycle, all guides and captains had an opportunity to experience the leader's role.

An elaborate choreography of riders on horseback and the sequential positioning of coloured flags signalled progression of the hunt from one stage to the next.

During the sighting phase, two soldiers always rode together. Whether they rode towards or away from each other indicated to the others the presence of buffalo. At sighting, the hunt flag flying above the cart of that day's guide was lowered, signalling authority had been passed from guide to hunt leader.

Changing gaits and directions of the lead horses, as well as riding and flag patterns for the chase and cool down were all part of the visually stunning, complex choreography of the buffalo hunt. (This choreography became the prototype for what is now known as the Royal Canadian Mounted Police "Musical Ride.")

By the summer of 1840, the buffalo hunt consisted of over 1,200 Red River carts, 620 hunters, 650 women and 360 children (Ens, 1996).

Role of Women

Women played a crucial economic role in Métis culture. They produced clothing and footwear for trade, tanned hides, trapped and traded furs, dressed furs for shipment, grew vegetables, fished, built smoking lodges; smoked fish, as well as buffalo, for pemmican and produced and sold large quantities of a dried fish gelatin—*isinglass*.

Spirituality

Historically, many Métis of French and Catholic ancestry expressed their spirituality through strong ties to the Roman Catholic faith. Although many also retained aspects of their First Nation spiritual traditions, Catholicism largely influenced social customs and controls. Métis communities routinely sought guidance from their priest for marriage, divorce, family disputes, births, deaths and legal issues.

This familiarity with Roman Catholic customs would later bring comfort to Métis children in residential schools who found consolation in the religious teachings and songs of their family and community life (Logan, n.d.).

Resistance and Rebellion

The most famous Métis leader was Cuthbert Grant (1793 to 1854), called "White Ermine" by the Cree. In 1816, Grant led an armed confrontation at a place called Seven Oaks against settlers who had encroached on lands the Métis considered their own (Ens, 1996).

The victory at Seven Oaks was a watershed event, generating a sense of unity and nationalism among the Métis.

Later, in the Sault Ste. Marie area of Ontario, property rights again sparked an armed battle against prospectors in search of copper who had overrun Métis lands. In 1849, armed resistance against these trespassers resulted in some Métis names being included in the Robinson Treaties of 1850.

The creation of the Dominion of Canada in 1867 marked the transfer of lands previously "owned" by the Hudson's Bay

Trading Company. These lands now became part of the new country under the authority of a British lieutenant governor.

Louis Riel defied the authority of this new government and established his own provisional government in Manitoba to secure the economic and political interests of Métis in the West.

Negotiations between Riel's government and the Canadian government led to the passing of the *Manitoba Act* in 1870 that, among other things, reserved 1.4 million acres of land for the children of "half-breed heads of families" (Ray, 1996:200). Later, the government would evict Métis from these lands to create national parks and sell parcels of the land to speculators.

When the rights they had negotiated in good faith through the *Manitoba Act* failed to materialize, the Métis launched the Saskatchewan Rebellion of 1885.

The Métis were defeated on the battlefield at Batôche on May 12, 1885 and their leader, Louis Riel, was subsequently hung for treason. Although these events delayed the quest for justice for almost half a century, the Métis refused to abandon their identity as a distinct people or their vision of self-government.

The disappearance of the buffalo herds due to over-killing created an economic crisis in western Canada. Métis in this region were starving, while continuing to struggle for their rights to land and political representation.

Economy and Employment

Although born of the fur trade, Métis existence was not bound to it and gradually other staples, such as timber and mining,

increased in significance. By the mid-nineteenth century, Métis had become renowned lumberjacks and their expertise driving logs to market was much sought after. When timber resources were depleted, new opportunities arose in the mining industry, where Métis continue to be employed in large numbers.

Traditional Medicine

Traditionally, the Métis lived in harmony with nature and knowledge of the healing qualities of plants, roots, bark, flowers, fruits, leaves, oils and seeds were passed from generation to generation. Medicinal teas, salves, poultices, liniments, preparations and foodstuffs were used to prevent and cure illness and to treat injuries.

The Metis and Residential Schools

The Métis fell outside of the plans made by the Canadian government for people of the First Nations, including educational provisions such as residential schools. Stripped of their land, as well as hunting and trapping rights, many Métis became increasingly impoverished.

The close link between Métis and the Roman Catholic Church, and the pressure to fill up the schools in order to receive more government funding, prompted some bishops and priests to pressure the government to include Métis children in residential school policy.

Initially, the government opposed this recommendation, though a policy was eventually developed to admit Métis to these schools only when there were not enough "Indian" students and where the Métis families were living "in varying degrees, the Indian mode of life" (Logan, n.d.:18). Finally, in 1952,

the provinces began paying for Métis students to attend residential schools.

Because Métis children were either recorded as “half-breeds” or not recorded as enrolled at all, actual enrolment numbers are difficult to confirm. It is estimated that 18.8 per cent of the students in residential schools were Alberta Métis, 15.7 per cent were Manitoba Métis and 8.1 per cent were Saskatchewan Métis. When combined with *non-Status Indian* records, the number increases to 25 per cent in Alberta, revealing that one-quarter of the total population of residential school students in Alberta were Métis. Overall, 9.12 per cent of self-identified Métis in Canada report attending residential schools (Daniels, 2003).

Three Alberta residential schools were located in areas with high Métis populations. They were: Grouard-St. Bernard’s Indian Residential School, Fort Vermillion-St. Henri Indian Residential School and Jossard-St. Bruno Indian Residential School.

The school located in an area with the highest Métis population in Saskatchewan was Qu’Appelle Indian Residential School and, in Manitoba, the Elkhorn Indian Residential School.

Although Métis children lived under the same conditions as First Nations and Inuit in residential schools and suffered the same intergenerational impacts, one aspect of their experience was unique. In addition to the abuses and deprivations endured by other children, both First Nation and non-Aboriginal students and staff regarded the Métis as outsiders.

Métis Today

Métis is a completely distinct culture from First Nations and Inuit. This was formally recognized in the 1982 *Canadian Constitution*, which included Métis in the definition of “Aboriginal Peoples” (although Métis remain excluded from all benefits under the *Indian Act*).

According to the 1991 Aboriginal Peoples Survey, the majority of Métis (99,000¹³ or 74 per cent of the total population) live in the Prairie provinces with the remaining 26 per cent in Ontario, British Columbia and Quebec.

Contemporary researchers describe difficulties of identifying Métis through historical records. Overwhelmingly, these records refer to Métis as *half-breed* or *non-Treaty* (Daniels, 2003).

The Métis National Council defines a Métis person¹⁴ as someone who:

- can trace their lineage back to the traditional territory of the Métis Nation in west central North America;
- is distinct from other Aboriginal peoples; and
- is accepted by the Métis Nation and self-identifies as a Métis citizen.

Language and Cultural Symbols

The mixed blood of the Métis is reflected in the *Michif* language and cultural symbols that are a synthesis of European and First Nation traditions.

Michif is a mixture of French nouns and noun phrases tied to the Cree verb system. Other First Nation languages, such as

¹³ The Métis National Council puts population figures much higher at approximately 350,000 for Canada as a whole.

¹⁴ Presently, each of the provincial Métis governments are in the process of creating an agreed-upon definition.

Assiniboine and Ojibwe, in addition to English phrases, contribute to the vocabulary.

Cultural symbols of the Métis today include the Métis flag, the Métis sash, the Red River Cart and distinctive music and dance.

The Métis flag is the oldest Canadian patriotic flag, predating Canada's *Maple Leaf* flag by 150 years. First used by Métis prior to the Battle of Seven Oaks in 1816, the flag depicts a white infinity symbol horizontally placed against a blue background, symbolizing an eternal, seamless interaction of two distinct cultures: that of the Europeans and that of the First Nations.



The sash is a finger woven, woollen belt approximately three metres long. Traditionally made to tie a coat closed at the waist, it is now worn ceremonially either over the shoulder or around the waist.

The colours of the sash represent historical aspects of Métis culture and history:¹⁵

- red symbolizes the blood that was shed fighting for justice;
- blue indicates depth of Métis spirit;
- green denotes the fertility of a great nation;
- white represents the connection to the Earth and Creator;
- yellow represents the potential for prosperity; and

- black, the dark period of repression and dispossession.



The Red River cart first made its appearance in early 1800, evolving over time from a small 3-wheel horse-drawn cart to a much larger, many-spoked, 4-wheel vehicle by the turn of the century.



Métis music is a fusion of Aboriginal and Celtic rhythms and songs expressed on the fiddle. Although Scottish strathspeys, reels and hornpipes were mainstays, these were gradually replaced by music written to express the unique sentiments of Métis people.

The music is accompanied by dance, also originating in the Scottish Highlands but performed at a much faster rate, when Métis families and communities gather at *revallon* to celebrate.

Contemporary Issues

As Métis are under the jurisdiction of provincial governments that have not kept Métis-specific data, and as the federal government does not have a way of identifying and tracking Métis health or social trends, it is difficult to concisely describe the situation of Métis using accurate statistics.

¹⁵ Thanks to Don Fiddler of the Métis Nation of Ontario for providing much of the information in this section.

Data from the Aboriginal Peoples Survey (1991) highlights the following:¹⁶

- 17 per cent of the Métis population over age 15 have less than grade 9 education, compared with 13.9 per cent of the general population;
- 3.6 per cent of the Métis have a university education, compared with 5.1 per cent of the First Nations and 11.4 per cent of the general population;
- 65.3 per cent are employed;
- of those employed, the average income is \$16,853;
- the rate of unemployment is 20 per cent; and
- of those employed, 60 per cent earn \$10,000 per year or less.

Cultural Reclamation

The Métis have played an important role in the development of Canadian society and, increasingly, their special status and rights are being recognized at provincial and federal levels.

The Métis National Council, established in 1983, represents elected members from provincial Métis organizations in the three Prairie provinces, as well as Ontario and British Columbia. The Métis Association of the Northwest Territories is separate from the national organization, and Métis in Quebec and the Eastern provinces are generally represented through First Nations political bodies.

On July 1, 1990, the Métis settlements and the Alberta government signed the *Métis Settlements Accord*, establishing the only form of legislated Métis government in Canada and providing a framework for negotiating land and self-government. Some highlights of this accord include:

- 1.28 million acres of land were transferred to the ownership of the Métis;
- constitutional protection of lands was provided; and
- co-management agreement established between the province of Alberta and the Métis for long-term management of resources.

After a decade of struggle, the efforts of the Métis Nation of Ontario, on behalf of Métis hunter Steve Powley, were successful. In 2003, a landmark decision of the Supreme Court of Canada affirmed the inherent hunting rights of Métis as Aboriginal persons under the Constitution.



¹⁶ Source: Norris, Mary Jane, Don Kerr and François Nault (1995). Projections of the Aboriginal Identity Population in Canada, 1991-2016", research study prepared by Statistics Canada for RCAP. Found in Table 7.1 Comparison of Aboriginal Identity and Non-Aboriginal Populations in Urban Off-Reserve Areas, 1991. In Royal Commission on Aboriginal Peoples (RCAP) (1996). Volume 4: Perspectives and Realities. Ottawa, ON: Minister of Supply and Services Canada, p. 572.

Aboriginal People Today

According to the 2001 Census, over 1.3 million people or 4.4 per cent of the Canadian population self-report Aboriginal ancestry.¹⁷

However, as many researchers have noted, the accuracy of this data is seriously undermined by the following factors:

- many reserves (also called First Nations) were incompletely enumerated in the Census;
- many “registered Indians” refuse to report and/or identify and/or participate in the enumeration process;
- Aboriginal people make up a significant portion of Canada’s homeless population, which is not included in the enumeration; and
- many people of Inuit, Métis and First Nation descent do not self-identify.

Taking these factors into account, researchers estimate the total number of Canadians of Aboriginal ancestry is likely under-reported by anywhere from 60,000 to 120,000.

Language

There are over fifty distinct Indigenous language groups in Canada today. The main ones are:

- Algonkian,
- Athapaskan,
- Inuit,
- Haidan,
- Iroquoian,
- Kutenaiian,
- Salishan,

- Siouan,
- Tlingit,
- Tsimshian and
- Wakashan.

Challenges Facing Aboriginal People

- Sixty per cent of the Aboriginal population is under the age of 25 years;
- almost one-third of Aboriginal people over the age of 15 years have a disability (double the national rate);
- the rate of diabetes is among the highest in the world—the risk of death from diabetes is 4 times higher for Aboriginal women and 2 times higher for men;
- there is a higher rate of injury and death due to accident—4 times greater for infants, 5 times greater for preschoolers and 3 times greater for adolescents;
- more than 50 per cent of Aboriginal children live in poverty;
- infant mortality is double the national rate;
- the unemployment rate for Aboriginal people is 3 times that of other Canadians;
- 26 per cent of Aboriginal adults have less than Grade 9 education. In older adults aged 50 to 64 living off-reserve, 44 per cent have less than Grade 9; and
- 3 per cent of Aboriginal people have completed a university degree compared with 12 per cent of other Canadians.

¹⁷ Aboriginal Peoples of Canada: A demographic profile, Statistics Canada.



Section II:
Residential Schools

Section II: Residential Schools

The Following is a Chronology of Residential School Policy in Canada:¹⁸

The Aboriginal Healing Foundation defines “residential school” as the “Residential School System in Canada attended by Aboriginal students. It may include industrial schools, boarding schools, homes for students, hostels, billets, residential schools, residential schools with a majority of day students, or a combination of any of the above” (Aboriginal Healing Foundation, 2001:5).

1845: A government report to the legislative assembly of Upper Canada recommends boarding schools be set up to educate Indian children.

1847: The assistant superintendent of Indian Affairs writes to Dr. Egerton Ryerson, Methodist head of education in Upper Canada, asking for suggestions in how to set up Indian industrial schools. Ryerson suggests there be a partnership between government and church and that the schooling be of a religious nature.

1863: A Roman Catholic residential school is established at St. Mary’s Mission in Mission, British Columbia by Oblate Father Florimond Gendre.

1867: The *British North America Act* is enacted; Indian education becomes a federal responsibility; and Indian day schools are set up.

1879: Nicholas Flood Davin is commissioned by Prime Minister John A. Macdonald and sent to the United States to investigate and report on Indian industrial training schools. Davin’s report recommends the establishment of

Indian residential schools similar to the United States model. He further recommends funding off-reserve boarding schools to teach children the skills needed in the modern Canadian economy and advises the government to consider boarding schools rather than day schools. Residential schools, it was reasoned, would be more successful because they could completely remove children from their “evil surroundings” (Fournier and Crey, 1997:55).

Not only was it commonly believed at the time that the “savage” Indian needed to be “civilized,” but, in the opinion of many church and government officials, the best way to do this was to bring children completely under the control and influence of the church-run boarding schools. At these schools, children could be fully indoctrinated in the ways of mainstream Canadian society (Fournier and Crey, 1997).

1892: The Government of Canada passes an order-in-council regulating the operation of Indian residential schools. The federal government and churches enter into a formal partnership to run a school system for Indian children.

1892 to 1969: The partnership between the government of Canada and the churches lasted from 1892 until 1969. The Roman Catholic Church, Church of England, United Church and Presbyterian Church ran the schools that operated in all provinces except New Brunswick, Newfoundland and Prince Edward Island.

¹⁸ For further information, see the *Residential School Update* published by the Assembly of First Nations Health Secretariat, 1998.

From **1969 to 1996**, when the last school closed, the Government of Canada assumed responsibility for the schools.

Federal government policies concerning the education of Aboriginal children are characterized by three distinct historical phases (Assembly of First Nations, 1998).

First Phase: Mid 1800s to 1910

Until 1910, the federal residential school policy was openly and aggressively assimilative. Residential school curricula primarily aimed to prepare First Nation children to join the “lower fringe of the dominant society” (Dickason, 2002:315).

There were two basic strategies for furthering the goal of assimilation:

1. Isolating Aboriginal children from mainstream society as schoolteachers and missionaries taught them the skills to effectively function within it; and
2. Placing Aboriginal children among European-Canadians to learn their behaviours, customs and social graces.

Second Phase: 1910 to 1951

Segregation: Aboriginal children were streamed into residential and day schools designed to ‘civilize and christianize’ them in accordance with Euro-Canadian values. The goal was for the children to return to their home communities and, in turn, teach these same values to their families and communities. During this phase, the government delegated responsibility for daily operation of residential schools to four major churches in Canada: Roman Catholic, Anglican, United and Presbyterian.

Third Phase: 1951 onward

Integration: Aboriginal children began to be absorbed into mainstream schools and residential schools increasingly came under secular administration.

Programs and activities similar to those provided in mainstream schools for Euro-Canadian children were emphasized.

1990s: The last residential school, Akaitcho Hall in Yellowknife, Northwest Territories, closes.

1992 to 1993: The Nuu-chah-nulth Tribal Council in British Columbia begins a research study of the effects of residential schooling on their community. They identify a range of physical, sexual and psychological abuses.

1994: In November, the Royal Canadian Mounted Police review the research files of the Nuu-Chah-Nulth Tribal Council. As a result, the “Native Residential Task Force” is created with an investigative mandate to examine all Indian residential schools in British Columbia operating between 1890 and 1984. The Assembly of First Nations releases its report on Residential Schools titled *Breaking the Silence*.

1995: Arthur Henry Plint, former supervisor of the Alberni Indian Residential School (1948 to 1953 and 1963 to 1968) pleads guilty to 16 counts of indecent assault and is sentenced to 11 years in prison.

1996: The Report of the Royal Commission on Aboriginal Peoples is released in November. It includes three recommendations specific to residential schools. Foremost among these is a call for a public inquiry on the effects of residential schools on generations of Aboriginal people. It also

recommends creating a national repository of residential school records.

1997: In late June, John Watson, British Columbia’s highest-ranking Indian Affairs official, is the first government of Canada representative to admit that residential schools were part of an assimilatory policy of the Canadian government.

1998: *Gathering Strength*, the Canadian government’s response to the recommendations of the Royal Commission on Aboriginal Peoples is released, announcing the creation of a one-time \$350 million healing fund to address the impacts of residential school abuse.

In March of 1998, the Aboriginal Healing Foundation is established. The vision of its Board of Directors is:

“Our vision is one where those affected by the legacy of physical abuse and sexual abuse experienced in residential school have addressed the effects of unresolved trauma in meaningful terms, have broken the cycle of abuse, and have enhanced their capacity as individuals, families, communities and nations to sustain their well being and that of future generations.”

(Aboriginal Healing Foundation, 2003:10)

Abuse in Residential Schools

Increasingly, many Aboriginal therapists and frontline workers describe the abuse that occurred at residential schools as ritual or “ritualized” abuse.

Contemporary trauma literature defines ritualized abuse as repeated, systematic, sadistic and humiliating trauma to the physical, sexual, spiritual and/or emotional health of a

person that may utilize techniques, including but not limited to, conditioning, mind control and torture.

“Some clients who use dissociative defences extensively report experiences of extremely disturbing events. Their trauma stories are of intentional cruelty, malevolent intent, multiple perpetrators, abusive activities by groups of people, and abuse that occurs in the context of elaborate rituals with or without religious content. Hearing these stories can stir strong feelings (and sometimes doubts) in the minds of the listeners.”

(Saakvitne, et. al., 2000:23)

Biderman’s *Chart of Coercion* identifies eight conditions or tactics of power and control that, together, characterize *ritualized* abuse (Russell, 1982):

1. *Isolating victims* by depriving them of their usual social supports and the ability to resist, making them completely dependent upon the captor;
2. *Monopolizing the perception* of victims by eliminating any stimuli not controlled by the captor and punishing non-compliance;
3. *Inducing debility and exhaustion* in victims by weakening their mental and physical ability to resist;
4. *Continual threats* against victims to induce anxiety, helplessness and compliance;
5. *Granting occasional indulgences* as positive motivation for compliance and to prevent complete adjustment to deprivation;
6. *Demonstrations of the omnipotence and power* of the abuser by demonstrating the futility of any resistance;
7. *Degradation and humiliation*, making the costs of resistance more damaging than compliance; and,
8. *Enforcing trivial demands* to ensure that total compliance becomes habitual.

Using these eight characteristics as a framework, participants at an Eastern Ontario retreat for Aboriginal frontline workers, counsellors and Elders generated the following examples to illustrate the ritualized nature of abuse in residential schools.

The examples described below are drawn from personal experiences of the participants who attended residential or day schools or from the stories told to them by family members who attended these schools.¹⁹

Examples of Isolation

- Children were taken away from family, community, extended family, from spirit of place and familiar language, from the land and their natural environment, and placed in a foreign environment;
- children were separated by gender at the schools;
- siblings were either sent to different schools or separated within the same institution;
- family contact through letters or visits from family or siblings was forbidden;
- isolation rooms or solitary confinement were forms of punishment for children;
- emotional needs of children were seen as evidence of “sickness;”
- some parents died while their children were away at the schools and the children were not told or allowed to return for the funeral ceremony;
- children were transported across far distances;
- children were left alone to deal with bullies or victimization;

- if the nuns did not like a child, it further isolated that child;
- uniform clothing, haircuts and language fostered feelings of anonymity; and
- children who were assertive or showed independence were a “pariah” to nuns and students.

Examples of Monopolization of Perception

- The priests, sisters and their spiritual symbols became your foes—you had to believe in *their* god;
- children were given continual messages of POWER AND CONTROL and EVIL VS. INNOCENCE: the abusers had the power of either damnation or “saving the savages;”
- authority was their god and the school was their world;
- there was continuous degrading or “shaming” of traditional/cultural ways, as well as of individual children and their “heathen” families;
- children forgot the concepts embedded in their own languages and religious practices;
- there was mental, physical, spiritual and emotional suppression;
- sexually abused children were made to pray after the abuse for the abusers “lost souls;”
- children were taught everything about native culture is wrong/bad (symbols, songs, dances medicines, Elders, toys)—only non-Indian culture is good;

¹⁹ **Note:** these examples were provided on flip charts; certain words are capitalized or put in quotations at the request of participants.

- children were punished for individuality or self-expression: children were forced to believe the abusers' version of right and wrong;
- children were made to look “not-Indian” by being scrubbed with iron brushes, dark hair cut off and dressed in “white” clothes;
- girls were made to feel ashamed of their maturing bodies through binding of breasts;
- children saw things that even a child knew were wrong, but were helpless to do anything about them; and
- choices did not exist.

Examples of How Debility and Exhaustion Were Induced in Children

- Children lived in continual fear of complete denial of rare privileges;
- children spent their whole childhood in continual fear of further punishment and abuse;
- children were deprived of food, sleep, warmth and other basic human necessities as a form of punishment;
- children endured cold buildings and “disgusting” food;
- hard labour and religious regimes were hard on children, such as early morning mass, standing or kneeling in corners or on hard floors for hours;
- children were used as “slave labour” and given adult-level chores, constantly working and cleaning to the point of exhaustion;
- children were stressed out; forced to endure long hours of work and study regardless of their state of health;

- children endured years of emotional deprivation—received no love or comfort;
- talk, touch and interaction were forbidden—kids were put together who could not speak a common language;
- children endured years of sensory deprivation;
- the environment was completely *regimented*, time schedules were very structured; there was little free time and no time to slow down or process what was happening or form opinions;
- children were used in experimentation with various diets to determine effects;
- when children became ill, their form of “health care” was to be put in isolation;
- room checks were conducted during the night and early in the morning;
- children were forced to bury the bodies of other child residents who had died;
- all forms of ABUSE were perpetrated on children: sexual, physical, emotional and spiritual abuse.

Examples of Threats Against Children

- If you tell anyone about the abuse:
 - you will never see your family again,
 - you will lose visitations/mail,
 - you will not be fed,
 - you will be hurt even worse,
 - you will die,
 - you will go to hell, and
 - no one will believe you;
- children were threatened with torture for disobedience, such as having mouths scrubbed out with Ajax;

- children were threatened that if they did not do chores satisfactorily, they would get even more or worse chores;
- children were threatened with further degradation, such as shaved heads or removal of clothing in front of peers;
- children were threatened with losing day trips; and
- the threat of punishment was constant.

Examples of Occasional Indulgences

- If everyone is good, there will be ice cream, fresh dairy products, sweets or a trip to the movies;
- infrequent day trips for older students;
- there was a special meal at Christmas or Easter;
- some children were allowed to return home in summer;
- during school inspection times, there was good food, a homey atmosphere was created and children were dressed up nice;
- children who were teachers' "pets" received special privileges in front of peers;
- small gifts were given "by God;"
- children got bread instead of dog biscuits;
- children got sexual touching as "nurturing;" and
- one day a year, there was a picnic.

Demonstration of Omnipotence

- There was blind obedience within a chain of hierarchy—a pecking order;

- even the manner in which the priests and nuns walked around was intimidating;
- children were taught Aboriginal people have no voice in anything and no choice because whites are the best and natives are the savages;
- the teachers have all the power and control so they eat and dress better;
- children did the labour (i.e., knitting) and the children's work was sold, but no money went to the children;
- everyone had to stand up when the priest walked in the room;
- priests and nuns were role models, so the goals and dreams of some children were to become clerics;
- no one could escape without consequences and punishment; and
- they (priests and nuns) could see everything we did.

Examples of Degradation

- There was name-calling and put-down of kids, parents, culture and language;
- children were forced to wear dirty or soiled clothes as punishment;
- sick children were forced to eat their own vomit;
- children were hit while eating;
- children were forced to crawl at the feet of nuns and priests;
- children were forced to wear diapers for bed-wetting;
- children were taught women were below men in all things;

- the lighter-skinned kids got more positive treatment;
- children were physically beaten in front of the whole school, held down by the hands and feet with pants pulled down; and
- there was different food for children from what the nuns ate.

Examples of Enforcing Trivial Demands

- Every little thing had to be cleaned, i.e., forced to clean the already clean toilets, over and over again;
- children were forced to follow rules for genuflecting (to bend at the knee in a servile gesture of respect), walking in straight lines and protocols for addressing priests;
- children were forced to clean floors with a toothbrush as punishment; and
- there was continuous MILITANT SURVEILLANCE.

These multiple, ritualized forms of abuse perpetrated against Aboriginal children over many generations were made possible by convincing Aboriginal people the savagery of their culture and their need to be *civilized*.

Reflections on Multiple Trauma

Fully understanding the impacts of the abuse suffered by Aboriginal children in residential schools by the adults responsible for their care and education requires widening the lens and viewing this abuse within a larger context. Worldwide, the approach of colonizing countries to Aboriginal cultures was remarkably similar. Britain's approach (and later the Commonwealth of Canada) was no exception.

Inuit, First Nations and Métis cultures were considered, at best, irrelevant and, at worst, uncivilized and savage. The practical wisdom of their teachings and long-held customs, such as cooperation, sharing, balance and respect, were not recognized or understood by Euro-Canadians. As a result, policies were created and implemented that had devastating long-term impacts on Aboriginal people.

Policies, such as those in Canada that supported the *aggressive assimilation* of Aboriginal children through residential schooling, are now characterized as examples of *ethnocide* or as *genocide*.

The Fourth Geneva Convention of the United Nations (1948) describes genocide as follows.

"...acts committed with the intent to destroy, in whole or in part, a national, ethnic, racial or religious group."

(United Nations, 1948:1)

The convention bans a number of acts of genocide including taking group members' children away from them and giving them to members of another group.

Ethnocide is "the deliberate attempt to eradicate the culture or way of life of a people. Ethnocide depends on the use of political power to force a relatively powerless people to give up their CULTURE and is therefore characteristic of colonial or other situations where coercion can be applied" (Barfield, 1997 cited in Legacy of Hope Foundation, 2003:18).

Historical trauma is another contemporary concept that helps put the long-term impacts of residential schooling into a larger context.

Historical trauma refers to traumatic experiences that are cumulative over the life span of individuals, as well as across generations. In one of her articles, Dr. Maria Yellow Horse Brave Heart describes “Intergenerational Trauma and Historical Grief in American Indians” as follows:

“Historical trauma [is] the collective emotional and psychological injury both over the life span and across generations resulting from a cataclysmic history of genocide.”

(Ottenbacher, n.d.:2)

The urgent health and social problems of Aboriginal people in Canada are now believed to be directly related to multiple generations of children who were not only abused in residential schools and disconnected from their families and communities, but were also taught to feel shame in their heritage, language, customs and spiritual traditions.

Child Sexual Abuse: Facts to Consider²⁰

“Many Survivors (estimates are as high as 50%) do not remember the abuse until years after it has occurred” (Health Canada, 1993:2). Often, something in adulthood will trigger the memory; many are never able to fully and clearly recall the abuse.

Numerous studies have underscored the relationship between child sexual abuse and adolescent/adult prostitution with estimates ranging from 76 to 90 per cent of prostitutes

having a history of child sexual abuse (Health Canada, 1993). A *Save the Children Canada* report on Aboriginal children estimates 90 per cent of all child prostitutes in Canada are of Aboriginal descent.

A 1990 survey of native treatment centres across Canada revealed that 80 to 95 per cent of their clients were victims of sexual abuse. According to this survey, employees of these programs now see “alcohol and drug addiction[s] ‘merely as symptoms’ with sexual abuse as the underlying cause” (Fournier and Crey, 1997:116).

Many abusers shift the blame away from themselves, where it belongs, and place it on the child, by telling the child the abuse is his or her own fault. Survivors often continue to hold the distorted belief they are responsible for the abuse perpetrated against them, causing feelings of extreme guilt and self-blame.

“Recruiting the victim into a sense of responsibility for the abuse is often an important strategy that enables abuse to continue.”

(O’Leary, 1998:31)

For many years, the justice system of North America enabled such abuse to continue by fostering the (mis)perception that the complaints from children, especially of child sexual abuse, are invalid.

Writers exploring the origins of these misperceptions (Brownmiller, 1975; Herman, 1997) refer to the defining text on courtroom procedure. *The Treatise of Evidence* of 1940 was instrumental in creating and sustaining a climate of doubt about the credibility of

²⁰ This information was taken from the fact sheet titled *Adult Survivors of Child Sexual Abuse*, National Clearing House on Family Violence, 1993.

victims by making victim credibility a central focus of courtroom procedure.

“Modern psychiatrists have amply studied the behavior of errant young girls and women coming before the courts in all sorts of cases. Their psychic complexes are multifarious, distorted partly by inherent defects, partly by diseased derangements or abnormal instincts, partly by bad social environment, partly by temporary physiological or emotional conditions. One form taken by these complexes is that of contriving false charges of sexual offenses by men.”

(Brownmiller, 1975:370)

Summary

This section is provided to foster understanding, **from an Aboriginal perspective**, of the type of power and control tactics used against children at residential schools. The toxic mixture of physical and sexual abuse, combined with racist cultural denigration and religious fundamentalism or fanaticism, proved highly traumatic for Aboriginal children who attended these schools, as well as for their descendants.

Although there are remarkable similarities in the types of abuse at residential schools across Canada and although many of these abuses correspond with the eight techniques of coercion illustrated in this section, this is not to say that ritualized abuse was intended.

However, as the overview of assimilationist policy shows, the tactics of disconnection and shaming were deliberately undertaken to further the goal of *civilizing the savages*. Such strategies are now understood as genocide or ethnocide.

The churches involved in residential schools have now all apologized for this tragedy. The first to issue an apology was the United Church of Canada in 1986, followed by the Missionary Oblates of Mary Immaculate (Roman Catholic) in 1991, the Anglican Church in 1993 and the Presbyterian Church in 1994. In 1997, the Canadian Conference of Catholic Bishops issued a statement of regret, which was echoed by Pope John Paul II in 2000.

One painful outcome of this history is that many Aboriginal individuals, families and communities have learned these lessons well and may use these tactics against each other through *lateral violence*.

Lateral violence is described as “the shaming, humiliating, damaging, belittling and sometimes violent behaviour directed toward a member of a group by other members of the same group” (Middleton-Moz, 1999:116). It is seen most often in oppressed groups who have been rendered helpless to fight back against a powerful oppressor and who eventually turn their anger against each other.

The widespread lateral violence in many Aboriginal families, communities and nations today must be acknowledged and addressed as part of any effective plan for long-term healing. Examples of lateral violence include gossip, put-downs, competition, family feuds, family violence, elder abuse, violence against women, bloodism (see footnote #23 for definition) and gangs.

Although residential schools have now disappeared from the Canadian landscape, other tactics of power and control against Aboriginal people have not.

Aboriginal people in Canada continue to be trapped by social, political and economic policies that promote dependency by preventing self-determination.

Healing in a larger cultural context, therefore, requires a commitment to fostering social, political and economic conditions of re-empowerment: a *politics of healing*.



Impacts of “Aggressive Assimilation” and Traumatic Disconnection

The Indian Act and Residential Schooling: The Long Shadow of Colonization in Canada

In Canada, Sections 113 to 122 of the *Indian Act* legally removed the rights of Aboriginal parents to their children, giving the government total control over the children’s lives.

For over a century, under the authority of Indian agents and enforced by the Royal Canadian Mounted Police (RCMP), Aboriginal children were taken from their families and incarcerated in residential schools. There was no recourse for the parents, families or communities in this process.

“The Indian Agent - we called him the overseer, lived on the reserve. He went around and told parents which children had to go to school. And the priests arrived with their little black cars. This older woman still stands out in my mind. She was crying because her daughter Marie was getting into the car. She tried to pull her back out of the car and the RCMP took a hold [of] her and flung her away from the car and she landed in the ditch and just lay [there] crying.”

(Assembly of First Nations, 1994: Executive Summary)

In both residential and day schools, Inuit, Métis and First Nation children were instructed in a foreign language and punished for using their own languages and customs. Unfamiliar foods, clothing and forms of worship were forced upon them in settings that were, at best, cold, institutional and

comfortless and, at worst, unremittingly cruel and inhumane.

Humiliation and Shame: Tools of “Aggressive Assimilation”

To further the process of assimilation, children were taught shame in their families and in spiritual traditions that had spanned over thousands of years. To sever their ties to their cultures, they were taught lies about the history, character and spirituality of their people.

The relational theory of human development is particularly useful in understanding the full scope of the impacts of this aspect of residential schooling on generations of Aboriginal families.

Underscoring the centrality of connection in healthy human development, relational theory has gained increasing attention over the past decade.

The main premise of relational theory is that making and maintaining healthy relationships is the foundation of the development of a healthy sense of self and balanced well-being (Jordan et. al., 2000).

Just as food, water and air nurture the body, relationships and feelings of connectedness nourish the heart, mind and spirit. In this model of human development, the deep yearning and movement toward connection is seen as a central force in a healthy life, while traumatic disconnection is understood as the source of most human suffering.

Although not all children were physically or sexually abused at residential schools, traumatic disconnection from their families, communities, languages and cultures had far-reaching, historical impacts.

Disconnection and Its Impacts

“When we cannot represent ourselves authentically in relationship, when our real experience is not heard or responded to by the other person, then we must falsify, detach from, or suppress our response. Under such circumstances we learn that we cannot have an impact on other people in the relationships that matter to us. A sense of isolation, immobilization, self-blame, and relational incompetence develops.”

(Jordan, 1999:1)

The right of Aboriginal families to create and sustain healthy, caring relationships based on mutual love and respect was denied under the *Indian Act* legislation that made their children wards of the state. Mothers, fathers, uncles, aunts and grandparents, deprived of a meaningful role in the lives of their children, suffered terribly—physically, emotionally, mentally and spiritually—from this loss, as did the children.

According to Dumont-Smith (2002), the major factors that contribute to elder abuse are: the personality traits of the abuser, intergenerational violence, and degree of dependency, stress and ageism.

Communities and Elders denied their role in raising children through teaching and reaffirming language and customs and became, over time, fragmented and conflictual. Loss of language to communicate between the generations and loss of cultural pride created

a breach between the generations that is still felt today and is one of the underlying causes of elder abuse and neglect.

“Killing the Indian in the Child”

The purpose of residential schools was to assimilate Inuit, Métis and First Nation children into mainstream Canadian culture. To this end, isolating them from the influence of family and community life was believed essential.

But many schools went much further than separation and isolation to what has been called: “killing the Indian in the child” (Fournier and Crey, 1997:47). Understanding the full meaning of this chilling concept is essential in order to grasp the full scope of what is meant by “disconnection” in the context of residential abuse.

According to Fournier and Crey: “Kill the Indian in him and save the man” (1997:55) was the watchword of Lieutenant Richard Henry Pratt who established one of the first residential schools for the government of the United States in 1878. This model was recommended to the Canadian government in a report from the minister of Indian Affairs in 1879 (Fournier and Crey, 1997).

In the context of residential schooling, “killing the Indian” meant dis-connecting children physically, emotionally, mentally and spiritually from their language, culture and their communities and also, but most painfully, from their own sense of identity as being Indian.

Physical dis-connection was achieved by removing children from loving families and communities and forcing them to grow up in institutions among prejudiced strangers.

Mental dis-connection was achieved by forbidding children to use their own

languages or any familiar customs that may have given them comfort. Without language, the key to the distinctive worldview of Aboriginal cultures was lost.

Emotional dis-connection was achieved by teaching children that the parents, grandparents and Elders they so loved were savages, and their own bodies and racial characteristics were sinful and dirty.²¹

Spiritual dis-connection was achieved by teaching children to adopt the new religion or suffer God’s wrath eternally.

Impact on Child Development

Children were also taught this would be the fate of family members who stubbornly refused to leave their *savage* beliefs and customs behind.

At the same time children were suffering the impacts of traumatic disconnection, they were faced with the developmental task of forming primary attachments to caretakers who were prejudiced at best and dangerous at worst. For many, in this context, traumatic bonding became a way of surviving childhood in an unsafe, unpredictable environment.

The profound loneliness and grief arising from multi-layered dis-connections and accumulated losses are directly linked to the most acute problems facing Aboriginal families and communities today. The government of Canada, in its *Statement of Reconciliation* issued in 1998, acknowledged the legacy of pain caused by residential schooling.

.....

“One aspect of our relationship with Aboriginal people over this period that requires particular attention is the Residential School system. This system separated many children from their families and communities and prevented them from speaking their own languages and from learning about their heritage and cultures. In the worst cases, it left legacies of personal pain and distress that continue to reverberate in Aboriginal communities to this day. Tragically, some children were the victims of physical and sexual abuse.”

(The Honourable Minister Jane Stewart, 1998:1-2)

.....

Frontline workers, counsellors and Elders at the five-day residential abuse retreat in eastern Ontario reflected on the impacts of these losses personally, as well as on their families, communities and clients.

Impacts of Residential Abuse and the Aspect of the Intergenerational Legacy Identified by Counsellors, Frontline Workers and Elders

The following are the observations and reflections of frontline workers at the residential school abuse retreat in 2000. They have been transcribed from flip charts used during group exercises.

Although retreat participants emphasized the uniqueness of each individual’s experience based on factors, such as resilience, values and crisis or coping skills, there are many common patterns.

²¹ A Fact Sheet detailing human violations endured by Aboriginal children is in Appendix A.

Impacts on the Self

- Personal loss of culture, language, traditional modes of spirituality, pride in cultural origins resulting in lack of positive self-identity and confidence;
- having to use a sense of humour to get past trauma;
- little guidance or nurturing from family;
- deep-rooted feelings of humiliation, shame and abandonment leading to low self-esteem;
- communication barriers, especially an inability to express affection; and
- ongoing triggers from sounds and smells;
- a belief system that denies the value and importance of women.

Impacts on Families

- Inconsistent or extreme expressions of love: *to go from trying to give everything to the children to an inability to give anything at all*;
- families where no nurturing or affection was present for generations;
- discomfort expressing love for children in physical ways, especially hugs;
- lack of communication within the family;
- loss of bonding between siblings;
- children taken into custody by Children's Aid Society;
- inability to talk to our young children about our childhood because it involved so much abuse;
- emotional abuse and patterns of traumatic bonding;

- using gifts and material things to soothe wounds in the family;
- wishing that things had been done differently and deep feelings of remorse;
- the silence and shame of abuse in residential school is repeated in the home; and
- family members direct lateral violence, such as anger, jealousy, resentment and gossip, against each other.

Impacts on Communities

- High rates of suicide and family violence;
- addictive and self-destructive behaviours: substance abuse, sexual abuse, sex trade, gambling or violence;
- lack of traditional skills and role models;
- unhealthy living conditions;
- feelings of isolation within the community;
- ongoing power and control issues;
- inability to face the levels of abuse and dysfunction within the community;
- racism, racial scaling—splits between mixed/Métis and Status vs. “Non-Status;”
- lack of self-sufficiency and sustainability;
- spiritual “splits” and factions between Catholics, Protestants, Jehovah's Witnesses, Christians and those with traditional Aboriginal spiritual beliefs;
- problems of reserves and settlements are transferred to urban communities, such as family feuds, bloodism and violence;
- a strong desire to reclaim cultural and spiritual identity; and

- the community comes together during crises but cannot sustain positive energies at other times.

Impacts on Clients

- Addictive and self-destructive behaviours: alcohol, drugs, gambling, sex, choosing unhealthy partners, self-mutilation, prostitution;
- mental illness and emotional disorders;
- suicidal ideation and attempts at suicide;
- conflict with the law;
- violence against women;
- histories of inter-generational family violence, elder abuse, child abuse and histories of involvement with foster care and Children’s Aid Society;
- low education levels;
- unhealthy coping, social and life skills;
- denial of impact of residential abuse and intergenerational legacy;
- emotional numbness;
- anger towards authority figures;
- bitterness and lack of personal growth;
- a sense that being Aboriginal is wrong;
- no sense of belonging to family or culture; and
- fear of the past and fear that “opening up” will lead to insanity.

These examples underscore the multi-faceted emotional, mental, physical and spiritual impacts of traumatic disconnection and how they are played out in personal, family and community relationships today.

Long-Term Impacts

Each individual’s experiences and reactions are subjective and unique. Not all children who attended residential schools were physically or sexually abused there.

All, however, were impacted by long-term, separation during childhood from family, community, culture and language. Generations of family and community members were also profoundly impacted.

With more Survivors sharing their stories and their descendants talking about the intergenerational impacts, the full scope of the tragedy becomes clearer:

- cultural denigration, humiliation and shaming were standard practices in residential schools. This deprived the children of self-esteem and, in many cases, led to life-long feelings of self-hatred and depression;
- Survivors report frequent sleep disturbances and nightmares. Links have been made between such symptoms and the fact that children were often sexually abused in their own beds;
- trust is a crucially important issue for Aboriginal Survivors. Being betrayed by caretakers who threatened children with *God’s wrath* while abusing them, deprived children of faith in a higher power to protect and help them;
- the capacity for intimacy is severely disrupted by the traumatic loss in childhood, of persons with whom children are deeply connected. Fear of further loss can be so great it far outweighs the hope of sustaining intimate or loving relationships; and

- many Survivors experience ongoing trauma from flashbacks. Although this is the body's way of signalling that healing is needed, too many Survivors resort to substance abuse to numb these feelings instead of using them to heal.

Chronic poverty, under-education and ongoing prejudice are all part of the reality of life for Aboriginal people in Canada today. Such living conditions and their attendant health and social problems compound the long-term impacts of historical, unresolved trauma.

Accumulated Grief and Loss

Restoring health and balance within Aboriginal families and communities requires an understanding of the impacts of accumulated grief and loss experienced over many generations.

This includes the loss of:

- relationships with siblings, parents, Elders and extended family members;
- language and other forms of communications;
- spiritual and healing customs and traditions;
- parenting and grandparenting skills;
- homelands and ancestral territories;
- hunting and fishing skills and other means of promoting self-sufficiency; and
- cultural identity and pride.

Accumulated losses underlie the unresolved, intergenerational grief, frustration and rage experienced in many Aboriginal families and communities today. Effective healing can only happen when the multi-level impacts of:

- accumulated historical losses,

- ongoing re-victimization (whether through oppressive political and economic policy or *systemic barriers*),
- unresolved trauma of child abuse, and
- undiagnosed post traumatic stress disorder (PTSD)

are fully understood in terms of how they play out in the lives of Aboriginal people today.

Moving Forward Toward Healing

Working effectively to heal the impacts of residential school abuse requires a holistic, solution-focused and sustained approach at all levels.

At the individual level: Survivors need non-judgemental support in creating strategies of empowerment to overcome their own traumas and transform negative coping strategies into self-care.

At the community level: Survivors need to re-connect with peers who share both an understanding of the past and hope for a new future.

At the political level: counsellors and frontline workers need to fully support the individual and collective rights to justice and self-determination of Aboriginal clients, communities and nations.

At the service system level: Survivors need strong, vocal advocates within "the system" who are knowledgeable about the impacts of residential abuse and the potential for re-victimization, who themselves model a healing path and who are committed to re-empowering Aboriginal people.

At the cultural level: Survivors need to re-connect with history, culture and language through Elders, traditional people, workshops, field trips and ceremonies.



**Section III:
What is Trauma?**

Section III: What is Trauma?

Increasingly, psychological trauma is understood as an affliction of the powerless. During a traumatic event, the victim is made completely helpless by an outside force. When this force is one of nature, it is called a natural disaster; when it is human-to-human, it is called an atrocity. Traumatic events cause people to lose a sense of control, connection and meaning (Herman, 1997). The root word of trauma means “to wound.”

Psychological trauma is a unique, individual experience of an event or enduring conditions, in which:

- *The ability to integrate our emotional experience is overwhelmed, (i.e. our ability to stay present, understand what is happening, integrate the feelings, and make sense of the experience), or*
- *We experience (subjectively) a threat to life, bodily integrity, or sanity.*

(Saakvitne et. al., 2000:5)

Examples of Psychological Trauma

Trauma can be a one-time event or a series of ongoing experiences over the life span of an individual, as well as across generations. Examples include life-threatening situations, such as: car accidents, fire, physical violence, threats or fear of harm to, or loss of, one’s children or family members. It includes sexual abuse, separation from family and/or community, war, extreme poverty, deprivation and chronic neglect, as well as racism, genocide and other forms of oppression.

Who Are Trauma Survivors?

In the context of residential school abuse and forced relocation, there are **Survivors who attended residential schools, as well as their descendants who have suffered the historical or intergenerational impacts.** All have experienced the traumatic, accumulated losses of extended family, culture, language and identity.

- **Survivors are those adults who, as children,** suffered the trauma of forced removal or relocation away from families, home communities, languages and traditional ways of life.
- **Survivors are those adults who, as children, endured multiple physical, emotional and sexual abuse and/or neglect** by caregivers over many years of confinement in residential schools.
- **Survivors are the generations of family and community members** whose children were seized from them, depriving them of the love, joy and responsibility of raising their own children, grandchildren, nieces and nephews.
- **Survivors are the descendants** who have suffered the intergenerational impacts of the abuse endured by their parents and grandparents. Deprived of adults with any experience of parental and family roles and responsibilities or sense of community belonging, their own childhood abuse, trauma and multiple losses were, in turn, unexpressed and unresolved.

- **Survivors are Aboriginal youth and adults who have been re-victimized many times** through brutal treatment aimed at controlling their *dysfunctional* behaviour, whether in prisons, in the streets, in psychiatric wards, mental health facilities, hospitals, addiction treatment centres or schools.

Because residential school abuse was directed against both boys and girls; Survivors are of both genders and can be of any income level, sexual orientation or level of ability.

Although, at present, the greater number of clients in trauma recovery programs are female, many Aboriginal men and boys also suffered childhood abuse and trauma. Under-recognition and under-reporting of male childhood sexual abuse, as well as Western socialization that teaches men and boys to deny or avoid feelings, are barriers to trauma recovery for Aboriginal men.

Trauma in the Context of Residential Schools and Forced Relocation

Many Survivors of residential schooling have broken the long silence about their suffering and pain. Participants at a retreat for frontline workers spoke of the following experiences:

They spoke of witnessing the violence and cruelty inflicted on other children or younger brothers and sisters, and being helpless to stop it.

They spoke of being taken from their families and communities by force, some for ten months of the year and others for their entire childhood.

They spoke of ongoing feelings of abandonment, loneliness and isolation.

They spoke of trying to escape the abuse by running away, being tracked down by police, returned to school and brutally punished.

They spoke of families and communities who were powerless to protect them.

Inuit also spoke of their childhood terror during a first plane ride to schools far away, of missing the tundra and familiar smells, foods, light and shadows of Arctic life; of unexpected, intense grief during visits to long-abandoned childhood camps; and of finding, in decades of overgrowth, relics of a lost childhood life—cooking utensils, toys, buttons—all left behind in the abrupt departure of forced relocation.

Intergenerational Impacts of Residential School Abuse

Many generations of Inuit, Métis and First Nation children spent the greater part of their childhood in residential schools. The abuse and neglect they suffered while there left its mark on their adult lives, as well as the lives of their descendants whose families have been characterized by further abuse and neglect.

As adults, many Survivors of residential school abuse found themselves struggling alone with the pain, rage and grief of unresolved trauma. Those who sought escape through marriage or domestic partnerships were often overwhelmed by the complex demands of intimacy, parenting and family life, without previous experience of it or preparation for its demands. Some were also re-victimized by domestic violence or became, themselves, the abusers of their partners, children or parents.

“Intergenerational or multi-generational trauma happens when the effects of trauma are not resolved in one generation. When trauma is ignored and there is no support for dealing with it, the trauma will be passed from one generation to the next. What we learn to see as “normal” when we are children, we pass on to our own children.

Children who learn that ... or [sic] sexual abuse is “normal”, and who have never dealt with the feelings that come from this, may inflict physical and sexual abuse on their own children.

The unhealthy ways of behaving that people use to protect themselves can be passed on to children, without them even knowing they are doing so. This is the legacy of physical and sexual abuse in residential schools.”

(Aboriginal Healing Foundation, 1999:A5)

Some residential school Survivors escaped into the military, but became further affected by combat trauma or discriminatory treatment. Others self-medicated their pain through addictions or substance abuse. Gang and drug-related violence, homelessness and poverty began to grow. Those in conflict with the law risked re-victimization through police brutality.²²

Impacts of Unresolved Trauma

The seeds of lifelong mistrust and fear are planted when children are harmed and betrayed by the people they must depend upon for protection and care.

Because abused children are frequently told by the abusive parent or caregiver the abuse is *for your own good*, the stage is set for self-blame and self-hatred.

Children who are abused by adults are also given another clear message—not to express their feelings about the abuse. As a result, traumatized children learn very early to survive repeated trauma through non-expressive coping mechanisms, such as denial or dissociation.

When a child or adult is prevented from releasing overwhelming feelings of rage, fear or grief, those feelings are *unresolved*. The outcomes of unresolved psychological trauma are usually very severe. Some of the most common outcomes reported by Aboriginal frontline workers are:

- substance abuse and/or addictions;
- suicide or other self-harming behaviours, such as slashing, burning and cutting;
- dissociation, (inability to feel); and/or
- re-enactment through risk-taking or abusive behaviours.

Unresolved trauma from residential school abuse continues to impact individuals, families, communities and nations and will do so until it can be expressed, validated and released in healthy, creative ways.

What is Post Traumatic Stress Disorder?

According to the *Diagnostic and Statistical Manual, 4th Edition (DSM-IV-TR)*, published by the American Psychiatric Association (2000), post traumatic stress disorder (PTSD) is diagnosed as follows:

- A. The person has been exposed to a traumatic event in which both of the following were present:

²² In Saskatchewan, a criminal investigation is underway regarding reports of police taking inebriated Aboriginal men to the outskirts of town in the bitter cold of winter, where they then froze to death.



1. The person experienced, witnessed or was confronted with an event or events that involved “actual or threatened death or serious injury, or a threat to the physical integrity of self or others.”
 2. The person’s response involved intense fear, helplessness or horror.
Note: In children, this may be expressed instead by “disorganized or agitated behaviour.”
- B. The traumatic event is persistently re-experienced in one (or more) of the following ways:
1. Recurrent and intrusive distressing recollections of the event, including images, thoughts or perceptions.
Note: In young children, repetitive play may occur in which themes or aspects of the trauma are expressed.
 2. Recurrent distressing dreams of the event. **Note:** In children, there may be frightening dreams without recognizable content.
 3. Acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations and dissociative flashback episodes, including those that occur on awakening or when intoxicated). **Note:** In young children, trauma-specific re-enactment may occur.
 4. Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.
 5. Physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.
- C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) of the following:
1. Efforts to avoid thoughts, feelings or conversations associated with the trauma.
 2. Efforts to avoid activities, places or people that arouse recollections of the trauma.
 3. Inability to recall an important aspect of the trauma.
 4. Markedly diminished interest or participation in significant activities.
 5. Feeling of detachment or estrangement from others.
 6. Restricted range of affect (e.g., unable to have loving feelings).
 7. Sense of a foreshortened future (e.g., does not expect to have a career, marriage, children or a normal life span).
- D. Persistent symptoms of increased arousal (not present before the trauma), as indicated by two (or more) of the following:
1. Difficulty falling or staying asleep.
 2. Irritability or outbursts of anger.
 3. Difficulty concentrating.
 4. Hypervigilance.
 5. Exaggerated startle response.
- E. Duration of the disturbance (symptoms in criteria B, C and D) is more than one month.

F. The disturbance causes clinically significant distress or impairment in social, occupational or other important areas of functioning.

Hallmarks of PTSD

Repeated re-living of the traumatic event through dreams, hallucinations or flashbacks is one of the hallmarks of PTSD. Sensory stimuli, such as sights, sounds, smells or tastes associated with the event, become triggers for these flashbacks.

Persons suffering from PTSD learn to maintain a constant state of vigilance to avoid anything that may cause a flashback. They may use addictions to numb themselves from sensory stimulation that could trigger recall of the initial trauma.

PTSD is marked by complex biological changes, as well as severe psychological symptoms, often occurring in combination, such as depression or mental illness and substance abuse.

PTSD impacts every part of a survivor's life, including mental, physical, emotional and spiritual aspects.

What Other Factors Are Associated With the Development of PTSD?

Research shows PTSD is more likely to develop in persons whose subjective experience of the trauma includes the following:

- greater magnitude, intensity, unpredictability, uncontrollability, betrayal or helplessness;
- sexual as apposed to non-sexual victimization;

- greater perception of threat, danger, horror or fear; and
- a social environment that promotes shame, guilt, stigma or self-hatred.

Defence or Coping Mechanisms

When a child or adult is traumatized, the mind and body provide ways of adapting to the situation. The following are some descriptions of **coping or defence mechanisms** developed from decades of research in the field of trauma and recovery (Frontline Workers, 2000).

Readers are cautioned that these descriptions have been formulated by, and for, non-Aboriginal people from a contemporary, Western approach to health. As such, they may not reflect the worldview or cultural beliefs of Aboriginal people.

Coping or defence mechanisms are understood as survival strategies that enable victims of trauma not merely to survive, but to live in an otherwise almost "normal" way.

Such strategies may have helped victims survive the initial traumatic event or may be used in the present to help numb painful memories. They may also be used to control repressed feelings that, if released, would overwhelm and devastate the survivor.

It is the role of the counsellor to help individuals and families identify which coping strategies are healthy and working well for them, and those that are part of the problem and a barrier to healing.

Suppression

Suppression is *consciously* and deliberately pushing memories/feelings of an event out of one's thoughts, refusing to let anything around

it surface. For example: *I will not think about this right now, I have moved on with my life, therefore there is no problem.*

Repression

Repression is the *unconscious* “forgetting” of painful or unacceptable memories and feelings. This type of defence mechanism requires cues or triggers to resurface the memory. In a national survey of psychologists, 23.9 per cent reported being victims of child sexual abuse; of those, 40 per cent reported a period of forgetting (Feldman-Summers and Pope, 1994).

A Caution About Suppression and Repression: The first Aboriginal psychiatrist in Canada, Clare Brant (1990), suggests repression is a key attribute of Indigenous cultural training. Emotional restraint (especially repression of anger) is a foundational ethic considered essential to self-control.

Discouraging expression of strong or violent feelings against others promotes cooperation in small, close-knit communities bound by survival needs. When understood in the larger framework of social customs that permit feelings to be expressed non-verbally, through dance, art and ceremony, this type of repression is not inherently harmful.

Dissociation

Dissociation is sometimes referred to as a *trance-state*. It refers to the ability to put oneself outside of the pain of what is happening by disconnecting feelings from thoughts. Car accident victims, for example, report feeling *distanced* from the event, as if they were outsiders observing it.

Repression and dissociation often work in tandem because of the way memory *shatters* during trauma. A child who dissociates during a traumatic event retains only very foggy or shard-like memories of the actual event. For

example, the *sick* feeling while walking up stairs may be the only shard of memory left from the trauma of sexual abuse that occurred in the bedroom. Repression and dissociation can become habitual.

Displacement or Diversion

This refers to moving one’s attention away from a traumatic event by focusing on something else, such as details of the room, sounds or clothing. Other forms of diversion include spiritual imagery, inventing imaginary beings or other parts of the self, or focusing on foods or treats.

Splitting

Splitting occurs when an individual cuts off or splits from the part of the self that is in pain. This separated part is then viewed as the *bad, needy, angry* or *hopeless* part of the self. Splitting into separate parts helps retain a sense that the main part of the self can still be healthy.

Denial and/or Minimizing

When an experience is too painful to deal with, we can deny there is a problem, insisting: “*that never happened*” **or** “*it did not happen to everyone at residential school, therefore it probably did not happen to me (or to you).*”

Denial also occurs when the traumatic event and its impacts are minimized; for example: “*It wasn’t that bad; after all I got a good education.*” Denial can work at individual, family and community levels and there can be an active, aggressive quality to denial.

Denying and minimizing are also essential strategies in maintaining addictions. Addicted Survivors who are always *on the verge* of a healing breakthrough are able to sustain both the addiction and the illusion of recovery by minimizing and/or denying the seriousness of the amount they consume.

A Word of Caution About Denial

From an Aboriginal perspective, there are two important aspects of denial as a culturally-based norm. In the context of colonization, Indigenous people could not be open and transparent to those in authority regarding their experiences and feelings for obvious reasons. Denial is inherent in any relationship involving misuse of power, such as that between the colonizer and the colonized.

The ability to deny and/or minimize feelings of discomfort, fear, frustration or impatience is also a learned and valued hunting skill.

Projective Identification

This term refers to unconsciously putting one's own unresolved feelings onto someone else, such as a child, spouse or boss. For example, a mother with unexpressed feelings of being *dirty* due to child sexual abuse may project those unresolved feelings onto her daughter through obsessive attention to cleanliness or by calling her a *dirty little girl*.

Object Relations

This refers to unintentionally transferring unresolved feelings, emotions or desires onto a substitute person, for example, treating a child, spouse or boss as the abusive parent.

Stopping Mechanism

This refers to cutting off those feelings or bodily functions associated with the trauma, such as orgasm, the capacity to be surprised, bodily or bathroom functions, hunger or eating certain foods.

Intellectualizing

This refers to trauma Survivors who emphasize explanations or analysis in order to understand at a rational or intellectual level, so they can avoid addressing their pain at a feeling or emotional level.

Projection

This refers to an *unconscious* tendency to attack in others what we most fear in ourselves, insisting: "*It's not my problem; it's your problem.*" People who cannot face their own memories of victimization may lash out at the *victim mentality* of those who are trying to heal; or, people who repress their own attraction to members of the same sex, sometimes direct their confusion and hostility toward gays, lesbians and/or transgendered people.

Transference²³

This refers to redirecting unresolved childhood feelings and desires onto a new object; for example, clients *falling in love* with or idealizing their counsellor or other authority figure who then becomes a substitute for a loving, caring and trustworthy parental figure.

Sexualized transference is especially common where there has been prolonged childhood sexual abuse (Herman, 1997). As many Survivors of residential school abuse were abused sexually throughout their entire childhood, often by multiple perpetrators, and may have come to believe their primary value is through their sexuality. The ability to sexually attract becomes, paradoxically, a litmus test for evidence of caring, as well as of corruption.

Survivors may also idealize their counsellors and develop extremely unrealistic expectations of the counsellor's role as a protector or rescuer. When the counsellor, helper or Elder fails to live up to this role, the Survivor who feels betrayed and abandoned once again may react by transferring the rage, formerly directed at the abuser, onto the counsellor.

²³ For information about countertransference in this context, see Section 5 of this manual.

In situations where the counsellor or helper is non-Aboriginal, characteristics of the white abusers may also be transferred. As a result, the Survivor may accuse the counsellor of acting like the white residential school abuser or of racism.

On the other hand, Aboriginal counsellors, helpers or Elders who fail to meet idealized expectations may be accused of *acting like an apple: red on the outside but white on the inside*.

Traumatic Bonding

When a strong attachment is formed to someone who is unsafe in an attempt to gain safety or to survive, it is called traumatic bonding. Examples include hostages who come to care for or join up with their kidnappers or children who learn to see the world through the eyes of the abusive parent.

Trauma and Resilience

According to Aboriginal frontline workers, some coping strategies used to survive early trauma, such as sexual and physical abuse, can become valuable strengths. Determination, hard work, looking out for others, a sense of humour and the ability to handle crisis situations have enabled many Aboriginal Survivors of abuse to help re-empower their families and communities.

A shared understanding of residential school abuse and its impacts can help counsellors and Survivors work together to transform negative coping strategies into strengths.

The Biology of Trauma

People who are in danger need to mobilize themselves for strenuous action, so they are able to dismiss hunger, fatigue or pain,

in order to focus only on survival. That is why, during trauma, the brain puts the body into a *flight, fight or freeze* fear response. (The information in this section is from a lecture the author attended in Boston on April 29, 2000 through the Harvard Medical School Department of Continuing Education, delivered by Amy E. Banks, M.D.)

Under normal conditions of life, the brain functions through an even, balanced flow of chemicals and message processing systems. But in response to a traumatic event, the brain massively increases production of adrenalin for greater strength and endurance. This, in turn, increases the heart rate and blood pressure, causing hyperarousal of the nervous system.

When the traumatic event and the danger have passed, the brain then returns to normal functioning once again.

However, if traumatic events are re-experienced repeatedly over time, the brain loses its ability to regulate its own chemistry. Repeated flooding of adrenalin will eventually temporarily deplete the supply. The brain then tries to compensate by alternating patterns of over-stimulation and depletion.

When the brain is flooded with adrenalin, the body enters a state of hyper-arousal, anxiety and fear. In this state, Survivors may react to seemingly harmless situations as if re-traumatized, appearing terrified of the people or places around them. On the other hand, when adrenalin is depleted, Survivors may feel emotionally shut down with no interest or energy to react or reach out to others.

This explains why some traumatized people feel and act as if their nervous systems are completely disconnected from the present situation. As brain activity fluctuates, their feelings alternate between numbness and panic or sheer terror.

The brain/body changes associated with PTSD also cause hyper-arousal of the nervous system, creating symptoms such as increased startle reflex and sleep disturbances.

Impact of Trauma on Memory

According to Dr. Banks, the *fight, flight or freeze* fear response dramatically alters function in two areas of the brain, the *hippocampus* and the *amygdala*. Because these areas of the brain are where memory is processed and integrated, there can be distortion in how information is processed.

This means that, during a traumatic event, memory can be shattered like broken glass, with some pieces being stored in the body (referred to as *body memories*), while others are stored as *shards* or glimpses of visual imagery, scents or sensations.

The fragmentation of memory occurring at the same time that emotion is separated from memory due to dissociation, explains why many trauma Survivors can only recall bits and pieces of the experience. In place of memory, they may experience bouts of intense, overwhelming emotion without any clear image attached to explain the feelings.

Single Incidents of Trauma

When a person has been traumatized, there can be an over-indulgence of memory that keeps images or sensations coming back or *intruding*.

Instead of amnesia, the person experiences hyper-amnesia, an abnormally vivid or complete recall of memory. This is often seen in victims of car accidents who *re-experience* the crash over and over again until they develop coping mechanisms that help them recover.

Repeated Incidents of Trauma

Traumatic events that are repeated over time can result in more frequent dissociation; therefore, greater memory fragmentation. Many adults, who experienced repeated traumatic incidents as children, are often unable to consciously recall their early years at all.

Aboriginal children in residential schools were subjected to daily, ongoing racially-based humiliation and shaming. As well, many suffered cruel physical punishments and/or sexual abuse and were also forced to witness the abuse and malicious humiliation of other children. As a result, many adult Survivors of residential schools suffer from undiagnosed PTSD compounded by ongoing re-victimization as adults.

What Are Triggers, Flashbacks and Flooding?

PTSD is marked by episodes of repeated reliving of the trauma through intrusive memories or **flashbacks**. During a flashback, Survivors **re-experience the feeling of the abuse as if it were occurring at that moment**. Typically, flashbacks are set off by stimulation of the senses, such as particular sounds, sights, smells, tastes or touch. These stimuli are known as **triggers**.

The terror of these experiences creates excessive fear and avoidance of any stimuli that might evoke a flashback. Sometimes

Survivors become so totally engulfed by the terror of reliving a traumatic event, they become utterly cut off from the present. This is referred to as **flooding**.

Dr. Banks' research on flooding suggests it is a neuropsychological event, during which brain chemistry is completely overwhelmed by the *fight, flight or freeze* fear response.

Flashbacks and flooding are frightening experiences, both for Survivors and those around them. According to frontline workers, identifying the triggers that cause flashbacks and building a base of inner strength, in order to confront the memories, is the first step toward re-empowerment and recovery.

Outcomes of Unresolved Trauma

Inability to Assess Risk

Like anyone else, Survivors of childhood trauma long for safe, intimate connections with others. However, when children are abused by their caretakers, the lessons they learn about trust and safety, protection and risk, and truth and lies are contradictory and confusing.

“In addition to caretaker abuse, children in residential schools were also subject to religious abuse where “God’s love” was used as a justification for their abuse and misery. “

(Participant at Retreat for Frontline Workers)

According to frontline workers, this confusion, compounded by the urgency of the instinctual drive for safety and protection, can cause Survivors to mistake the characteristics of an abuser for those of a caretaker.

For example, Survivors may be drawn to relationships with people who appear very strong and overly protective, not realizing that these can also be warning signs for possessiveness, jealousy and control. As a result, many Survivors find themselves trapped in repeating patterns of disrespectful or violent relationships as adults.

Lateral Violence

Issues of protection and risk are ongoing *hot buttons* for Aboriginal Survivors of childhood abuse that are sometimes played out as *lateral violence* in Aboriginal families and communities. Lateral violence is defined as “the shaming, humiliating, damaging, belittling and sometimes violent behaviour directed toward a member of a group by other members of the same group” (Middleton-Moz, 1999:116). It is a learned behaviour that allows oppressed and vulnerable people to feel more powerful by turning their anger against each other. Symptoms of lateral violence include gossip, put-downs, competition, family feuds, religious wars, gang wars and bloodism²⁴ (Middleton-Moz, 1999).

Re-Enactments

Some Survivors of childhood abuse find themselves unknowingly re-enacting some aspect of the trauma in a disguised form as adults.

Re-enactment can occur through high-risk, dare-devil behaviours, such as:

- playing *chicken* on the highway;
- slashing, burning or cutting;
- starvation;
- unsafe or rough sex;
- picking fights;
- criminal behaviours that risk being “captured” and spending time in jail; and

²⁴ According to Middleton-Moz, “Bloodism” refers to rejecting or accepting someone based on skin colour or the amount of full-blooded vs. mixed-blood ancestry.

- relationships that repeat the harm, **whether from or against** others.

For some Survivors, compulsive control of food intake or addictions is another way of regaining power and control over one's body and feelings; control that was denied due to the abuse.

In the context of residential school abuse, where Survivors recall never having enough to eat as children, hoarding, hiding and/or bingeing on food are common in adulthood.

Regardless of how trauma is re-enacted, whether through memories, nightmares, risk-taking or repeating the abuse, re-enactment carries all of the emotional intensity of the initial event. Because trauma is characterized by feelings of overwhelming helplessness, the ability to control re-enactment of a traumatic event evokes exhilarating feelings of power and triumph.

The compulsive need to re-enact trauma can be understood as an unhealthy and dangerous coping strategy. Simply asking or expecting Survivors to stop such behaviour is not an effective counselling technique.

Re-enacting behaviours can only be resolved when the Survivor is able to develop a new understanding of them and achieve feelings of personal power and triumph through other, more healthy means.

Fears of Authority and Intimacy

People who have learned as children that those in authority will harm them, fail to protect them from harm or abandon them, often develop a deep-seated fear of both authority figures and intimate relationships.

Survivors with such fears become skilled at undermining authority²⁵ and intimacy as a survival mechanism.

As a result, many Survivors experience difficulties in the formal, hierarchal education system and employment systems (above and beyond systemic and attitudinal barriers imposed by prejudice).

In personal relationships, adult Survivors of traumatic disconnection in childhood tend to develop disruptive relational patterns, such as:

- ending relationships just as the *newness* wears off and closeness begins;
- not allowing relationships to progress beyond certain limits of closeness; or
- ending relationships on an extremely negative or conflictual note.

In her book *Children of Trauma*, Middleton-Moz (1989) suggests *leaving relationships before they get left* is a pattern of re-enactment that allows Survivors to lessen their fears of intimacy and loss by regaining a sense of power and control over abandonment.

Domestic Violence

Over the past century, domestic violence has become an epidemic in Aboriginal communities across Canada. This abuse takes many forms, including physical, emotional and sexual, as well as neglect of children, spouses and/or elders. As with the widespread domestic violence in the non-Aboriginal population, the most violent offenders are male. A recent AHF report on Aboriginal domestic violence reveals the following situation (Bopp, Bopp and Lane, 2003).

²⁵ This is not to deny the role of authority figures in perpetuating racism and inequality and the need to find ways to remove the authority of such persons.

Spousal Violence

- 25 per cent of Aboriginal women and 13 per cent of Aboriginal men report experiencing violence from a current or previous partner over the past five years;
- 49 per cent of the women reported physical injury, 23 per cent received medical attention for the injuries and 39 per cent feared for their lives;
- 37 per cent of Aboriginal women and 30 per cent of Aboriginal men reported emotional abuse during the same period; and
- 57 per cent of the women who experienced abuse reported their children had witnessed it (Canadian Centre for Justice Statistics, 2001 cited in Bopp, Bopp and Lane, 2003:26).

Child Abuse

- “An estimated 45 per cent to 70 per cent of children living in abusive situations are likely to be physically or sexually abused” (Bodnarchuk, 1999 cited in Bopp, Bopp and Lane, 2003:43).
- “Children living with an abused mother are 12 to 14 times at greater risk of being abused by their mother’s partner” (McCloskey, Figueroa and Koss, 1995 cited in Bopp, Bopp and Lane, 2003:43).
- The ratio of Aboriginal to non-Aboriginal children in care of a Children’s Aid Society is 7 to 1 (National Association of Friendship Centres, 1999).

Elder Abuse²⁶

Dumont-Smith (2002), categorizes elder abuse as: domestic elder abuse; institutional abuse; and self-neglect or abuse. The most common types of abuse are physical,

psychological and financial (including neglect and abandonment).

According to her report, the lack of research and information in the area of elder abuse in both Aboriginal and mainstream society makes it impossible to state with certainty the full extent of this problem. However, she cites surveys in the general population that indicate the following:

- in a sample survey, 25 per cent of violent acts responded to by police involved an older person; and
- 4 per cent of seniors who responded to a national survey in 1989 indicated they had experienced some form of abuse.

With Aboriginal seniors accounting for 8.3 per cent of the total Aboriginal population and much higher rates of violence in the Aboriginal population, Dumont-Smith (2002) suggests Aboriginal elders experience abuse at a rate that is at least comparable to, but likely higher than, the general population.

Mental Illness

Depression and suicide are problems of epidemic proportion in the Aboriginal population. An annual report from the Ontario Aboriginal Healing and Wellness Strategy (2003) and a report from the Department of Indian Affairs and Northern Development (2003) show the following:

- comparisons in potential years of life lost by mental illness as a cause of death in the Aboriginal vs. non-Aboriginal population is 142 vs. 60, respectively;
- the rate of suicide among Canadian Inuit is the worst in the world: 211 per 100,000 vs. 14 per 100,000 for the rest of Canada;

²⁶ In this context, the term “elder” refers to Aboriginal seniors vs. Elders who are cultural or spiritual guides.

- depression is three times more prominent in Aboriginal youth than in the older generations; and
- depression is the second most common diagnosis reported by physicians at Aboriginal Health Access Centres in Ontario (research conducted over a three- month period from April to June 2003 by the Aboriginal Healing and Wellness Strategy; n=3,401 clients).

Re-victimization

From the perspective of frontline workers who participated in the residential school abuse retreat, **“re-victimization”** refers to conditions or circumstances, whether intended or unintended, that replicate in whole or in part the original abuse. It includes any situation in which Survivors of historical trauma experience overwhelming loss of control resulting in feelings of disempowerment, disconnection or pain (including institutional indifference to their pain or suffering).

Just as Aboriginal children suffered abuse at residential schools that were supposedly there to educate them, many Survivors have suffered further abuse from counselling and psychiatric services instead of healing.

Survivors of residential abuse are especially vulnerable to re-victimization due to ongoing marginalization and discrimination against Aboriginal people.

Evidence of this marginalization is the level of social and political tolerance for continued injustices against Aboriginal people, whether by police at Ipperwash, Ontario or Burnt Church, New Brunswick, or by health care professionals who disallow smudging

ceremonies in hospitals or by provincial registries who refuse to acknowledge the legal validity of Inuit customary adoption.

Aboriginal frontline workers believe that a shared understanding of the conditions that cause re-victimization will help ensure strategies are created to prevent this. They maintain Survivors of residential abuse are re-victimized in any situation where:

- the full scope of their suffering as children is denied or minimized;
- they are blamed for the abuse;
- they are not believed;
- they are believed but not *credible* enough; and
- their cultural or language needs are not understood and taken into account.

Survivors of residential school abuse at a retreat in eastern Ontario provided the following examples of re-victimization from their own experiences:

- Any **institutional environment or setting** that replicates the long, echoing hallways, closed doors and sterile, dormitory settings of residential schools, such as hospital psychiatric wards and some homeless shelters.
- An **“institutionalized” cultural environment** where rules are inflexible, appear arbitrary and seem to sacrifice emotional and spiritual health in the name of time, efficiency and the *bottom line* such as hospital emergency departments or social welfare agencies.
- **Restraining practices in psychiatric or police facilities** meant to protect people from self-harm, such as physically

wrestling them to the ground, pinning their arms and/or using straitjackets, replicate aversive restraints against children in residential schools.

- Any situation in which the **underlying assumption is that non-Aboriginal culture or knowledge holds the answer to the “problems” of Aboriginal people**, whether in trauma recovery, child protection, addictions recovery, HIV prevention, violence prevention and intervention or criminal justice.
- Any **situation in which human rights, basic necessities or opportunities** that benefit other Canadians are denied or inaccessible to Aboriginal people.
- Any **situation of prejudice** due to Aboriginal culture, sexual orientation, level of ability, gender, education level, income or criminal record.

Without full awareness of the conditions associated with re-victimization, frontline workers and counsellors risk compounding the pain of Aboriginal clients instead of assisting them.²⁷

In terms of re-victimization, the relationship between police and Aboriginal people requires special attention and sensitivity. Historically, this relationship has been characterized by deep-seated fear and mistrust on both sides.

In the context of residential school abuse, both the Royal Canadian Mounted Police and provincial police services enforced policies that, in effect, denied Aboriginal people the right to family life. Under *Indian Act* legislation, Native children were made legal wards of the

Crown in order to allow the government full control over assimilation through schooling. In many cases where families resisted sending their children to these schools, police intervened by forcibly removing the children from their parents.

Further encounters between many of these Aboriginal children and police occurred when they ran away from the schools to escape the abuse, only to be hunted down, captured and returned to the schools by police. In later years, police also assisted Children’s Aid Societies in removing children from their parents.

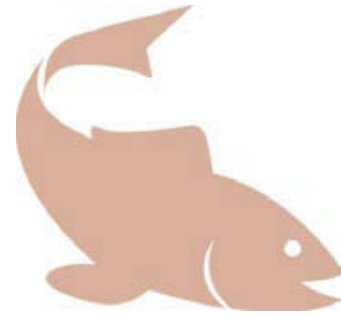
The historical role of police in the lives of Aboriginal people and the mutual mistrust generated by it has contributed to the following situations:

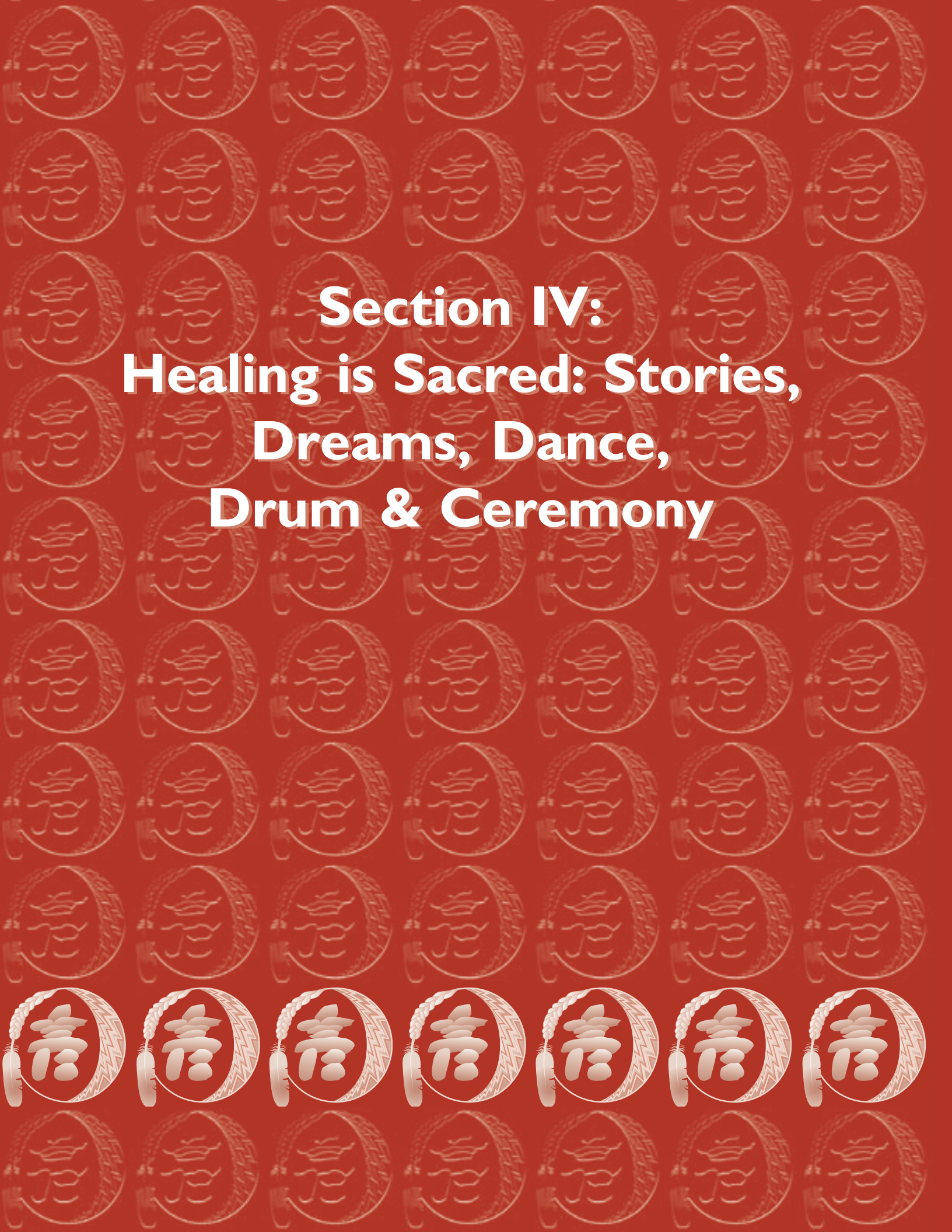
- The chances of a 16-year-old Aboriginal boy will be imprisoned at least once by the age of 25 are 70 per cent;
- The rate of incarceration of Aboriginal men is 11 times the rate of non-Aboriginal men.
- The rate of incarceration of Aboriginal women is 250 times the rate of non-Aboriginal women (although Aboriginal women comprise only 3 per cent of the population of Canada, they represent 30 per cent of the total population of federally sentenced women).
- Aboriginal women are 14 per cent less likely to be released into the community on conditional release than non-Aboriginal women.
- The failure of police to act appropriately to protect Aboriginal people was illustrated by the brutal murder in early

²⁷ A “Checklist to Prevent Re-victimization” created by counsellors and frontline workers is appended.

2000 of two Métis women in Winnipeg, whose repeated calls for help to police were dismissed.

- Over 500 Aboriginal women in Canada have *disappeared* in a 20-year period, approximately 50 from Vancouver's downtown eastside. No serious police investigations were undertaken to find out what had happened to these women (NWAC, 2004b).
- Thirty-two Aboriginal women have gone missing along Highway 16 between Prince Rupert and Prince George BC, now referred to as the *Highway of Tears*. Between 1988 and 1995, five young Aboriginal women went missing along this stretch of highway. Despite protests by Aboriginal communities, neither the police nor the media took their disappearances seriously. Then, in June of 2002, another young woman went missing whose disappearance immediately sparked media attention and government action. How did this case differ from the others? She was the first non-Aboriginal woman to disappear from the Highway of Tears (NWAC, 2004a).





**Section IV:
Healing is Sacred: Stories,
Dreams, Dance,
Drum & Ceremony**



Section IV: Healing is Sacred: Stories, Dreams, Dance, Drum & Ceremony

The previous sections of this manual outline an Aboriginal approach to understanding trauma in the context of residential school abuse and its intergenerational impacts. This section provides a brief overview of Aboriginal cultural beliefs and practices that restore and maintain physical, mental, emotional and spiritual health.²⁸

In Aboriginal cultures, individual health and healing is integral to a balanced family and community life. In this context, healing is a group process involving all those who are impacted by an individual's dis-ease, whether of the mind, body, heart or spirit.

The Elders teach that, if a problem is due to ignorance, meaning the person lacks the knowledge or skills required for balanced relationships or a balanced life, the situation requires teachings. If the person possesses the knowledge and skills, but the problem persists, the situation requires healing.

Through Elders, traditional healers and cultural teachers, these beliefs and customs live on whether in remote, rural or urban Aboriginal communities.

“Traditional teachings have always included behaviour modification, cognitive therapy and narrative therapy. Our children learned through the stories of the Elders, making the connections from the stories to their own life journeys.”

(Frontline Worker Retreat Participant, 2000)

Circle Theory and Process

Indigenous people worldwide use the structure of the circle for council meetings, spiritual ceremonies, healing, sharing and teaching.

The circle is holistic in that everyone has an equal opportunity to participate and each voice is valued and respected; what one individual shares in the circle is equally as important as any other.

In many Indigenous cultures, silence indicates respect; therefore, full participation requires an understanding of both oral and aural functions.

When a person shares in the circle, there is no interruption. Non-interference and the value of holistic listening are paramount. According to Inuit Elder Meeka Arnakaq, holistic listening means to actively and with empathy listen with the heart, the mind, the body and the spirit.

“ Everyone has their time to speak, even children were asked for their opinions. Listening was a major characteristic in the Native society. Everyone honoured the speaker because they wanted to have the same attention when they spoke.”

(Seneca Elder Twylah Hurd Nitsch cited in Kulchyski et. al., 1999:73)

²⁸ For further information, contact the Aboriginal cultural centre nearest you.

Healing Circles

When used in healing, the function of the circle is to re-connect individuals with the parts of themselves that have been injured and to connect with others through a process of voluntary, personal, mutual disclosure.

Sharing circles allow everyone to actively participate as teachers as well as learners; to be healed as well as to heal. The most sacred teachings are those that arise out of the collective insights of those who fully participate in the circle in a good way.

Smudging

Smudging is a sacred ritual using smoke from burning medicine such as sage, sweetgrass, cedar or tobacco, to cleanse people, places, food and objects.

When used to cleanse people, a smudge is usually led by an Elder or traditional healer who may have a helper or may engage one of the participants to assist. Smudging is used to dispel negative energy, creating an opening for positive healing energy.

Depending on the preference of the Elder or traditional healer, elements such as fire and water may be placed in the centre of the circle to help participants stay focused.

Once everyone has smudged, the burning medicine may be placed in the centre of the circle. Fire in the centre of a circle symbolically connects participants to their inner sacred fire.

Prayer/Giving Thanks

Prayer is a ritual reminder of our most deeply held principles and convictions and is one way of communicating with the creative

spirit of the universe. For many First Nations, “the words that come before all else”²⁹ are important ritual openings for gatherings of people. Once everyone has been smudged, an Elder or traditional person may offer up an expression of thankfulness and hope for the gifts of Creation, affirming for those within the Circle their shared commitment to speaking in a good way. For Inuit, openings and closings can also take the form of drumming and/or song.

Sacred Items

Traditional people and Elders often use sacred objects, such as an eagle feather or talking stick, to guide the circle process. The sacred object may be passed from person to person around the circle or placed in the centre of the circle to be picked up by the next person wishing to speak. Some examples of other sacred objects used in ceremonies are the drum, pipe, drumstick and rattle.

Sacred Medicines

The most sacred of medicines—tobacco, sage, sweetgrass and cedar—are used in traditional ceremonies and for healing, as well as in everyday life. Tobacco is offered to express thanks or to ask for help in a good or respectful way. Like the three other sacred medicines, it is also used in ceremonies and teachings to cleanse, purify, calm and protect.

Dreams

Dreams occupy an important place in Aboriginal customs. It is believed that dreams provide significant information about our past as well as our future, including warnings of impending misfortune or needs that must be fulfilled to promote healing.

²⁹ Mohawk Elder Paul Skanks and Ojibwe educator Sally Gaikexheyongai speak of these teachings.

On a community level, dreams guide the planning of feasts, the choreography of dances, the message of songs, the design of costume and regalia and the rules of games.

When used in healing, dream imagery provides insights about each person's life path and the spirit guides who are there to help on that journey.

Sweat Lodge Ceremony

For many Aboriginal people, the foundational remedy for maintaining and restoring health is the cleansing and purification ceremony known as the sweat or smoke lodge. Sweats are conducted in sacred lodges, constructed in a traditional dome shape representing the womb of Mother Earth.

During the sweat ceremony, the vapours of medicines, such as cedar, and steam restore strength and promote healing by cleansing the body, mind, heart and spirit.

Other Ceremonies

Ceremony is used the world over to mark important life and community transitions. Some Aboriginal people believe ceremonies have the power to strengthen the body's ability to fight disease and the ability of the mind and heart to move from suffering to joy.

Aboriginal cultures are rich with ceremonies designed to build strength, restore balance and promote healing. These include, but are not limited to, seasonal celebrations, such as the Sundance, Strawberry festival and Green Corn festival, as well as Medicine Walks, Feasts, Give-Aways and Potlatches, Welcoming ceremonies for Newborns, Naming ceremonies and Death ceremonies.

Lighting of the Qulliq

A qulliq is a boat-shaped soapstone lamp that burns oil and cotton as fuel for its flame. For millennia, Inuit used the oil of sea mammals, such as whale or seal and a cotton-like material harvested from plants as a wick. The flame and warmth of the qulliq were the only source of light during the dark months of northern winters. Although, for convenience, the materials have changed to cooking oil and cotton, the Lighting of the Qulliq has become an important ceremony for contemporary Inuit. It is lit at the start of most community events to symbolically reconnect Inuit of today with life in the past and to honour the spirit and wisdom of the ancestors.

Dance

In Inuit, Métis and First Nation cultures, dance is a form of non-verbal expression that defines and strengthens at a personal level, while also honouring connections with community. Drum dancing is a central feature of Inuit gatherings and ceremonies; Métis jigs are performed at "revallons" and dance is a central feature of First Nation pow wows and Sunrise ceremonies. Each dance carries its own unique meaning expressed through the dancing style and song, as well as design of the clothing worn for it. For First Nations, dance is also a way of honouring people who are ill or have passed on.

Vision Quest

The vision quest is a highly personal ceremony and an integral part of the process of self-reflection and self-understanding. In

many cultures, vision quests are an important developmental ritual for both boys and girls at adolescence. Thereafter, it is part of a lifelong process of learning, balance and growth.

Fasting

Fasting usually takes place each spring and fall to help seek new direction in life by shedding old or negative energy and replenishing positive energy. Fasting may take place in the woods, a fasting lodge or on a vision quest.

Silence

Whether for communications or in healing, silence is a traditional skill highly respected, especially among Inuit who have the longest pause times of any other culture. According to some Aboriginal counsellors and group facilitators, speaking too much or too quickly may undermine trust. While silence is considered a form of healing in itself, it also affirms the value and importance of non-verbal forms of communication.

Seven Sacred Gifts or Teachings

A fundamental belief underlying most Aboriginal spirituality is that everyone was given gifts from the Creator at birth to use as medicine for the mind, body, heart and spirit. These sacred gifts are: **Respect, Humility, Compassion, Honesty, Truth, Wisdom and Love.**

Each gift comes with a teaching that offers direction and guidance in finding balance and purpose in life by:

- accepting who we are,
- understanding our responsibilities, and
- doing as we ought to with the best of our abilities.

Art

In oral cultures, art is the primary means through which ideas, emotions, hopes and dreams are communicated. In Inuit, Métis and First Nation cultures, the colour and design of masks, beadwork, quilts and other crafts is carefully chosen to express a specific meaning or purpose.

Artistic expression is an important, non-verbal method of communication, and many Aboriginal arts and crafts are created in a group setting. As such, art has an important role in healing through relationship and community building. Art inspired by vision quests is also considered an integral part of balanced mental, emotional, physical and spiritual well-being.

Humour and Play

Humour and play for both adults and children was integral to good physical, mental, emotional and spiritual health, especially during the long winter months of confinement. One example is an Inuit game where one person tries to make the others laugh, while remaining completely impassive. Other games include lacrosse, lawn darts (played with shucked green corn) and high kicking.

Storytelling

Traditional stories are a lens through which Aboriginal people recall and honour the past, understand the present and envision the future. They are the primary method for teaching children the complexities of an Indigenous philosophy or worldview. Anishinaabe people distinguish between two types of stories or legends: *tabatacamowin* are

anecdotes or narratives about exceptional experiences, while *atiso'kanak* are the sacred stories of the ancestors.

The Wisdom of Traditional Healing

As the modern world struggles with increasingly complex health problems, such as cancer, AIDS and mental illness, greater attention is being focused on “alternative” healing methods. Some contemporary healing practices that borrow from traditional Aboriginal teachings and customs include the following.

Note: In his lectures, Mac Saulis, Mi'kmaq Professor of Social Work at Carleton University, describes the difference between Western and Aboriginal perspectives on teaching: “**Teachings** are the wisdom that arise out of the collective insights of other people, not the singular insights of one person, although one person can enhance the wisdom of the collective.”

1. Holism:

The importance of a holistic approach to health is becoming more common, and most self-help books now offer a range of healing strategies encompassing physical, mental, emotional and spiritual aspects. They also emphasize the key roles of family and community supports in fighting disease.

Recent cancer research has proven the effectiveness of positive healing imagery in promoting healing, as well as managing the emotional, mental and spiritual distress induced by a major illness. Using strategies that help the mind to heal the body and the body to heal the mind are now considered crucially important complementary therapies to chemotherapy and radiation.

The role of physical exertion in restoring mental health is also gaining new attention. Researchers at Duke University Medical Center in North Carolina found that exercising three times per week for four months was just as effective as one of the popular anti-depressant medication *Zoloft*; and after another six months, there was less likelihood of relapse. This study also concluded that physical exercise is more potent than a pill because people felt a greater sense of achievement, a sense of being in control and of mastering something (Mautz, 2001).

2. Art and Dance Therapy:

New forms of so-called alternative therapies, such as art and dance therapy, are now accepted in the mainstream health system as legitimate, non-verbal strategies for expressing repressed emotions.

3. Relationships and Connectedness:

There is increasing recognition that healthy, growth-fostering relationships are the fundamental human requirement for a healthy life. The therapeutic relationship has become an important model for helping Survivors move away from unhealthy patterns of interaction to relations based on trust, empowerment and mutual respect.

4. Dream Therapy:

Dream management is a popular contemporary strategy for furthering self-awareness, as well as trauma recovery, especially for Survivors experiencing post traumatic nightmares as a symptom of PTSD. Imagery from nightmares is now understood as the brain's way of processing repressed or dissociated memories; therefore, accessing and understanding dream imagery can be a key to recovery.

Traditional Healers Today

The De dwa da dehs nye>s Aboriginal Health Centre in Ontario has produced the following guide for traditional healers:

Medicine People consider themselves channels or mediums in healing work. They diagnose and treat a full range of spiritual, mental, emotional and physical problems using the pipe, drum, rattles and other sacred objects. Treatment plans can include: ceremonies, such as sweat lodges or fasting; offerings; feasts; and traditional plant medicines.

Elders have knowledge of traditional teachings and model living in a Good Way. They transmit the teachings and values in sweat lodge and other ceremonies, teaching and healing circles, and individual or group consultations and/or counselling sessions.

Herbalists know the traditional uses of a variety of medicinal plants. They often work in conjunction with medicine people, seers or medical doctors.

Traditional Teachers may be “Elders in Training” who know the traditional teachings and are committed to sharing this knowledge for the good of the people. They may conduct ceremonies and will work in conjunction with medicine people.

Seers are able to look into the past and future of a person to identify problems that need attention. They may suggest ceremonies to be carried out or refer to a medicine person or medical practitioner.

Ceremonialists are people who do certain types of ceremonies on request and know the songs and protocols for conducting the ceremonies.

Traditional Midwives know the traditional teachings for bringing new life into the world and the ceremonies required. They work with the woman during pregnancy, labour, childbirth and, for a period of time, after pregnancy.

Who is an Elder?

The Aboriginal Healing Foundation describes an Elder as: “someone who is considered exceptionally wise in the ways of their culture and the teachings of the Great Spirit. They are recognized for their wisdom, their stability, their humour and their ability to know what is appropriate in a particular situation. The community looks to them for guidance and sound judgement. They are caring and are known to share the fruits of their labours and experience with others in the community” (Aboriginal Healing Foundation, 2001:4).

Aboriginal services and communities rely on the proven wisdom and cultural knowledge of Elders for guidance. Examples of what one Aboriginal health service considers essential qualities in an Elder are as follows:

1. disciplined and committed to a lifetime of learning;
2. knows traditional teachings and is committed to helping people within this framework;
3. physically, emotionally, mentally and spiritually healthy;
4. born with, or seeks, the gift of healing in apprenticeship with a traditional healer;
5. walks his or her talk, i.e., lives a healthy lifestyle within the parameters of traditional values;
6. provides help when asked, although may not provide this help immediately;

7. able to bring traditional values and life ways into contemporary urban life and living in a practical way;
8. treats his or her family, spouse, children, parents, Elders and other traditional healers in a respectful and caring manner;
9. is a positive role model for Aboriginal people;
10. able to teach and correct behaviour with kindness and respect without humiliating the individual;
11. always hopeful of people and able to see the goodness in people;
12. does not use alcohol or drugs or engage in other destructive addictive behaviour;
13. does not set a fee for their healing service or request gifts in payment;
14. knows the medicines and ceremonies; and
15. evidence of his or her success exists among the people and the communities.

The Continued Relevance of a Culture-Based Approach to Healing

Although colonization interrupted the passing along of traditional teachings and practices, Indigenous people worldwide are now making significant strides toward reclaiming and revitalizing them.

Non-Aboriginal counsellors and therapists must be open to seek guidance from respected Aboriginal Elders and traditional people and to refer Aboriginal clients to culturally-based services, as needed.

By definition, culturally-based approaches to healing:

- are holistic;
- include a central role for Elders and traditional people;
- use the structure of the circle and outdoor physical settings; and
- include traditional teachings and medicines, storytelling and ceremony.

In the process of revitalizing traditional customs, some Aboriginal people and communities choose spiritual beliefs and teachings that predate the arrival of Christian religions.

Others choose to integrate their traditional customs and beliefs with Christianity. Personal choice in these matters should be the central guiding principle.

Note: The wisdom and teachings of Elders and Traditional Teachers visiting or living in Ottawa contributed to this section, including: Dr. Terry Tafoya, Dr. Mac Saulis, Jim Albert, Irene Lindsay, Angaangaq, Reepa Evic-Carleton and Paul Skanks.



Healing From Trauma

When psychological trauma is understood as an affliction of the *powerless*, the importance of a holistic healing model that promotes *empowerment* at individual, family and community levels is clear.

Addressing historical and intergenerational impacts of residential school abuse means *re-viewing* and assessing individual healing needs within the larger picture of the healing needs of families, communities and nations.

Culture-based healing strategies are creative and multi-dimensional, ranging from crisis intervention and prevention to addictions recovery, and cultural reclamation (including reclaiming positive, pre-contact parenting).

The Elders teach that all healing is spiritual in the sense that honouring the spirit within each person, regardless of their circumstances, will naturally promote a movement toward balance and health. From an Aboriginal perspective, healing is understood as a deeply spiritual journey.

The vision of the Medicine Wheel healing model, is **reconnecting** with our own inner healing force/spirit that will restore:

- trust in others and ourselves;
- trust in the potential for ourselves and others to change;
- trust in our ability to help ourselves and our community;
- a belief that we are worthy of love and kindness; and
- a belief that we are capable of showing love and kindness to others in healthy ways.

In the Aboriginal worldview, healing is a lifelong process following the same spiralling pattern as an eagle in flight.

The eagle soars higher and higher by spiralling upwards in ever-widening circles. This pattern of flight teaches that healing also progresses cyclically, each new stage offering deeper insights as preparation for the next.

Steps on a Healing Journey

1. Restoring a Holistic Life

The Medicine Wheel teaches that all aspects of life are cyclical; therefore, transformation is a natural part of all life. This means, regardless of circumstance, everyone is capable of change. Healing is said to begin at the point a commitment is made to leave an old way of life behind and begin a new path aimed at restoring physical, mental, emotional and spiritual balance.

2. A Commitment to Safety and Respect

For frontline workers, the first responsibility in trauma recovery is promoting safety in the healing process.

In an Aboriginal context, this means **creating trust through a non-judgemental attitude** and an approach to support that aligns with the unique needs, pace and realities of each individual.

The Grandmother/Elder for the eastern Ontario frontline worker retreat, who is also a residential school Survivor, believes the most destructive aspect of abuse is its cumulative impacts over the long-term. She believes the relentless, seemingly small, daily acts of humiliation endured by children over the course of their entire childhood is what has been most difficult to heal.



She suggests healing must follow this same cumulative process in reverse, by providing ongoing, relentless, seemingly small acts of respect, loving kindness and support.

As trust is established through such means, clients, who are at risk of harm to themselves or others due to violence, attempted suicide, slashing or substance abuse, may begin to work in partnership with their counsellors. Creating individual safety plans that minimize the level of future risk, while ensuring clients are not re-victimized should be a collaborative process.

The complexity of risk assessment and safety planning will vary with the severity of trauma symptoms and level of risk associated with the coping strategies being used.

The key to safety is building a trusting relationship between counsellor and client/ Survivor that grounds the client to hope.



“Learning to trust is a crucially important first step in restoring faith in one’s self and in other people.”

(Frontline Worker Retreat Participant, 2000)



3. Re-Empower by Restoring Control

Unresolved trauma causes Survivors to feel unsafe physically, emotionally, mentally and spiritually, even when circumstances no longer pose a threat.

They feel unsafe in their own bodies; they fear the intensity and lack of control over their own emotions; they feel unsafe in relationships with others; and they feel disconnected from their inner spirit, as well as from a higher creative power.

Because they were taught as children that what happened to them was their own fault and they deserved the abuse, many lost the ability to trust and count on themselves or other people. Because no action they could take changed or influenced the situation to their advantage, their sense of hopelessness grew, over time, into cynicism and despair.

The following are some of the “**Best Practices**” shared by frontline workers that promote physical, emotional, mental and spiritual empowerment of Aboriginal clients.

Physical Empowerment is restored in healthy ways through:

- breathing and rest/relaxation techniques;
- exercise, such as walking or games, or sports of physical skill and endurance;
- hunting or being on the land;
- Sweat Lodge ceremonies;
- therapeutic dance;
- healthy diet and nutrition;
- drinking lots of good water;
- support to manage addictions; and
- traditional or modern medicine that reduces reactivity and hyperarousal.

Mental Empowerment is restored in healthy ways through:

- traditional teachings;
- cognitive strategies, such as identifying symptoms and triggers and using daily logs or diaries to chart them;
- dream interpretation and vision quests;
- creating innovative safety plans to reduce risk and prevent re-victimization;
- making a story, map or narrative to illustrate the larger picture of the Survivor’s life in the past, present and future; and
- visualizing new and more hopeful outcomes of challenges in the Survivor’s life.

One of the basic tasks in mental empowerment is to create a sense of partnership based on mutual respect between the counsellor and/or helper and the trauma survivor.

Healing partnerships are based on the belief that, by sharing their knowledge, survivors and healers generate new insights into the impacts of trauma, healing and restoring balance.

Another form of empowerment is bringing the issue of residential school abuse into the public domain. Counsellors and clients, who are ready, can participate in educational activities to increase awareness of past injustice and restore a sense of balance in Aboriginal and non-Aboriginal relations.

Emotional Empowerment is restored in healthy ways through:

- non-judgemental support;
- anger release and anger management techniques;
- creative dream or art therapies;
- strengthening of informal support systems with extended family, and/or peers, and the Aboriginal community, including family members in healing plans;
- restoring pride in Aboriginal identity, history and culture; and
- ongoing affirmations of the person's unique gifts, strengths and worth.

In the context of residential school trauma Survivors, it also means providing both **practical assistance** and **political advocacy** to address social and economic conditions, such as poverty and prejudice, that cause continued suffering.

For example, one of the features of modern life is, paradoxically, a human service

system that lacks personal contact. More often than not, people in urgent need encounter impersonal voice mail and endless recorded dialling options when they telephone for assistance.

Providing practical help accessing *the system* or explaining complicated forms, such as for income tax, health care, housing or financial assistance, is more important in de-escalating clients' feelings of frustration and helplessness.

However, such practical help must be combined with strategies that alert policy makers and the general public about the impacts of systems barriers and economic policy on people in pain. Advocacy is the only way of effecting systems and policy improvements that will prevent further suffering.

Spiritual Empowerment is restored in healthy ways through any opportunity to re-connect with the life force or power of Creation through:

- meditation or prayer and giving thanks;
- participation in ceremonies;
- consultations with respected Elders and/or traditional people;
- storytelling and legends;
- chanting, singing or drum-dancing;
- healing circles;
- workshops for drum-making, wood or stone carving, beading and craft-making; and
- hunting or spending time *on the land*.³⁰

4. Remembering, Honouring and Releasing

Once steps are taken to ensure safety and to empower through personal control, the trauma recovery work can begin. Counsellors

³⁰ Being *on the land* means peace, no distractions, disruptions or other intruding responsibilities. Most Aboriginal people consider the relationship between people and the land sacred.



and helpers experienced in trauma recovery refer to this as *developing a gentle relationship* with the triggers that recall the traumatic event through flashbacks, nightmares or flooding. This means helping Survivors understand:

- what triggers are all about;
- what to expect;
- how to identify them; and
- culturally-based strategies for managing, overcoming and releasing them.

As Survivors begin to understand and honour the role of their triggers, they overcome their fears and are able to use them in new ways as tools for the trauma recovery process.

The better triggers are understood, the less power they have over the Survivor. According to frontline workers, self-capacity in managing the symptoms of trauma is a cornerstone of recovery.

Best Practices for Healing Strategies in the Context of Residential School Abuse Specific to Métis and Inuit

In 2004, the Aboriginal Healing Foundation convened gatherings for project staff of AHF-funded healing programs across Canada. The following strategies were described by project staff as especially effective in promoting recovery from residential school abuse and its intergenerational impacts. (Notes of the AHF Project Gatherings, March 8th - 10th, 2004 in Winnipeg and in Iqaluit, March 16 - 17th, 2004.) Note: These activities are often complementary strategies to family, group and/or individual counselling.

Some Examples of Healing Strategies Used in Métis Programs

- Teaching and valuing the traditional skills of men by *being on the land* hunting, fishing and cooking;
- gathering medicines, such as sweetgrass;
- healing circles, smudging, drumming, and sharing traditional Métis food;
- culture camps for youth where they learn traditional Métis music and dances, old-time games and storytelling, as well as family and community values; and
- leather and craft workshops for men, as well as hockey nights at the counselling centre and quilting workshops for women.

Some Examples of Healing Strategies Used in Inuit Programs

The central focus of Inuit healing strategies is to re-create a context in which people work together for a better future for the community, just as their ancestors did living together in small camps. Building trust and cooperation through informal settings and approaches is believed to work best for Inuit.

- Culture camps: building igloos and making traditional clothing;
- being *out on the land*;
- emoting powerfully in non-verbal ways, such as screaming;
- helping men understand their anger and violence are triggers or symptoms of unresolved trauma;
- honouring ceremonies for men and women to apologize to each other and affirm each other's value and worth;
- feasts with traditional Inuit *country food*; and
- Elder teaching.

Checklist to Prevent Re-Victimization

Frontline workers and helpers, including traditional people, developed the following checklist as a tool to help prevent re-victimization. (These guidelines apply from intake through to follow-up and/or referral.)³¹

- √ Offer unconditional compassion and support within a safe, confidential environment.
- √ Understand holistic needs: provide resources for clients that are culturally appropriate and support all aspects of well-being: mental, physical, spiritual and emotional.
- √ Understand and model the Seven Teachings with clients and co-workers: love, trust, courage, honesty, bravery, respect and honour.
- √ Use a client-centred approach: the client directs the healing journey, not the counsellor; move at the client's pace trusting them to know their needs; and respect their choices.
- √ It is important that clients do not have to repeat the details of their traumatic experiences over and over again; becoming more aware of feelings and coping strategies leads to positive change more readily than reinterpreting past factual events.
- √ Use appropriate terms and proper names, i.e., calling a client "sweetheart" or "honey" may trigger a memory of sexual abuse: use language the client can relate to and understand; and do not use language based in theory or jargon.

- √ Counsellors must *walk their talk*: counsellors can take clients only as far as they have gone on their own healing journeys and do not abuse substances when you counsel clients on relapse prevention, for example.
- √ Fostering a confidential, safe and calming atmosphere creates comfort for clients; focus on internal, as well as physical, safety; and a healing-centred space and physical comfort is crucial for recovery.
- √ Active listening, positive feedback and attention to body language are crucial aspects of helping clients feel safe.
- √ Never try to force a client back from a flashback or dissociated state: in a soft voice talk to the client about what you see and hear; and allow time for re-grounding before talking about what happened, how it felt back then and how it feels today.
- √ Set healthy boundaries with clients: inappropriate relationships are dis-empowering for clients and unethical for counsellors.
- √ Minimize power imbalances between client and counsellor.
- √ Counsellors do not tell clients what to do, make judgements or have expectations: clients must be empowered to find their own answers, make their own decisions and take control over their own lives; and the counsellor or helper's role is to facilitate this process.

³¹ Contributors in developing this checklist: staff from Minwaashin Lodge, Pauktuutit Inuit Women's Association, Ottawa Rape Crisis Centre and the author.

-
- √ Respect diversity: understand different cultures and faiths, know your own roots. Assumptions and stereotypes based on gender, race, culture, sexuality, age and/or physical and mental ability serve to further dis-empower and re-victimize clients and diminish the helper's effectiveness.
 - √ Each client is an individual: although patterns exist, it is important to recognize the unique resilience of each individual client; and one person's experience is never rated as more or less traumatic than an others.
 - √ Exposing clients to controlling, punitive or threatening attitudes or behaviours, even in a joking a way, is a form of re-victimizing them.
 - √ Screen/educate referral services about attitudes or practices that may either trigger or re-victimize Aboriginal clients.
 - √ Openly discuss the counsellor's obligation to report suspicions of child abuse/neglect or danger to self and/or others.
 - √ Ask clients who self-harm to help identify creative ways of minimizing risk that do not re-victimize themselves or others.
 - √ Each organization and counsellor should have a formal process for client safety to assess triggers and create strategies that will prevent use of harmful forms of intervention, such as physical restraint.
 - √ Every organization should have a Code of Ethics that all staff sign and agree to respect. (The Seven Teachings can be used as a guide.)
 - √ Every organization should **re-view** its service environment through new eyes to assess whether, **from an Aboriginal perspective**, it is a place of hope and belonging, (i.e., whether Inuit, Métis and First Nation people are represented, respected and welcomed there).
 - √ Healing work is sacred work: clients deserve counsellors and frontline workers who honour their own healing paths and can model self-care and respect of the body, mind, heart and spirit.

“Just” Therapy

A team of Maori, Samoan and Pakeha³² therapists from New Zealand have developed a reflective approach to therapy that underscores the role of historical, social and economic factors in perpetuating ongoing sicknesses of Indigenous people.

Just Therapy takes into account the impacts of colonization, marginalization and poverty, as well as social, political and economic inequities between men and women due to gender discrimination.

“Therapy can be a vehicle for addressing some of the injustices that occur in a society. It could be argued that in choosing not to address these issues in therapy, therapists may be inadvertently replicating, maintaining, and even furthering existing injustices. A “Just Therapy” is one that takes into account the gender, cultural, social and economic context of the persons seeking help. It is our view that therapists have a responsibility to find appropriate ways of addressing these issues, and developing approaches that are centrally concerned with the often forgotten issues of fairness and equity. Such therapy reflects themes of liberation that lead to self determining outcomes of resolution and hope.”

(Waldegrave, 1990:5, emphasis added)

As do many other Indigenous cultures, the people of New Zealand view the process of therapy as sacred. Stories of pain and suffering are considered *gifts that are worthy of honour*.

By listening respectfully and facilitating the search for new meanings, resolution and hope, therapists honour the pain of their clients.

In the *Just Therapy* model, new meanings or interpretations re-place a person’s clinical *symptoms* within a broader social and political context. Instead of experiencing overwhelming feelings of failure or helplessness, this approach encourages people to identify aspects of the problem that are beyond themselves.

Understanding the social and political context of people’s pain reduces feelings of self-blame and guilt that are often roadblocks to moving forward. This empowers people, when they are ready, to join with others in advocating for social change and ending injustice.

Therapists who are unaware of, or who deny, avoid or minimize, the impacts of social and historical injustice, risk perpetuating the self-blame of clients. Rather than empowering the clients, this may foster greater dependency.

From a *Just Therapy* perspective, the benchmark of a service provider’s commitment to social justice is the extent to which its programming reflects themes of liberation, empowerment and cultural self-determination.

Counselling Skills that Promote Empowerment

In order to work effectively with Aboriginal trauma Survivors in the context of residential school abuse and its intergenerational impacts, frontline workers suggest the following list of skills are essential:

1. **Communication Skills**, especially the ability to listen with empathy and without judgement, as well as a basic

³² An Indigenous term for New Zealanders of European origin.



understanding of First Nations, Inuit and Métis cultural differences in communication (such as, pause times, the healing aspect of silence and variations in refusal protocols).

2. **Crisis Management Skills**, including risk assessment training (for self-harm, such as cutting, eating disorders or harm to or from others) and suicide prevention.
3. **Safety Planning Skills** and proven experience developing individual goal monitoring plans in partnership with clients.
4. **Case Management Skills**, especially knowing how to mobilize community resources effectively, to ensure a full spectrum of culturally sensitive legal, health, therapeutic, financial and educational supports.
5. **Interpersonal Skills**, especially those that promote mutual respect and a collaborative approach between counsellor and client, such as personal warmth, patience, flexibility and humour.
6. **Understanding of Trauma** in the context of colonization and its impacts; knowledge of culture-based strategies to prevent re-victimization and manage triggers effectively; and knowledge of how to access such supports for referral purposes.
7. **Culture-Based Knowledge and Demonstrated Respect** for the rich history and diversity of Aboriginal people, the impacts of assimilationist policies and the courage, strength and tenacity that have enabled Aboriginal people to survive and thrive.

8. **A Willingness to Refer** and bridge Aboriginal clients to services run by and for Aboriginal people. Regardless of the level of training and cultural skills, or the good intentions of non-Aboriginal counsellors, Aboriginal clients need the opportunity to interact and learn from Aboriginal counsellors, Elders and traditional people who model a healthy lifestyle.

Hope for a New Future

Aboriginal people have long been calling for services and service providers that respect and reflect their unique cultural perspectives, values, beliefs and customs.

Many Aboriginal service providers are committed to helping mainstream service providers develop a better understanding of an Aboriginal worldview, as well as the diversity of cultural beliefs and practices.

By increasing cultural knowledge and understanding, the dignity and honour of Aboriginal people and the wisdom and transformative power of their ancient teachings is upheld.

The information in this section is presented in hope of generating discussion between Aboriginal and non-Aboriginal service providers about ways to promote healing within a framework of social justice.



Working With Clients to Promote Safety and Prevent Re-Victimization

Cultural accountability and prevention of re-victimization were recurring themes at the 2000 retreat for Aboriginal frontline workers and Elders. In the view of those who contributed to this manual, there are several important aspects of cultural accountability crucial to trauma recovery in the context of residential abuse.

They include:

- the capacity to communicate respect in ways that have meaning for Inuit, Métis and First Nation people;
- a non-judgemental attitude;
- warmth and flexibility vs. rigidity or institutional indifference;
- empathy; and
- a tolerance for ambiguity.

Effective communication skills (both verbal and non-verbal) and sensitivity to the needs, values, aspirations and ways of Aboriginal people are essential.

Because trust-building is so crucial as a first step in healing, counsellors and frontline workers must understand the importance of building relationships slowly and informally, in incremental stages.

Direct or personal questions are rarely asked at the onset of a counselling relationship. Before any explicit question is asked and before the issue of abuse is even addressed, the counsellor must foster an atmosphere of safety and hope.

Once the counsellor understands the client's basic reason for seeking help and has a sense of his or her unique conversational pace, more probing questions can be posed.

Unconditional compassion, moving slowly and softly, and staying centred and strong outside of the client's chaos, all help to build trust in the relationship. Only when trust has been achieved can the counsellor/helper and client begin to explore issues of safety and risk management.

Helping to Prepare Clients for the Criminal Justice System

Survivors who are thinking about using the courts to seek reparation for residential school abuse need practical information about the legal system and their options, as well as emotional support through this process.

People who have not been involved with the criminal justice system are often surprised by the acrimony and injustice they encounter when they do become involved. Survivors need to be aware the Western criminal justice system is based on an adversarial approach to winning and losing; therefore, the role of the defence is to discredit and disprove their testimony. Many Survivors report feeling humiliated, shamed and re-victimized by their experience within this justice system.

Survivors need to be prepared for the sense of powerlessness they might feel in this process. Telling one's story of trauma over and over again, especially to unsympathetic listeners, requires great courage and resilience. Survivors may need help to identify a range of supports before, during and after legal procedures.

Helping to Prepare Clients for the Psychiatric Intervention and/or Institutionalization

Even though the rate of suicide is significantly higher in the Aboriginal population, there are, at present, no culturally-based psychiatric facilities available. As a result, many clients are unintentionally re-victimized in the process of seeking help.

Re-victimization in this context can take many forms: a rigid, institutional setting with many rules replicates the institutional indifference of the residential school environment.

Procedures used by psychiatric personnel to subdue clients, such as forcible restraint and solitary confinement, evoke memories of force and restraints used against children who tried to escape from the residential schools.

Frontline workers and counsellors must work in partnership with psychiatric services to create new procedures that do not re-victimize Survivors. The clients, especially those who are unsafe due to aggression as a result of solvent abuse or psychotic episodes, must be partners in developing these procedures. This empowers Survivors to take a more proactive role in managing their own healing.

Family members or friends of Survivors who are experiencing the impacts of their destructive behaviours also need practical information and ongoing support. Many Aboriginal friends and family members report being ignored and feeling helpless in the course of accessing psychiatric services for their loved ones.

Information about the stages of depression, suicide ideation or addiction withdrawal and the characteristics that define

each stage is crucial to involving clients and their friends and family in the healing process.

As well, families and Survivors need specific information, such as who to telephone in an emergency and what the process will be from that point on, what to expect from assessment, intake and hospitalization procedures, what the timelines might be and how they can best support their loved ones throughout the process.

Helping to Prepare Addicted or Solvent-Abusing Clients for Detoxification

Aboriginal frontline workers and counsellors have been strong advocates for culturally-based addictions and detoxification services. If culturally-specific services are not available in your area, the following general guidelines are suggested³³ to help bridge Aboriginal clients to mainstream services:

DOs

- ✓ Do ensure the client is fully aware of the process to which they are agreeing by informing yourself about all aspects of the service; tour the facility, talk to the staff, and create formal, interagency case management and follow-up mechanisms.
- ✓ Do your best to convey to the client that it is safe and you are trustworthy.
- ✓ Do your best to assess the needs of the client vs. your own needs or the agency's needs; include, as many as possible, the resources at your disposal in client evaluation and planning.
- ✓ Do continue to provide emotional and practical supports to the client as needed.

³³ Provided by the Addictions Case Manager for the Wabano Centre for Aboriginal Health, Ottawa, ON.

- √ Do show you value the client's humanity, remembering we are all the same people.
- √ Do instill a sense of pride in the clients as they continue their healing work in partnership with you and staff of the detox/treatment centres.

DON'Ts

- √ Don't ever put a client below you in esteem or worth.
- √ Don't enable a client with money or material objects.
- √ Don't pass on to other workers or agencies your responsibility to a client; foster a team approach that includes the client and shared responsibility for outcomes.
- √ Don't assume you know best what the client's needs are.
- √ Don't do everything for the client; provide practical support and assistance, but promote skills that build self-reliance and encourage interdependence and mutual help.

Frontline workers and counsellors, who are new to working with addicted or substance-abusing clients, need to make themselves aware of the differences between detoxification centres and drug/alcohol treatment centres.



Preparing for Detoxification

Detoxification is required when the person is experiencing severe physical sickness, such as convulsions, profuse sweating, vomiting (dry heaves), tremors and/or hallucinations. For clients in this condition and depending on the available services in your area, the following are presented as general procedural steps:

1. Contact a medical practitioner, such as a community nurse or family physician, for assistance.
2. If a medical practitioner is not available, contact the nearest detox centre or hospital; in many rural communities, hospitals provide this service.
3. Make the client as comfortable as possible under the circumstances, by providing limited amounts of water, mainly for rinsing; try to discourage too much intake and provide a cold compress and rest in a quiet, dimly-lit room.
4. Ensure the client is near a toilet facility or provide an appropriate container for vomiting.
5. Do not provide any medication, such as aspirin, *Pepto-Bismol* or *Gravol*, without professional guidance.
6. Remain calm and reassure that everything will be okay.
7. Relay all pertinent information to the detox centre or hospital and any person who will be in contact with the client. At this time, include any information specific to cultural needs, such as smudging or access to Elders, while in the detox centre.

8. Make arrangements for travel to the detox centre or hospital.
9. If the client agrees by signing a release of information agreement, contact a trusted friend or family member of the client to inform them of her or his whereabouts and plans.
10. Request information about joint case management options and follow-up concerning client outcomes.
11. Provide a written report to your supervisor detailing the steps you have taken, as well as the contact people's names, roles and telephone numbers.

Preparing for Addiction Treatment Centre Application

The following guidelines may be beneficial to counsellors or frontline workers who are new to their position or have not fully accompanied a client through the treatment process. They are offered as general guidelines only and should be adjusted based on individual needs and available services.

1. Obtain copies of the *Canadian Directory of Substance Abuse Services* and the *Directory of the National Native Alcohol and Drug Abuse Program (NNADAP)*; these directories provide an overview of individual and group treatment options, as well as criteria for entrance and restrictions.
2. To the best of your ability, identify the services in your area you believe will be most beneficial to your clients; contact these services and ask for copies of their application forms to have on hand. Take this opportunity to introduce yourself and to talk about your position and the needs of your clients.

3. Schedule a time and safe place with your client to assess treatment needs.
4. Considering your contacts and the services you have identified as being the most appropriate for your clients, present a range of treatment options for the client to consider.
5. Schedule another appointment in a safe place to fill out the application and/or referral forms with the client.
6. Ensure all application forms are **COMPLETE**. Incomplete application forms will delay services for your client.
7. Should your client or staff of the centre have questions or concerns, try to make sure your client is always part of the discussion. This way everyone concerned is clear about what is being stated and there is less chance of miscommunication or misunderstanding.
8. Make sure the decision of the client to enter the treatment service is based on full and informed consent.
9. Ensure all articles a client will need while in treatment are available; most centres provide a list of what to bring or not to bring.
10. Once you have received confirmation of acceptance, inform your client immediately so preparations to enter may begin.
11. Arrange for travel and/or accommodation as required.
12. During any waiting period, begin weekly counselling sessions with your client and/or inform them of other options, such as Alcoholics Anonymous, men's or women's talking circles, cultural events, workshops, etc.

13. Once the client is in treatment and with the client's written consent, contact the family to see if any assistance is required; be prepared to offer options and bridge family members to appropriate services for women, children or seniors.
14. Make contact with the treatment centre on a weekly basis for updates on your client's progress. Ask for a role in case management and coordination, as well as follow-up plans to reduce the likelihood of relapse.
15. Review all of the client's goal plans and identify areas where you can best provide support and those areas where the client will benefit most from referral to another service.
16. Celebrate the client's courage and commitment to a healing path.

Helping to Prepare Clients for Linkage to Elders and/or Traditional Healers

Cultural reclamation through linkage to cultural supports is a foundational principle of accountability in effective healing work with Aboriginal people.

What Cultural Reclamation Means

1. Reclaiming cultural pride and the identity that was stolen from individuals, families and nations.
2. Revitalizing the wisdom of traditional teachings, customs and practices.
3. Respecting and honouring the roles of all: women, men, children, Elders and gay and lesbian people; ensuring a place of belonging for all.
4. Reclaiming ceremony and celebrations of our survival.

5. Reclaiming a nation-to-nation relationship in political life.

Cultural reclamation as a healing strategy helps transform the pain of disconnection and humiliation into pride, honour and strength.

Aboriginal organizations have a responsibility to ensure the spiritual teachers and guides they recommend are safe for Survivors. The increasing use of "traditional medicines" or drugs to induce visions, as well as openly discriminatory attitudes toward gay and lesbian people among some traditional healers and Elders are considered forms of re-victimization.

The following guidelines were developed by the Wabano Centre for Aboriginal Health (2000) in Ottawa to protect clients from re-victimization:

1. Each organization should have a Code of Ethics specifically for Elders and traditional people.
2. A thorough screening and reference check (including police check) should be conducted for each Elder or traditional healer brought into the organization as a resource for clients.
3. Elders and traditional people should be screened for sensitivity to client needs and should have extensive experience with residential school Survivors.
4. A helper should be provided to assist and be present at all times to ensure the safety of clients, as well as Elders and traditional people. The helper should also be knowledgeable about safety precautions relating to Survivors.

5. In a holistic healing model, Elders and traditional people are part of a larger team or Circle of Care that includes therapists, family members, friends, and/or other Elders with whom the client feels safe and comfortable. (These individuals should be available as back-up, in case of an emergency.)

The following are key questions for non-Aboriginal counsellors and frontline workers underlying all strategies to promote client safety:

- √ Are you as informed as you need to be about Inuit, Métis and First Nations cultural issues, in order to be an effective counsellor/frontline worker for Aboriginal clients?
- √ Who else should be included in building a strong network of support for Aboriginal clients?
- √ Are you willing to work cooperatively and with mutual respect with Elders, traditional people and staff of Aboriginal services in your area?





**Section V:
Impacts of Trauma
on Workers**



Section V: Impacts of Trauma on Workers

Working on the front lines of trauma recovery has profound impacts on the physical, mental, emotional, and spiritual life of counsellors and frontline workers.

In the context of residential school abuse and its intergenerational impacts, most Aboriginal frontline workers and counsellors have been personally touched by this tragedy.

Three areas requiring special attention in terms of impacts of this work relate to countertransference, burn-out and vicarious or secondary trauma. Aboriginal counsellors and frontline workers should have a basic understanding of these impacts, so that effective strategies for self-care can be incorporated into their work.

Understanding and Working With Countertransference

Countertransference refers to a counsellor responding to a client's transference by accepting it at face value, rather than understanding it as part of a natural process of healing, trust-building and growth.

According to the authors of a training curriculum for working with survivors of childhood abuse, countertransference is the term used to describe the counsellor's responses and reactions to clients. Countertransference is a normal part of the dynamics of every client and counsellor relationship (Saakvitne et. al., 2000).

Counsellors bring their own personal histories, experiences, worldviews, belief systems and feelings into each counselling relationship. From these, they shape a

response to the personal histories, experiences, worldviews, belief systems and feelings of their clients.

Counsellors typically react to clients on the following levels:

- an emotional or feeling level;
- a mental or thought level; and
- through physical sensations.

The type of reaction, whether comfortable or uncomfortable, reflects how a client has affected the counsellor in the context of the counsellor's own personality and past experience. Sometimes, a client's personality or personal story may trigger unresolved, deep-rooted issues from the counsellor's past.

Countertransference signals the presence of such issues on the part of the counsellor that are playing out in the counsellor and Survivor relationship.

In the context of residential school abuse, most Aboriginal counsellors, helpers and Elders are themselves impacted by it, whether as Survivors or through its intergenerational impacts.

As a defence against their own unresolved feelings of helplessness or hopelessness, they may assume the role of rescuers, seeing themselves as the only people who truly understand Survivors. Severe boundary violations, such as sexual relationships, are often rationalized on the basis of the Survivor's desperate need for rescue and the counsellor's equally desperate need to rescue as a form of self-validation (Herman, 1997).

Both transference and countertransference also need to be understood in the context of Western popular culture, which sexualizes figures of power and authority.

Other forms of countertransference include over-identification due to unresolved grief, anger or bystander guilt. Counsellors may begin to identify with the Survivor's helplessness or rage to the point they begin to fear the client, becoming deferential to the anger or placating it.

This may result in the counsellor becoming sceptical of, or minimizing, the Survivor's story, feeling increasingly inadequate or even becoming unable to enjoy the pleasures of her or his own life.

Re-enactment of victim/perpetrator roles in the counselling relationship through transference and countertransference can become extremely complex. Ongoing political and social tensions between Aboriginal and non-Aboriginal people in the larger society may add to this complexity and each may come to feel a victim of the other.

Countertransference can lead counsellors to feel helpless and hopeless in their abilities and skills. They may question their capability to work with Survivors and, if non-Aboriginal, may even question their right to be doing this work.

As a result, non-Aboriginal counsellors may think they have no role in healing for Survivors of residential school abuse; however well-intentioned, they are imposing themselves just as residential schools were imposed on Aboriginal people.

According to Dr. Brenda Saxe of the Centre for Treatment of Sexual Abuse and Childhood Trauma, for non-Aboriginal therapists:

“the easy part is recognizing the courage and skills of Survivors and the wisdom of their culture. The hard part is reconciling that we are part of the white system that created residential schools, a system that still carries racist ideas.”

Dr. Saxe suggests there is a need for non-Aboriginal counsellors to be *humble*, while recognizing their knowledge and experience is relevant. (From conversations between Dr. Saxe and the author, 2004.)

Part of good counselling is *being mindful* of one's own internal reactions and responses to others, and understanding where they come from, what they mean and being able to contain those reactions and responses.

Defence mechanisms or triggers on the part of the counsellor are signals of countertransference.

Countertransference becomes a problem when it interferes with the counsellor's ability to understand the client, empathize with the client and/or respond appropriately to the client's needs.

In the context of the legacy of residential school abuse and the intergenerational impacts, non-Aboriginal counsellors with unresolved feelings of guilt might initially react by denying or minimizing an Aboriginal client's experience.

Aboriginal counsellors with unresolved trauma related to abuse in their own personal, family or community histories might react by projecting personal feelings of rage, grief or helplessness onto clients with similar stories.

Any strong reactions toward a client, whether positive or negative, indicate a potential problem with countertransference.

As transference and countertransference are inevitable, counsellors must ensure safety in the relationship through ground rules and boundaries, as well as through personal support systems for themselves and opportunities for intercultural collaboration.

All counselling organizations should have procedures in place for counsellors and frontline workers to debrief and problem-solve issues of countertransference with a qualified supervisor, Elder or peers. It is suggested that therapists seek support through their own therapist.

Understanding Burn-Out

Aboriginal counsellors and frontline workers work in a service environment where the urgency of client and community needs far outweigh the resources to meet them. This environment, as well as the nature of trauma recovery work, puts volunteers and staff at high risk for burn-out.

“Burn-out” is described by the psychotherapist Herbert J. Freudenberger who coined the term as: “a state of fatigue or frustration brought about by devotion to a cause, way of life, or relationship that failed to produce the expected reward” (1981:13).

Using this definition, burn-out results not from overwork, but from the gap between effort and reward. Over the past two decades, the meaning of the term has been broadened to include chronic fatigue from the continuous stress of the modern workplace and fast-paced way of life.

According to Aboriginal frontline workers, stressors take many forms. **Mental stress** may come from too many things to do or to keep track of in too few hours; or from many sudden changes in the workplace.

Physical stress may arise from modern technology: too much time in front of the glare of computer monitors, too many telephones ringing, badly designed work stations or office chairs; from lack of time for breaks/rest; or from bad air or bad water in the workplace. **Emotional stress** may arise from trying to balance the demands of work and family life, or from the urgency of the needs of clients or from the sheer amount of paperwork required. **Spiritual stress** may arise from: feelings of dis-connection to one’s inner self or to Creation; or from lack of time to take part in customs, traditions or ceremonies that are spiritually grounding.

When workplace stress is not acknowledged or validated, and the feelings around it are unexpressed, it generates still more stress.

By the time impacts begin to manifest as symptoms, burn-out may be quite advanced.

Symptoms of Burn-Out

- Tired, even with adequate sleep;
- dissatisfied with the work;
- feeling sad for no apparent reason;
- forgetfulness;
- irritability;
- avoidance of people;
- difficulty communicating;
- sick more often;
- conflictual;
- difficulty concentrating; and
- mood swings.

It is crucially important that crisis intervention and trauma recovery service providers recognize their responsibility to prevent occupational stress and burn-out.

Clients in trauma recovery deserve healthy, balanced frontline workers able to impart a sense of balance, energy and spirit.

Frontline workers and counsellors, whose expertise and compassion help inspire clients to renewed hope, deserve to be treated with respect, not driven to exhaustion.

Self-care is a way of protecting the mental, emotional, physical and spiritual well-being of counsellors and frontline workers, while burn-out is destructive and unbalancing.

Service providers who have not yet developed formal strategies to prevent burn-out should take this opportunity, in partnership with their frontline workers, to develop prevention plans. Such plans should include supervision processes for ongoing monitoring of work and caseloads, as well as opportunities for fun, laughter and relaxation throughout the workday.

Understanding Vicarious Trauma

Vicarious or *secondary* trauma are terms used to describe the emotional, mental, physical and spiritual effects on counsellors and frontline workers of hearing and visualizing the traumatic stories of their clients (Saakvitne et. al., 2000).

Counselling and healing work requires a willingness and ability to be open, respectful, compassionate and empathetic to clients.

Many people are drawn to this work because of a deep belief in social justice and a personal desire to foster social change. However, these beliefs, combined with a greater capacity for empathy, increase one's vulnerability to vicarious trauma. Vicarious trauma is a normal human response to hearing about or witnessing such suffering.

“As victims describe the horrifying details of their trauma, parallel states of fear, grief, helplessness, and disgust can be evoked in the therapist.”

(Blair and Ramones, 1996:26)

Vicarious or secondary trauma mirrors the impacts of traumatic events experienced directly by victims. Vicarious trauma impacts all areas of a counsellor's life by touching the very core of an individual's belief system and disrupting meaning, connections, identity and worldview. Damage from vicarious traumatization worsens over time and can be permanent.

Coping mechanisms for vicarious trauma are the same as those for trauma survivors, including numbing through alcohol or drugs, denial, dissociation, withdrawing from relationships and so on. Aboriginal frontline workers developed the following list of symptoms that, from their experience, may indicate vicarious trauma.

Symptoms of Vicarious Trauma

Physical Symptoms:

- Sleep disturbances, nightmares;
- eating disorders, loss of appetite;
- nausea or sickness;
- sweating or chills;
- dizziness;
- chest pains; and
- difficulty breathing, forgetting to breathe.

Mental Symptoms:

- Memory lapses, forgetting;
- difficulty making decisions;
- confusion;
- difficulty concentrating;

- flashbacks, repeatedly visualizing the traumatic event;
- too many thoughts at once, mind is racing; and
- suicidal thoughts.

Emotional Symptoms:

- Crying;
- feelings of inexplicable grief or loss;
- helplessness;
- anger;
- fear;
- irritability;
- feeling overwhelmed;
- guilt;
- hopelessness;
- nervous or anxious; and
- depression.

Spiritual Symptoms:

- Loss of meaning;
- loss of hope for the future;
- loss of faith in humanity; and
- loss of a sense of connection to self, to significant others and to all Creation.

Frontline workers and counsellors, as well as the service organizations that employ them, should have a thorough understanding of vicarious trauma.

Without this understanding, workplace problems are too easily attributed to *personality differences or difficult people* instead of impacts of the work. This only compounds the level of stress for people already in difficulty. Much sick leave and workplace conflict is directly linked to unrecognized, untreated vicarious trauma.

A Word of Caution About Contemporary Theories of Vicarious Trauma

Most of the material about vicarious trauma is the work of non-Aboriginal therapists schooled in a modern, Western

approach. This worldview presents some serious limitations, the most important having to do with perceived impacts of vicarious trauma. For example, in their paper *Understanding Vicarious Traumatization*, Blair and Ramones suggest the following:

“...therapists may become prone to intrusive thoughts and disturbing dreams in response to these stories, or may become unable to control anger at perpetrators or become hypercritical of the system that “allows” abuse and victimization to continue.”

(Blair and Ramones, 1996:26, emphasis added)

From an Aboriginal perspective, being “hypercritical” of a system that allows abuse and victimization to continue is an important aspect of healing in the context of colonization and residential school abuse.

Resource People:

Elders and traditional healers are available for consultation through Aboriginal counselling or health centres, friendship centres or organizations.

There are now many Aboriginal healers in North America who specialize in trauma recovery training for frontline workers, such as Dr. Terry Tafoya, Shirley Turcotte, Jane Middleton-Moz and David Asetoyer. For more information, use Internet searches and/or contact Aboriginal services in your area. Look for Aboriginal healing programs specializing in trauma recovery from residential school abuse and its intergenerational impacts.

Strategies for Self-Care

The Chinese symbol for “crisis” integrates elements of two other symbols: the one for “danger” and the one for “opportunity.” The question underlying all crises should be: *Where is the opportunity to learn and grow stronger in this situation?* Aboriginal frontline workers and Elders have contributed their ideas for this section of the manual.

Strategies to prevent burn-out and vicarious trauma are similar to those for empowering trauma survivors. The first step is making a commitment to a holistic, balanced life at both individual and organizational levels. The second step is accepting that workers are not to blame, nor are they “crazy” or in the wrong line of work. The third step is to **learn, use and share** effective, culturally-based strategies to promote self-care.

Commitment to “Working in a Good Way”

The following practices are widely used by Aboriginal frontline workers, counsellors and Elders and are presented here to illustrate a culture-based, holistic and balanced approach to trauma work.

Self-Care Suggestions from Elders

- Use the smudge daily to purify thoughts, words and actions.
- Continue to strengthen the circle that has no beginning and no ending to which we all belong by ensuring everyone is welcomed into the circle and has a valued role in healing.

Self-Care Suggestions from Frontline Workers and Counsellors

- Remember to love and to grow.
- Connect with other organizations and share the work.
- Sustain a commitment to empowering Inuit, Métis and First Nation people.
- Grow and develop personally and professionally in working for Aboriginal people.
- Take any learning from this manual you feel is positive back to your organizations and communities.

Using the Medicine Wheel as a guide, Aboriginal frontline workers and Elders created a sample organizational and personal self-care plan at the end of this section.



In Closing..

The final words in this manual are a reminder from the Addictions Case Manager at the Wabano Centre for Aboriginal Health that Aboriginal people have all that is needed right now to meet the challenges.

.....

“Today our nations are struggling to regain their strength which once was found in our cultural teachings and worldview. We knew that life would be a hardship at times on this physical path; however, we also knew that everything that we would need to face these hardships were placed upon Mother Earth and that she would provide medicine, food, clothing, shelter and teachings on how one should act and behave within Creation.

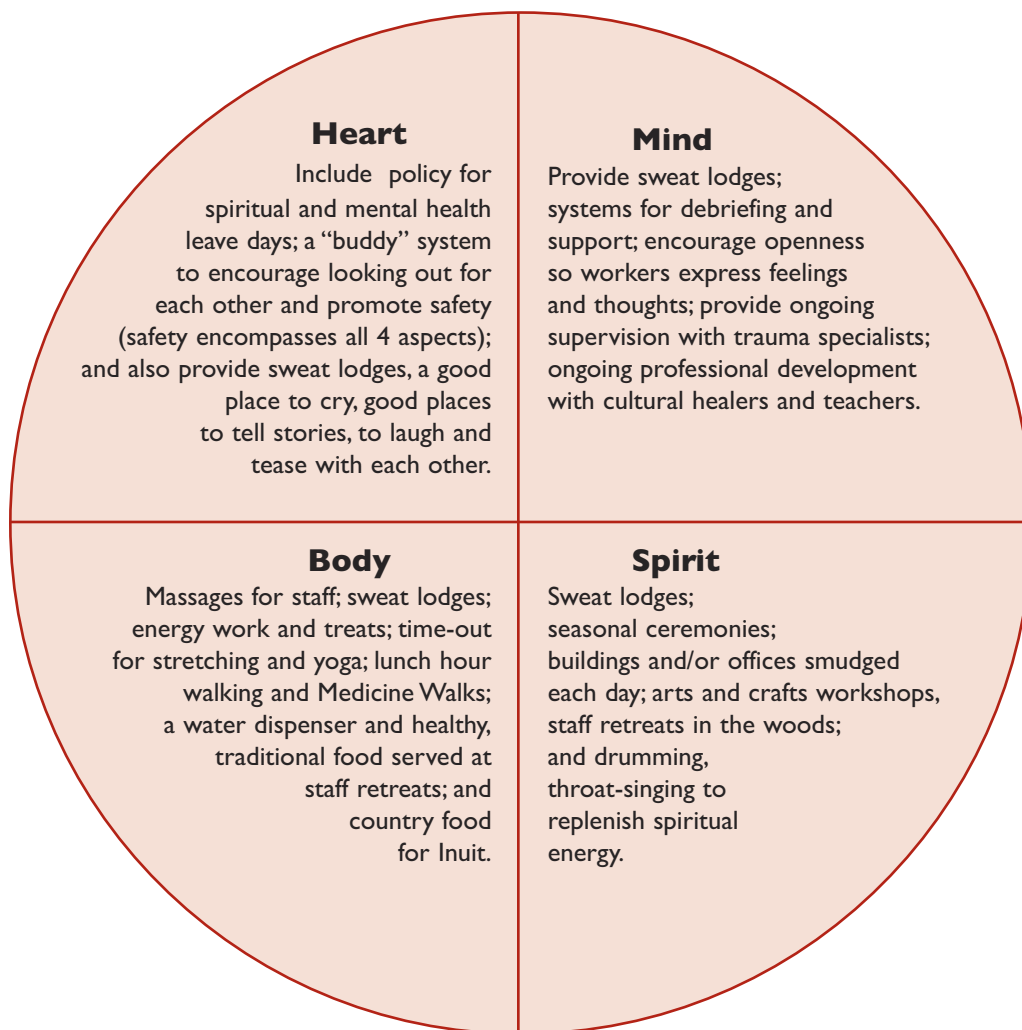
Our cultural histories cannot be honoured or praised if we as a people stand silently by and allow our own teachings of kindness, sharing, strength, and honesty to be violated. Our past Grandfathers and Grandmothers would not allow for any of their people to go without; this was unheard of amongst our people. We were taught to share life, even if it meant that we had to go without for a time. We would offer our last piece of bread or meat or flour to someone who had none.

We need to remind all of our people that we should never allow even one of us to suffer upon our provider, Mother Earth.”

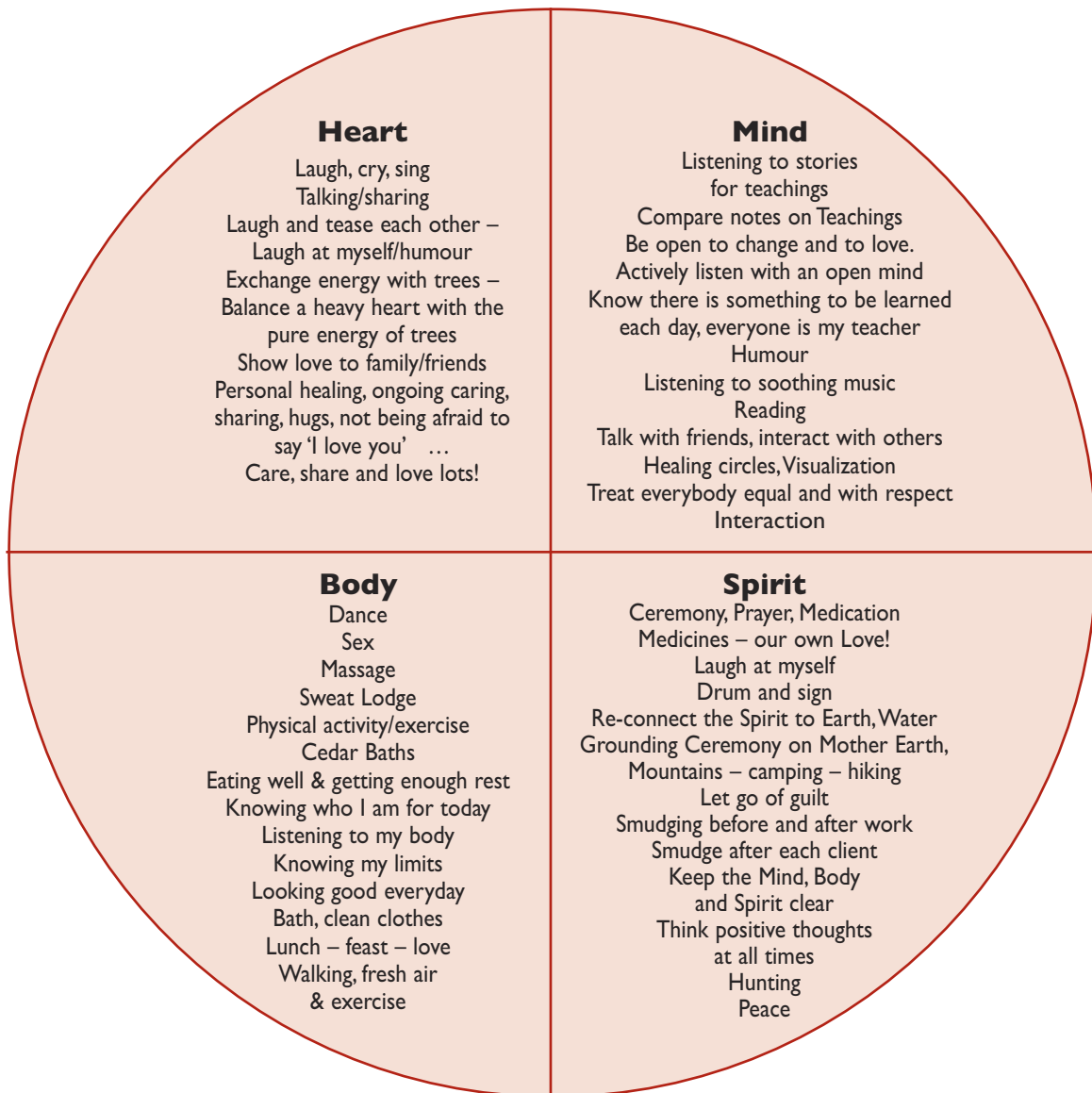
.....



Example of an Organizational Self-Care Plan From an Aboriginal Perspective



Example of a Personal Self-Care Plan From an Aboriginal Perspective





Appendix A: Fact Sheets



Inuit Culture and History

Some facts to consider ¹

The Canadian Constitution defines Inuit as one of the three Aboriginal peoples in Canada along with First Nations and Métis. The word Inuit means *the people*. The singular is Inuk, meaning *a person*.

Within Canada, Inuit are distinct Aboriginal people who inhabit vast areas of the Arctic. Inuvialuit live in the Western Arctic and speak Inuvialuktun. Inuit live primarily in Nunavut, the Northwest Territories and northern Labrador and Quebec. Inuktitut is the language of over 85 per cent of the Inuit population in Canada.

Inuit and Inuvialuit maintain distinct dialects, histories and cultural traditions that span thousands of years.

Approximately 56,000 Inuit and Inuvialuit live in 53 small communities scattered throughout the far North. Although these communities are separated by great distances and connected primarily by plane or radio, Inuit are an extraordinarily close-linked people.

Inuit in Canada are part of a larger circumpolar Inuit community of approximately 250,000 people from regions in Russia, Alaska and Greenland, making Inuit the largest landholders of any tribe on earth. The Inuit Circumpolar Conference (ICC) represents Inuit at the United Nations.

The hallmarks of Inuit tradition and culture are: **respect** for individuals, a **concern** for Inuit collective well-being and a willingness to **share**.

Centuries of accumulated knowledge allowed Inuit to survive without modern doctors longer than any other Indigenous people. Inuit used medicines derived from plants and animals to prevent and heal from illnesses and injuries.

The traditional Inuit diet consists of sea and land mammals, such as whale, seal, polar bear and caribou. Food was often preferred uncooked and was always eaten communally.

An ancient Inuit custom still practiced in the North is *customary adoption*, which assures families who want children but are unable to have them are able to adopt. Parents willing to share a child with such families are sure of a welcoming home and continued contact with their birth child. Customary adoption ensures all children are loved and cared for by sharing the responsibilities and joys of parenting.

Contact with Europeans

The quest for the Northwest Passage first motivated Europeans to explore the Arctic regions. Earliest written accounts are the 1576 journals of Martin Frobisher, who described Inuit as “peaceable,” though not all subsequent contacts were as friendly (Morrison and Wilson, 1995).

The first exploitable Arctic resource for Europeans was whales; by the 1800s, their whaling boats pervaded the North.

Following the whalers came traders, missionaries (Anglican from rural England and Roman Catholic from France and Belgium) and the North-West Mounted Police. During this time, Inuit still retained control over their own

¹ Morrison, B. and C. Wilson (1995). *Native Peoples: The Canadian Experience*. Toronto: McClelland and Stewart.

decision-making and remained largely autonomous.

This changed suddenly by the 1950s with the discovery of rich mineral deposits and the Cold War's demand for strategic NATO air bases.

Impact on Inuit

New interest in the North ushered in a period of forced relocation, during which Inuit were removed from their ancestral homes and hunting territories to centralized, government-created settlements. This disconnection from their lands caused a grief that is still felt among many Inuit today.

The Inuit traditional way of life changed dramatically in the settlements. Traditional systems of justice, education, health, spirituality and the role of Elders were replaced with non-Inuit institutions and laws.

Government-imposed housing and diet proved disastrously unhealthy for Inuit. A population that had survived for thousands of years without addictions, substance abuse or diseases, such as tuberculosis, began spiraling into tragedy.

Residential Schools

Many Inuit children were taken far from their homes to four schools established by the Canadian government and the churches: the Yellowknife Residential School, Inuvik Residential School, Churchill Residential School and Chesterfield Inlet Residential School (King, 1996).

At these schools, Inuit children experienced sudden and dramatic changes in diet, dress, language and environment.

Survivors today speak of their terror as children during first plane flights to the

schools, the loss of family and absence of love, and the strangeness of the new language and food. Many also describe the humiliation of being forced to perform demeaning acts and the trauma of physical and sexual abuse.

Cultural Reclamation

In 1971, Inuit Tapirisat of Canada (ITC) was created to promote social, economic and political development, including protection of the Inuktitut language and the restoration of the hunt. After the opening of Nunavut, its name changed to Inuit Tapiriit Kanatami (ITK).

In 1984, Pauktuutit, National Inuit Women's Association, was founded to address issues of importance to women and restore women's role in cultural life.

As a result of the *Nunavut Land Claim Settlement*, the new territorial Government of Nunavut officially opened on April 1, 1999. Its Legislative Assembly, Cabinet and Court are responsible for governing an area comprising 2.2 million square kilometres (20 per cent of Canada).

Inuit Today

- 60 per cent of the Inuit in Canada are under age 25;
- by the year 2016, the Inuit population is expected to reach 60,300;
- 6 per cent of Inuit live in southern Canada;
- 50 per cent of the Inuit in Canada are unemployed;
- sexual assault in the North is 4 to 5 times higher than in the rest of Canada with the highest risk group being children aged 7 to 18;

AA

- the rate of suicide among the Inuit in Canada is the worst in the world: 211 per 100,000 vs. 14 per 100,000 in the rest of Canada; and
- Inuit also have lower life expectancies, higher infant mortality rates and higher rates of death by accident and violence than the rest of the population in Canada (Health Canada, 2000).

An Inuit Health Policy Forum has been organized to address the above issues.

Special thanks to Angaangaq, Reepa Evic-Carleton and Tracey Brown for guidance on this Fact Sheet.



Milestones in First Nations History

Many non-Aboriginal Canadians are unaware of the true history of First Peoples and their long struggle for equality and justice. Although in **1763**, King George R. III issued a Royal Proclamation affirming Native people had not ceded their rights and title to the land. This proclamation, like the treaties to follow, was never respected in spirit or intent by those in power.

Decorative separator line

“And whereas it is just and reasonable and essential to Our Interest, and the Security of Our Colonies, that the several Nations or Tribes of Indians with whom We are connected, and who live under Our Protection should not be molested or disturbed in the Possession of such Parts of Our Dominions and Territories as, not having been ceded to, or purchased by Us, are reserved to them as their Hunting Grounds.”

(RCAP, 1996 cited in INAC, 2004)

Decorative separator line

The great Shawnee Chief Tecumseh was born about **1768**. Although he lost his life in battle, his vision of a unified Indian Confederation uniting all tribes lived on. Today, Tecumseh is recognized by historians and honoured by Native people for his role in advancing Native history, identity and culture in Canada.

In **1867**, the *British North America Act* gave jurisdiction over Indians and lands reserved for the Indians to the federal government.

This was followed in **1869** by the *Enfranchisement Act*, which asked Native people to give up their special status in exchange for Canadian citizenship rights as a way of integrating them into the new “Canadian”

society.

In **1874**, Indians were required to be “registered” in anticipation of the *Indian Act*.

In **1876**, the *Indian Act* was passed, detailing the Canadian government’s system for controlling and assimilating First Peoples. During subsequent years, amendments to this act reinforced this imposing system.

Highlights of this Act

- Native people were forbidden from leaving or travelling off their reserves without written permission on a pass card signed by an Indian agent.
- Native women who married non-Native men were denied their status rights, as were their children, while non-Native women, who married Native men, and their children received full status rights.



- Traditional, sacred ceremonies were criminalized; anyone caught practicing them was liable to imprisonment.

Every Indian or other person who engages in, or assists in celebrating or encourages either directly or indirectly another to celebrate, any Indian festival, dance or other ceremony, goods or articles, of any sort forms a part, or is a feature, whether such gift of money, goods or articles takes place before, at, or after the celebration of the same, and every Indian or other person who engages or assists in any celebration or dance of which the wounding or mutilation of the dead or living body of any human being or animal forms a part or is a feature, is guilty of an indictable offence and is liable to imprisonment for a term not exceeding six months and not less than two months; but nothing in this section shall be construed to prevent the holding of any agricultural show or exhibition or the giving or prizes for exhibits thereat.

Statutes of Canada, [S.C.] 1895, c. 35, s. 6; S.C. 1906, c. 81, s. 149

- It was illegal for Natives to kill any of their own livestock for sale off the reserve.
- Rules from inheritance rights to details of what crops could or could not be planted, to whom they could be sold and for what price were imposed and enforced by Indian agents. Similar laws were passed restricting commercial fishing sales to just one outlet.

In **1888**, legislation was passed to prevent Native people from taking out loans for farm machinery. The reason given by Hayter Reed, deputy commissioner of Indian Affairs, was that forcing the Indian to work the

soil using only hand implements would help him to “evolve from hunter to peasant and only then, to modern man.”

From **1900 to 1927**, some First Nations began organizing politically to raise money for lawsuits against these injustices. The Canadian government responded by making it illegal to raise money or contribute funds for political purposes, including land claims.

The Long Struggle for Justice

In **1960**, the Canadian *Bill of Rights* granted *Indian Suffrage*, giving Indians, **for the first time, the right to vote in a federal election.**

In **1968**, status and treaty groups achieved Tecumseh’s vision by forming the *National Indian Brotherhood* “uniting all Indian groups into one” as a lobbying mechanism for treaty and human rights.

In **1969**, the Canadian government released its *White Paper on Indian Policy*, calling for the complete assimilation of First Nation People into Canadian society by eliminating their special status. The National Indian Brotherhood successfully lobbied parliament and the public to defeat the White Paper.

In **1974**, the *Native Women’s Association of Canada* was founded to enhance, promote and foster the social, economic, cultural and political well-being of First Nations and Métis women.

In **1981**, the United Nations found Canada and the *Indian Act* in violation of international law, due to the discriminatory treatment of Indian women and the status law.

The *Canada Act*, proclaimed in **1982**, included a provision for Aboriginal rights, as well as a recommendation to resolve discrimination against Aboriginal women. Also, the National Indian Brotherhood changed its name to the Assembly of First Nations.

In **1985**, *Bill C-31* ended a century of discrimination against Native women who marry non-Native men by restoring status rights to them and their children.

To satisfy male leaders of Native bands who had lobbied against *Bill C-31*, bands were allowed by the government to develop their own membership codes and determine who can reside within their territories.

In **1990**, a ruling by the *Supreme Court of Canada* signalled a new era in the relationship between the Canadian government and Aboriginal people. In *Sparrow v. The Queen*, the court decreed that the Crown must honour its obligations by respecting treaty and Aboriginal rights.

Also, from July to September **1990**, the standoff between Mohawks and the Quebec police and Canadian military at Kanesatake (Oka) created headlines around the world. This situation drew attention to 300 years of unresolved conflicts and escalating tension between the government and Aboriginal people.

In **1991**, the *Assembly of First Nations* successfully negotiated an amendment to the *Constitution Act* to protect treaty rights and ensure Aboriginal people are involved in any further attempts to change or revise sections of the *Constitution Act* affecting them.

Also in **1991**, a *Royal Commission on Aboriginal Peoples* was created to find ways of improving relations between the government and Canada's First People.

In **1997**, the Supreme Court of Canada made another landmark decision in the land claim of the Gitksan and Wet'suwet'en peoples in British Columbia. This decision "affirms Aboriginal title exists at law and cannot be sold, surrendered or relinquished without the consent of the First Nations."

For further information, see:

- a) Assembly of First Nations: <http://www.afn.ca>
- b) Native Women's Association of Canada: www.nwac-hq.org
- c) Congress of Aboriginal Peoples: www.abo-peoples.org



The Métis in Canada

Métis are defined by the *Constitution Act, 1982* as one of the three distinct Aboriginal people in Canada, along with Inuit and First Nations.

The word Métis comes from the Latin *miscere*, which means *to mix* and was used originally to describe offspring of Algonquin, Ojibwe and Cree women and the French and Scottish fur traders. Other terms for these biracial children were Country-born, Black Scots, *Bois brules*, and Half-breeds. In what was then called *New France*, both the Church and Crown encouraged the *bolstering* of the French-Aboriginal population to strengthen French claims to the land.

Emergence of the Métis

A distinct mixed-blood population began to emerge, who were neither European nor Native. Inter-marriage among their own kind began to produce a separate linguistic and cultural community by the early 1800s. Because of their active involvement in the fur trade, their population grew and their culture strengthened over time.

One of the great Métis leaders was Cuthbert Grant (1793 to 1854), who the Cree called “Wapeston: White Ermine.” In 1816, Grant led an armed confrontation at Seven Oaks against settlers who had encroached on Métis lands. Their victory was a watershed in creating a sense of unity and nationalism among Métis people in the West.

The Red River Rebellion of 1870 and the Riel Rebellion of 1885 made Gabriel Dumont and Louis Riel cultural and political heroes in the long struggle of the Métis for recognition as a distinct people.

Eastern mixed-blood people were also becoming a political force in the Ontario Great Lakes region. Even before the Riel Rebellion, an uprising occurred near Sault Ste. Marie in 1849. The issue at stake was property rights because Aboriginal lands had been overrun by prospectors in search of copper. Armed resistance resulted in the inclusion of Métis names in the Treaty of 1850.

Although born of the fur trade, Métis existence was not bound to it and other occupations, such as timber and mining, became increasingly significant. They were especially known for their skill as buffalo hunters, whose intricate choreography of the hunt was both an art and a science. (The *Musical Ride* of the Royal Canadian Mounted Police derives from it.)

The Métis Today

The Métis National Council estimates there are approximately 350,000 Métis in Canada as a whole (Dickason, 2002).

The Métis flag is the oldest Canadian patriotic flag, predating Canada’s Maple Leaf by 150 years. First used by Métis prior to the Battle of Seven Oaks, the flag depicts a white infinity symbol horizontally placed over a blue background symbolizing an eternal, seamless interaction of two distinct cultures of the Europeans and of the First Nations.



Although the Métis population is comprised of citizens from all across Canada, there is no nationally agreed-upon definition of the term.

The current definition adopted by the Métis National Council is: **a person who self-identifies as Métis, can trace their lineage back to the territory of the Métis Nation in West Central North America, is distinct from other Aboriginal Peoples and is accepted by the Métis Nation.**

Métis in other parts of Canada dispute this definition and have created a website to air these differences called “The Other Métis” (www.othermetis.net).

For legal purposes, the Supreme Court has defined Métis as those who can identify themselves as a member of a Métis community and have proof of an ancestral connection to the community.

The language of the Métis is *Michif*, a mixture of French nouns and noun phrases tied to the Cree verb system. According to the report of the *Royal Commission on Aboriginal Peoples*, help is needed to save the Michif language from extinction.

Other Métis Cultural Symbols

- The well-known **Métis sash**, a finger-woven woolen belt about three metres long that was traditionally made to tie a coat closed at the waist, but is now worn ceremonially either over the shoulder or around the waist.



- Métis music is a fusion of Aboriginal and Celtic rhythms expressed on the **fiddle**. The music is accompanied by dances that also originate from the Highlands, but the Métis jigs are performed at a much faster rate.

Residential Schooling

Because Métis children were either recorded as “half-breeds” or not recorded at all, enrolment estimates are difficult to confirm. Overall, 9.12 per cent of self-identified Métis in Canada report attending residential schools.

Métis Survivors of these schools describe being treated as outsiders, experiencing racism and castigation by Aboriginal, as well as white, schoolmates. Many also experienced the physical abuse, sexual abuse and neglect associated with the Aboriginal residential school system.

Cultural Reclamation

The Métis have played an important role in the development of Canadian society and, increasingly, their special status and rights are being recognized due to persistent efforts of their political bodies. The Métis National Council, established in 1983, represents elected members from provincial Métis organizations in the three Prairie provinces, as well as Ontario and British Columbia. The Métis Association of the Northwest Territories is separate from the national organization.

Recent Victories

On July 1, 1989, the *Métis Settlements Accord* was signed by the Alberta government, establishing the only form of legislated Métis government in Canada and providing a framework for negotiating land and self-government. Under this accord, 1.2 million

acres of land were transferred to the ownership of the Métis, making Alberta the only province or territory in Canada where Métis have a land base.

For the past decade, the Métis Nation of Ontario has been heavily involved in the legal defense of the Powley family from Sault Ste. Marie charged with hunting moose without a licence. The Ontario Supreme Court affirmed their Aboriginal right to hunt as Métis under section 35 of the *Constitution Act of Canada* and the Supreme Court upheld this right in 2003.

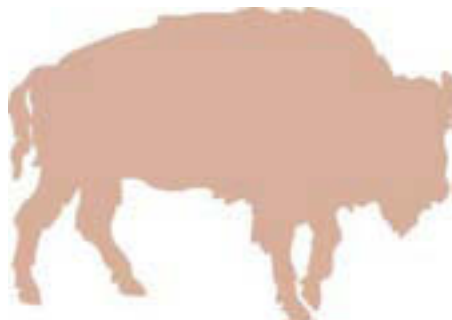
For more information, contact the following by telephone or through their websites:

Métis National Council (613) 232-3216
Métis National Council of Women (613) 567-4287.

Sources for this Fact Sheet:

Dickason, Olive (2002) *Canada's First Nations: A History of Founding Peoples From Earliest Times*, 2nd Edition. Don Mills, ON: Oxford University Press.

Also, thanks to Don Fiddler of the Métis Nation of Ontario and Duane Morriveau of the Métis National Council.



Gay and Lesbian Issues

The terms gay, lesbian, transgendered and bisexual are modern words used to describe people based on sexual orientation or preference. Traditionally, however, Indigenous cultures did not define a person’s identity by sexuality or gender. Gender roles, as well as sexual behaviours, could be flexible and fluid. Acceptance of the differences in people was central to a widely-held spiritual belief that each person has been granted unique and sacred gifts from the Creator.

Today, the term **Two-Spirited** has become the culturally appropriate way many gay, lesbian, transgendered or bisexual Métis and First Nation people choose to describe themselves, although it is not a term often used by Inuit. The term *Two-Spirited* is meant to convey an identity that goes beyond sexual behaviour or gender roles, emphasizing instead the balancing of both male and female energies within one person.¹ The “Two-Spirited” community is encouraging both the Aboriginal communities and mainstream society to accept it.

Pre-Contact History

For centuries, people now known as gays, lesbians, transgendered or bisexual had special and important roles in Aboriginal community and cultural life as matchmakers, teachers, counsellors, medicine people, pipe carriers and visionaries or seers. They had formal roles in many seasonal and special ceremonies; for example, in Crow and Lakota traditions, a gay man cuts the centre pole for the Sun Dance ceremony (Williams, 1992; Allen, 1992; Brown, 1997).

Indigenous languages are an important key to understanding pre-contact beliefs about sexuality and gender.

According to respected American Indian psychologist and educator Dr. Terry Tafoya, a study of 200 Indigenous languages reveals that **168 have a concept of more than two genders**; with some having words to describe as many as eight different genders.

Anthropologists have identified eighty-eight Native societies with specific references to homosexuality (Anderson, 2000).

“American Indians believe that each person is called on to play a part in the natural course of events. Those who are very different, not-men and not-women for example, must have a special spiritual calling, based on the fact that they are called on to be different from others in the tribe and that they have special qualities and characteristics that differ significantly from others in the community.”

(Brown, 1997:10)

Because men were foremost in the concerns of the Europeans, historical accounts refer more often to gay men in the Americas. European explorers referred to homosexual Native men as “bardache” or “bourgre,” terms that denoted their sexual roles as either passive or active (Williams, 1992).

¹ In the Algonquin language, the term for lesbian is *Pana-be-kwe*, meaning one who carries the spirit of a woman and the spirit of a fish.

Impacts of Colonization

The first Europeans had no tolerance for a flexible, Indigenous concept of sexuality and gender. The presence of openly accepted homosexuality went against their deeply-held religious beliefs.

Gays and lesbians, as well as traditional spiritual leaders and women, were devalued by patriarchal Europeans because of the power and status they held within their Aboriginal communities (Allen, 1992).

“Colonization means the loss not only of language and the power of self-government but also of ritual status of all women and those males labeled ‘deviant’ by the white Christian colonizers” (Allen, 1992:196). As a result of colonization, the long-held traditions respecting the special gifts of gays and lesbians, as well as their important ceremonial roles, were largely forgotten.

“We honoured two-spirited people because they brought gifts to our communities that were very important. And all of a sudden the Christians came along and said, ‘Oh you can’t do that. That is a sin against God’.”

Helen Thundercloud (cited in Anderson, 2000:91)

Later, under the church-led residential school system, Aboriginal children were taught to feel ashamed of their culture, as well as guilt and shame about their bodies and sexuality. For many children, this shame was compounded by the trauma of physical and sexual abuse. The impacts of shame and unresolved trauma are seen today in a reluctance to speak openly about issues of sexuality and sexual orientation; leading, in turn, to greater isolation.

Isolation and loneliness place gay youth at higher risk for suicide than heterosexual youth. Fearful of living openly, many gays and lesbians leave their communities for urban centres only to find they do not feel at home among non-Aboriginal gay communities due to cultural differences.

Like the silencing of residential school abuse, silencing the voices of gays and lesbians only increases their vulnerability to unsafe sex practices, addictions and depression.

The term **homophobia** refers to an irrational fear of, or aversion to, gay, lesbian, transgendered and bisexual people. For example:

- **not saying anything** when jokes are told that make fun of, or humiliate, gays and lesbians;
- **avoiding** public displays of affection or friendship toward friends or family who are gay for fear of being identified with them;
- **being disgusted** by public displays of affection between gays and lesbians, while accepting those same affectionate behaviours from heterosexuals; and
- **gay bashing and violence**, whether through physical, mental or emotional abuse or exclusion.

Resistance and Reclamation

Aboriginal gays and lesbians are organizing to resist all forms of homophobia and reclaim a respected place in the cultural life of their communities. Across Canada, there are many organizations and groups that educate and promote understanding of both historical and modern issues.

Respected Aboriginal authors, educators and traditional teachers, such as Sylvia Maracle, Suzy Goodleaf, Terry Tafoya, Paula Gunn Allen, Kim Anderson, Lester Brown, Lee Maracle and Beth Brant, have taken leadership roles in changing attitudes and promoting equality for gays and lesbians and *Two-Spirited* people.

Two-Spirited People of the First Nations is a Toronto-based organization that works to bridge the gaps between Aboriginal culture and alternative sexuality. They also host an annual national conference to encourage ongoing dialogue and to celebrate the survival of this important aspect of Indigenous cultures.

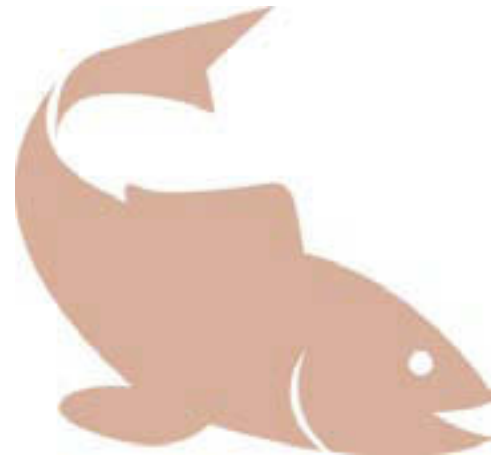
In urban centres across the country, there are many Aboriginal gay and lesbian support groups, and most colleges and universities now include Aboriginal issues in their PRIDE or GBLT² information and resource centres.

Sources for this Fact Sheet:

Anderson, Kim (2000). *Recognition of Being: Reconstructing Native Womanhood*. Toronto, ON: Second Story Press.
Williams, Walter L. (1992). *The Spirit and the Flesh: Sexual Diversity In American Indian Culture*. Boston, MA: Beacon Press.
Allen, Paula Gunn (1992). *The Sacred Hoop: Recovering the Feminine in American Indian Traditions*. Boston, MA: Beacon Press.
Brown, Lester (ed.) (1997). *Two Spirit People: American Indian Lesbian Women and Gay Men*. New York, NY: Harrington Park Press.

Other sources include information from an oral presentation by Dr. Terry Tafoya in Ottawa at the “Returning to the Circle” conference hosted by Minwaashin Lodge in 2001 and a conversation with Sylvia Maracle in 2004.

An Internet search of “two-spirited” also provides many written, community and on-line resources.



² An acronym for gay, lesbian, transgendered or bisexual.

Residential School History: A Legacy of Shame

In 1892, the Canadian government began a policy of “aggressive assimilation,” under which Aboriginal children were taken to residential schools to remove them from the “uncivilizing influences” of Aboriginal family and community life.

During the century in which they operated, **one-third of Aboriginal children in Canada spent most of their childhood in these schools.** The impact of this tragically ill-conceived policy continues to reverberate today in Aboriginal families, communities and nations.

Colonization is a term that describes the process of taking control over and assimilating Aboriginal people through formal government policies. From an Aboriginal perspective, it refers to the theft of ancestral homelands and resources, as well as attempts to destroy Indigenous languages and cultures.

Colonization and the *Indian Act* also dispossessed Aboriginal women from their traditional leadership roles, creating a serious imbalance in Aboriginal society that still accords Aboriginal men greater political, social and economic influence than Aboriginal women.

While Aboriginal women represent half of the total on-reserve population, less than 10 per cent of chiefs are women.

“Pre-contact systems of communal ownership were dismantled and in their place the male head of the family was given ownership of everything. This rendered women dependent on the men, made divorce more complicated, and ultimately stripped women of economic freedom.”

(Anderson, 2000:84)

Chronological History

1879: Sir John A. Macdonald’s government creates church-run boarding schools to assimilate Aboriginal children into white culture.

1884: Bowing to pressure from churches, Ottawa passes an amendment to the *Indian Act* making attendance for Native children aged 7 to 15 years mandatory at the schools.

1907: The Montreal Star reports **42 per cent of children attending residential schools die**, “a situation disgraceful to the country” (cited in Fournier and Crey, 1997:49).

1947: The United Church requests residential schools be shut down in favour of non-denominational day schools, citing harm to children in being separated from their families. Over the next two decades, residential schools begin to close down.

1960 to 1969: The federal government assumes full management of the 60 remaining schools from the churches that, by now, house extremely troubled Aboriginal youth. New *child protection* legislation is created with

provincial Children's Aid Societies as new partners in the continued forced removal of Aboriginal children. This period has come to be known as the *60s Scoop* where Aboriginal children were fostered and/or adopted into white families.

1973: A new federal policy gives control of Native education to the bands and tribal councils.

1986: The United Church is the first church in Canada to apologize to its Aboriginal congregations.

1989: The first residential school lawsuit is filed in British Columbia.

1990: Phil Fontaine, Grand Chief of the Assembly of First Nations and leader of the Assembly of Manitoba Chiefs, discloses publicly that he was sexually and physically abused at residential school.

1990s: The last residential school closes in Yellowknife, Northwest Territories.

The Royal Commission on Aboriginal Peoples releases its report including findings and recommendations related to residential schools.

1997: The Canadian Conference of Catholic Bishops expresses regret for the pain and suffering of children in residential schools.

1998: Indian Affairs Minister Jane Stewart issues a *Statement of Reconciliation* that includes a commitment to support healing for the abuse in residential schools and establishes a one-time \$350 million healing fund for Survivors.

The Aboriginal Healing Foundation is created as an Aboriginal-run, not-for-profit corporation that is independent of government to manage the healing fund.

2000: The number of individual plaintiffs in residential lawsuits reaches 6,324; churches begin to publicly voice fears of bankruptcy.

Who Ran the Schools?

Residential schools were a joint government of Canada and church initiative. The churches involved were: Roman Catholic, Anglican, United and Presbyterian.

Healing and Reconciliation

Since the Aboriginal Healing Foundation was established, programs have been created in every province and territory to address the legacy of abuse in residential schools, including its intergenerational impacts.

The courage of residential school Survivors to heal themselves, their families and their communities is a source of inspiration. They are living embodiments of the strength, beauty and resilience of Inuit, Métis and First Nation peoples who are transforming the pain of the past into hope for a new future.



Human Rights Violations and the Abuse of Aboriginal Children in Residential Schools

Residential schools are defined as the “Residential School system in Canada attended by Aboriginal students; it may include industrial schools, boarding schools, homes for students, hostels, billets, residential schools, residential schools with a majority of day students, or a combination of any of the above” (Aboriginal Healing Foundation, 2001:5).

From 1892 to 1996, approximately 130 residential schools operated across Canada under a joint initiative of the federal government and Christian churches.

A common belief at the time was that the *savage* Indian needed to be *civilized*. In the opinion of church and government officials, the best way to do this was to bring Aboriginal children completely under their control and influence. At residential schools, away from their families and communities, Aboriginal children could be fully immersed in the ways of mainstream Canadian society.

By the 1960s, many thousands of Aboriginal children had been forcibly removed from their parents, extended families and communities and placed in sterile institutions among unfamiliar people, customs and languages. After two to three generations of families had experienced this traumatic disconnection and loss, any sense of trust or feeling of belonging to family, community and culture had been broken.

However, many Aboriginal children endured more than the trauma of separation and loss. Tragically, many also suffered the pain of physical and sexual abuse. The following are types of abuse described by Survivors of these schools.¹

Physical and Sexual Abuse

- Sexual assault, including forced oral-genital, masturbatory or sexual intercourse between men or women in authority and the girls and boys in their care.
- Sexual touching and fondling of children by men or women in authority; private pseudo-official inspections of children’s genitalia.
- Arranging or inducing abortions in female children impregnated by men in authority.
- Severe punishments and torture when children would speak their own language, such as needles stuck in the tongue, mouths washed out with lye soap and beatings.
- Beating children to the point of unconsciousness, drawing blood and/or breaking or fracturing bones; and inflicting serious permanent or semi-permanent injuries, such as deafness, permanent limp or chronic pain.
- Beating naked or partially naked children before their fellow students and/or other institutional officials.

¹ The majority of this information has been retrieved from Chrisjohn, R. and S. Young (1997:32-33). *The Circle Game*. Penticton, BC: Theytus Books Ltd.

- Using electrical shock devices on physically restrained children; burning, scalding or starving children as punishment; and forcing sick children to eat their own vomit.
- Exposing children to the elements as punishment, sometimes to the point of inducing life-threatening conditions, such as frostbite and pneumonia.
- Withholding medical attention from children suffering the effects of physical abuse or illness, sometimes to the point of causing death.

Psychological and Emotional Abuse

- Publicly shaming Aboriginal people as “savage” and “doomed to hell,” and teaching children to reject and even despise their parents, Elders and communities.
- Shaving the heads of children as a form of punishment or humiliation.
- Isolating children by locking them in closets or basements, as punishment.
- Undermining relationships between parents and children by withholding their gifts and letters.
- Not allowing children to express fears or seek help; using police to track down children who ran away and return them to even greater punishment.

Living Conditions

- Nutritional deprivation; food unfit for human consumption or not compatible with Aboriginal regional diet.

- Child labour: children received little or no education as they had to cook, clean and mend to provide church income.

Religious and Spiritual Abuse

- Abusing the Christian religion and church authority to control, humiliate and dominate children.
- Mocking, belittling and prohibiting Aboriginal spiritual beliefs as *evil* and *savage*.

The intergenerational impacts of traumatic disconnection and multiple abuses suffered by Aboriginal children still reverberates in Aboriginal communities across Canada.

In 1998, the Canadian government announced *Gathering Strength - Canada's Aboriginal Action Plan*. *Gathering Strength* included a *Statement of Reconciliation* and the government's commitment to healing the negative impacts caused by the physical and sexual abuse of children at residential schools.

The Aboriginal Healing Foundation (AHF) was created to administer a one-time \$350 million healing fund. According to the AHF:

“Our vision is one where those affected by the legacy of physical abuse and sexual abuse experienced in residential school have addressed the effects of unresolved trauma in meaningful terms, have broken the cycle of abuse, and have enhanced their capacity as individuals, families, communities and nations to sustain their well being and that of future generations.”

(Aboriginal Healing Foundation, 2003:10)

Vicarious Trauma

Vicarious means indirect or through the experience of others.

Vicarious trauma refers to the short and long-term impacts of working with victims/survivors of trauma and the painful, disruptive effect this can have on the frontline worker or counsellor.¹

Characteristics

Vicarious trauma refers to strong reactions that may emerge during or after sessions with clients, as well as the coping strategies or defenses to protect against those feelings.

Reactions of grief, rage or despair can intensify over time as counsellors repeatedly hear the clients' stories of suffering and pain.

Compounding Factors

The scale of suffering witnessed by frontline workers can intensify vicarious trauma. Its impacts may also be compounded by the frustration of too few resources to meet the urgency of client needs.

Symptoms

- Intrusive imagery and thoughts: repeatedly visualizing the traumatic events described by clients.
- Sleep disturbances: unable to quiet the mind and/or stop thinking about client's problems.
- Personal beliefs begin to change: increasing loss of faith and inability to

believe life can be meaningful and beautiful.

- Troubled, fearful or self-critical: feelings of irritability; and increasing difficulties in relationships with others.
- Reduced sense of commitment and motivation for the work: increasing *knee-jerk* reactions and intolerance or feelings of numbness and disconnection toward coworkers or clients.
- Changes in appetite, increasing fatigue and/or swollen glands.
- Physical illness or depression.
- High staff turnover and/or rates of absence due to sick days; and escalating workplace conflicts that increase costs to the organization.



¹ This term was first used by McCann and Peralman (1990) in *Vicarious Traumatization: A framework for understanding the psychological effects of working with victims*. *Journal of Traumatic Stress* 3:131-149.

Prevention Strategies For Aboriginal Counsellors and Frontline Workers

Take space and time away from frontline work and the constant demands of crisis intervention to help keep balance and perspective. Also, find ways to create that sacred, quiet space internally through daily ritual or meditation.

Be aware of holistic personal self-care needs: ensure balanced health by attending to all aspects of your well-being (spiritual, emotional, mental and physical).

Express feelings verbally and non-verbally. Receive and give hugs, laugh, cry, talk, share, dance and sing.

Listen to your body and get enough rest and replenishment: eat good nutritious food, drink pure water and get physically active. Dance, drum, have a massage, take a walk, quilt or bead.

Be open to change. Look at the world through different eyes: see every situation as an opportunity to learn and grow. Read, attend healing circles, meditate or listen to beautiful music. Connect with nature and the beauty and sacredness of life.

Trust in yourself and your own resilience. Remind yourself of your many unique strengths and gifts.

Take the time to look special each day in whatever way has meaning for you.

Keep your spirit strong: pray or meditate, go on a vision quest, talk to an Elder, smudge with medicines (sage, cedar or sweetgrass), take cedar baths and attend Sweat Lodge ceremonies or fast for cleansing and de-stressing.

Trust in and make time for the people in your life: your coworkers, family and network of friends. Do not be afraid to say: *I need your support just now.* Start a “buddy” system at work with a daily check-in and use staff team debriefings to rebalance after an especially stressful time.

Set common sense limitations: say “no” to clients or coworkers and balance their needs with what you are able to provide. Speak your mind from your heart.

Keep a journal or life map and/or get support from peers and Elders who know the pressures of trauma work.

Aboriginal frontline workers at a healing retreat in eastern Ontario, July 2000, created these prevention strategies.

Signs and Symptoms of PTSD

Post traumatic stress disorder or PTSD first emerged as a clinical diagnosis following the return of Vietnam veterans to the United States and Canada. Understanding the impacts of combat trauma helped further an understanding of trauma in general.

Due to the increased understanding of trauma, it is now clear that all survivors of interpersonal violence and abuse share common symptoms. The characteristics of PTSD are as follows.¹

Intrusion/Re-Experiencing

- Intrusive imagery, recurrent dreams, flashbacks or hallucinations.
- “Flooding” of emotions/fear.
- Dissociation : tuning out or “not being all there.”
- Compulsive behavioural re-enactment (for example, self-harm by cutting).

Constriction/Avoidance/ Numbing

- Phobia or acute distress in response to sensory cues that trigger memories of the event.
- Inability to face feelings or memories, “numbing” out with alcohol or drugs.
- Detachment, isolation or withdrawal from family, friends and community.

- Selective amnesia: memories of the past are fragmented or missing.
- Loss of interest, flat feeling, restricted range of feelings or emotions.
- Reluctance or inability to commit to anyone or anything.
- Sense of being without a future: many survivors feel certain they will die early in life.

Physiological Hyperarousal

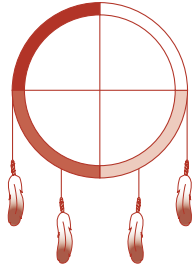
- Jumpy; exaggerated startle responses.
- Manic, compulsive or obsessive behaviours and/or frenetic activity.
- Sleep disturbances (either too much sleep or insomnia).
- Inability to relax; hypervigilant, constantly scanning the environment for danger.
- Sensation seeking and/or risk-taking behaviours.

This information was developed by Aboriginal frontline workers at a healing retreat in eastern Ontario.



¹ Adapted from *Desk Reference to the Diagnostic Criteria* from DSM-IV,TR (2000) American Psychiatric Association.

A Model for Holistic Healing



Medicine Wheel teachings provide a useful framework for working with survivors of childhood abuse or other trauma.

The vision of these teachings is that all healing is spiritual in the sense that honouring the spirit within generates a movement toward balance and health.

Honouring and reconnecting with the inner spirit will restore:

- trust in self and others;
- trust in the potential for oneself and others to change;
- trust in the ability to help oneself, one's family and communities;
- belief in being worthy of love and kindness; and
- belief in being capable of showing love and kindness to others.

Physical Healing Strategies:

- breathing and relaxation techniques;
- exercise: walking, sports or games of skill and endurance;
- hunting and camping: being on the land;
- healthy diet and nutrition (*country food* for Inuit); community feasts;

- addiction recovery; and
- medications (traditional or medical) to reduce reactivity and hyperarousal.

Mental Healing Strategies:

- cognitive strategies, such as using diaries or logs, to identify and chart symptoms of PTSD;
- dream interpretations and vision quests; and
- creating new life stories, maps or narratives.

Emotional Healing Strategies:

- anger release/management;
- non-verbal expression through art and craft making, quilting, carving, song and dance;
- talking and sharing circles;
- restoring cultural pride and identity; and
- affirming each person's unique gifts, strengths and worth.

Spiritual Healing Strategies:

- meditation, prayer and giving thanks;
- burning medicines or the Quilliq;
- participating in ceremonies or sweats; and
- guidance from Elders and traditional teachers.

This information was developed by Aboriginal front-line workers at a healing retreat in eastern Ontario.

Appendix B: Aboriginal Healing Models



Aboriginal Healing Models

1. **Turtle Model of Hollow Water First Nation, Manitoba**
2. **“Just Therapy” Model of New Zealand**
3. **Intergenerational Trauma Recovery Model, Ottawa**

The Turtle Model of Hollow Water First Nation

A diverse team from surrounding Métis and First Nation communities initially began an assessment of approaches for responding to sexual abuse in the First Nation community of Hollow Water, Manitoba. Community members felt that the non-Aboriginal legal system is not effective in addressing Aboriginal cases of sexual abuse for some of the following reasons:

- Many sexual abuse cases could not be brought before the court for lack of evidence.
- Many victims would not testify because of stigma and lack of support.
- Incarceration only perpetuated conflict with the law as perpetrators often re-offended.

Community awareness and education was initiated in order to ensure victims would feel safe enough to disclose sexual abuse on a community level. A two-year training program covered topics such as cultural awareness, alcohol and drug awareness, team building, networking, suicide intervention, family counselling, communication skills and sexuality. Integral to the work of the assessment team was a process for separate circles where team members could discuss their own sexual abuse.

Process

1. **Disclosure** takes place with a coordinated team of justice members, child protection services, community mental health services and a community representative, such as an Elder. An initial investigation is carried out and the victim’s story is recorded. Reliable and trusted people are available to the victim to ensure safety and support throughout the process.
2. **Establishing Safety** occurs when the abuser is confronted and charged, following a determination that the abuse has taken place beyond a reasonable doubt. The abuser has two choices:
 - to plead guilty and be sentenced to probation requiring full cooperation with the healing process; or
 - to be referred to the courts with incarceration as the probable outcome.
3. **Confronting the Offender** if the abuser agrees to undertake the healing process, the team asks the court for a minimum of four months to assess the authenticity of the commitment. He or she then begins a three to five-year journey that concludes with restitution and reconciliation between the abuser and the victim, the victim’s family and the whole community. A series of healing circles are carried out for steps 4 to 10 as follows:
4. **Supporting the Spouse/Parent**

5. **Supporting the Families/Community**
6. **Meeting the Assessment Team**
7. **Circles With the Abuser**
8. **Circles With the Victim**
9. **Preparing the Victim's Family**
10. **Preparing the Abuser's Family**

A healing circle brings the abuser through a process of self-reflection and self-discovery to take responsibility for the actions and for how these actions have affected others. In addition to the circle, a psychologist provides support and assessment of the abuser's commitment to restitution and personal healing.

The next circle brings the abuser's nuclear family together to talk about the offence and to work through their reactions and response to the crime. Other circles repeat this process with the family of origin, such as parents, grandparents, aunts and uncles.

The circles for the family and his or her family follow the same method. Victim and family are provided with the supportive services they need from the team and wider community. A non-punitive approach is fostered that helps victims take steps toward their own healing, as well as confronting the abusers in a non-punitive way.

11. **Sentencing Circle** is where the abuser must disclose to the whole community and discuss the steps already taken on his or her healing journey. Once an abuser completes all of these steps, the goal is a full commitment to a healing process. The process holds all abusers

accountable and fosters healing for all affected by the unacceptable behaviour.

12. Components of phases **12 and 13, Sentencing Review and Cleansing Ceremony**, respectively:

- Healing contracts for perpetrators.
- Provision of a wide range of supportive services for the families and friends of the victims and offenders.
- One-on-one counselling and assessment by a psychologist, additional counselling from traditional teachers and community Elders.
- Sharing circles and sweat lodges with wider community participation.
- A final cleansing ceremony with participation of the community to provide closure.
- A male psychologist facilitates the adult male sex offenders group using a cognitive/behavioural model.
- Other groups: Boys & Girls Group, Women Survivors and Young Women Survivors.
- Case conferencing is used as a monitoring process where progress is assessed and further interventions are planned in consultation with a psychologist.

Team Building

The team building that took place at Hollow Water First Nation throughout the development of the model had major impact on frontline intervention in Aboriginal agencies. These team-building steps are described below:

1. Breaking all the separate chains of confidentiality that kept workers from sharing information and from being manipulated by dysfunctional clients.
2. Designing common training for all issues they faced as a team, rather than continuing with conflicting strategies from separate fields of expertise.
3. Requiring outside professionals to learn about and support a holistic team approach, as well as to share their own skills openly with team members, before permitting them to play an active role in the community.
4. Committing the time and resources for continued team and individual healing so members have strength enough to maintain a safe place for others, as well as for themselves.

Outcomes

- Greater coordination of services through partnerships with justice, health and traditional service providers.
- High level of training and community building leading up to implementation of the model.
- Improved system for addressing sexual abuse. Offenders' rate of incarceration and re-offence are reduced.

Valdie Seymour was one of the therapists who initiated the development of the community healing process in Hollow Water. He facilitated a two-day workshop at the Wabano Centre for Aboriginal Health in Ottawa on March 6th and 7th, 2000. There were twenty-four Aboriginal and non-Aboriginal participants from agencies in the Ottawa, Ontario, area who attended. As a result of sharing this model with Ottawa workers, Unity Council was created to

explore better ways to coordinate services, develop a common vision and generate renewed commitment to personal healing.

For further information on the Hollow Water Model, see *The Four Circles of Hollow Water* (1997), Aboriginal Peoples Collection and Solicitor General of Canada.

“Just Therapy” New Zealand Model: Social Justice and Family Therapy

The *Just Therapy* approach was developed over eleven years of organizational evolution within the Family Centre in Lower Hutt, New Zealand, and a community-based family therapy agency. This diverse community is comprised of Aboriginal Polynesians (Maori and Samoan) and Europeans (Pakeha).

There are many parallels between the cultures and socio-economic conditions of Polynesians in that region and Aboriginal people in Canada. *Just Therapy* grew out of the belief that therapy can be practiced just as effectively by people with community experience and cultural knowledge as by those with professional and academic training.

Its meaning is just how it sounds: “*Just*” *Therapy*, which reflects a philosophy that breaks down and demystifies therapy and therapists through practice incorporating simplicity, justice and spirituality.

The *Just Therapy* approach is rooted in a belief that therapeutic work requires a political, as well as a clinical, response. The therapy incorporates social change by approaching the underlying causes of family problems from the perspective of how colonization, gender, culture, class, poverty and spirituality impact on the Aboriginal and non-Aboriginal communities in the region.

Process

The centre became involved with Aboriginal community members and employed them to focus on issues affecting their own people. This led to an exploration of culturally appropriate ways of bringing resources and therapy to Aboriginal people in the broader region.

In addition to client services, the agency created a structure that put Maori, Samoan and European therapists at the centre of planning and providing not just family therapy, but also community development and advocacy around poverty, unemployment, housing, sexism and racism.

The social justice orientation is reflected in the Family Centre's personnel policy as follows:

- All workers at the agency, from therapists to receptionists, make the same salary.
- At all levels, therapists work within a framework that takes into account impacts of New Zealand's socio-economic policy on its citizens.
- Therapy includes naming the struggle against injustice, creating an equitable partnership between Aboriginal and non-Aboriginal clients and therapists, and addressing issues of marginalization and the increasing poverty of people on low incomes.
- Increasing understanding among workers of the structures and actions that oppress and destroy equality in relationships on both the macro level (social structures) and the micro level (family) is emphasized.
- Therapists found many symptoms of "sickness" among their clients that they

associate directly with impacts of unemployment, poverty and injustice.

- A family therapist may work on emergency housing, community organizing and housing policy projects in a community development role meant to promote a holistic understanding of the needs of clients living in substandard conditions.
- Aboriginal staff work with members of their cultural community. Each cultural "section" of the agency has an equal share of male and female staff to ensure gender balance and equity.

Outcomes

- More Aboriginal clients now access the Family Centre's services.
- Priorities of marginalized members of the community get greater attention and understanding.
- Power imbalances between client and therapist are reduced.
- Increased accessibility and greater empowerment for clients.
- A greater number of clients of the Centre have learned to re-interpret their personal stories positively and to participate in communal and social action that will change the conditions of their lives for the better.
- Enhanced roles of therapists and Centre staff in community development work and increased community building through work exchanges, advocacy activities and political lobbying.

- The social justice approach ensures that those most in need receive therapy and resources in a manner that addresses their daily experience of inequality.

Recommendations

1. Therapists must consider the broader social issues underlying a client's "problems" and ask whether these "sicknesses" are not symptoms of poverty, unemployment, racism, sexism and barriers to education.
2. Incorporate diverse community members and cultures on staff and as policy partners. This enhances the potential for broader social change and introduces new systems of knowledge that enrich an agency.
3. Conduct staff field trips or work exchanges in other types of services, such as housing, so workers and therapists gain a deeper understanding of the socio-economic and political realities in which their clients live.
4. Identify political responses, as well as clinical responses, that promote empowerment of clients.
5. Consider adopting the centre's policy of a 5-day retreat every 6 months for staff reflection and goal-setting. This gives workers an opportunity to re-fuel, team-build, reflect on best practices and develop more creative programming.

Residential and Intergenerational Trauma Recovery Model, Ottawa

The *Residential and Intergenerational Trauma Recovery* model was first introduced to the Ottawa area by the Aboriginal Women's Support Centre (Minwaashin Lodge) in 1998.

The pilot program began with twelve urban Aboriginal grandmothers who were residential school Survivors. All have since become active leaders in the urban community of Ottawa as teachers and healers.

This model draws on the *Flying on Your Own* program of Alkali Lake, British Columbia, as well as information from the Focusing Institute of Winnipeg, Manitoba and New York, New York. The model is culturally transferable from Aboriginal to non-Aboriginal groups, and is appropriate for men as well as women.

Process

Programming begins with a detailed intake interview that can take from one to two hours to complete. Applicants are provided with support and information during this process. The intake questionnaire is designed to identify feelings, past experiences, past family dynamics and current problems the applicant would most like to work on to begin healing.

Program participants number from 10 to 20 per session with a staff team of 5 to 10 providing support. During the five-day healing retreat, the staff members create a safe place for participants to work through their issues of unresolved trauma in an atmosphere of trust.

Over the five days, the facilitator and healers move participants through a series of individual and group exercises that provide detailed information about the mental, emotional, physical and spiritual impacts of trauma and post traumatic stress disorder (PTSD) in the context of residential school abuse.

Participants learn trauma recovery and self-management tools to use long after the workshop and aftercare have ended. Some features of this model are as follows:

- The level of involvement is high: intensive intake procedures; a 5-day workshop commitment; and continued group and individual aftercare sessions with a therapist.
- Upon intake, a confidentiality agreement is signed, in order to maintain the integrity of the program and protect participants.
- The workshop/retreat team is trained over a 3-month period and all are graduates of the workshop and aftercare program who have demonstrated their commitment to healing on mental, emotional, physical and spiritual levels.
- The workshop/retreat is held in a secluded, safe country setting where the usual, everyday distractions for participants and staff are not present.
- Focusing therapy is used to help participants identify themselves as equal parts in mind, body, heart and spirit.
- Participants learn ways to attune to feelings in their bodies, how to “clear space” within themselves, how to cope with flashbacks and how to identify and self-manage triggers.
- Spiritual and traditional healing methods are integrated through music as a healing tool throughout workshop activities.
- A client-centred approach ensures each program is customized to suit the unique needs of the individuals in each group.

- Individual counselling, weekly healing circles and a 1-day workshop complete the program. Participants are encouraged to continue using the services of the Aboriginal Women’s Support Centre (Minwaashin Lodge) upon completion of their aftercare.

Outcomes

- A deeper understanding of the residential school experience and its intergenerational impacts among participants and the Aboriginal communities of Ottawa.
- Demonstrated growth in personal ability to self-manage healing, increased self-esteem and self-confidence, and increased involvement in the Aboriginal community by participants.
- Increased access to services offered in the region’s mainstream, as well as Aboriginal, agencies.
- Reduced feelings of isolation, disconnection and loss among participants and the wider community of their friends and families.
- Transfer of knowledge and experience, as many graduates of the program return as volunteers or peer supporters for Survivors and others impacted by the intergenerational legacy of residential school abuse.
- Many graduates have adopted healthier lifestyles and entered or re-entered the workforce or further education. Several have become counsellors or are in professional training.

- Many of the grandmothers have become Elders and teachers in the urban Aboriginal community, strengthening the community and reclaiming their sacred roles.

Recommendations

This program is recommended for the following:

- First Nations, Inuit and Métis women and men carrying multifaceted, intergenerational trauma from residential school abuse, resettlement, forced adoption, sexual abuse, family violence and/or substance abuse.
- Men and women of non-Aboriginal ancestry willing to participate in a healing program based on Aboriginal spirituality.
- Any person who has experienced trauma, has symptoms of PTSD and is ready to begin a path toward self-empowerment and healing.





Appendix C: Annotated Bibliography

Annotated Bibliography

| BOOKS | |
|---|---|
| <p>Bopp, Judie, Michael Bopp, Lee Brown and Phil Lane (1984). <i>The Sacred Tree</i>. Lethbridge, AB: Four Worlds Development Press.</p> | <p>Presents the universally held Aboriginal concepts and teachings from Indigenous societies throughout North America. The Medicine Wheel teachings are used to explain human potential and development within an Aboriginal worldview.</p> |
| <p>Brant, Clare C., M.D. (1996). <i>A Collection of Chapters, Lectures, Workshops and Thoughts</i>, available from the Native Mental Health Association of Canada, Chilliwack, BC.</p> | <p>Discusses issues from an Aboriginal perspective including psycho/social dynamics of family violence; violence in the native population; anger management/spousal assault; symptom patterns of alcoholism; depression; suicide; child rearing practices; verbal/non-verbal communication; ethics and rules of behaviour; self-esteem.</p> |
| <p>Chrisjohn, Roland D. and Sherry L. Young (1997). <i>The Circle Game: Shadows and Substance in the Indian Residential School Experience in Canada</i>. Penticton, BC: Theytus Books Ltd.</p> | <p>From the report on residential schooling submitted by the authors to the Royal Commission on Aboriginal Peoples. The authors argue that media accounts of residential school are ambiguous and misinform the public. The book offers an alternative account of Canada's operation of residential schools in a broader context, as well as guidelines for undertaking personal, community or provincial-national research in the area of residential schooling.</p> |
| <p>Dickason, Olive Patricia (2002). <i>Canada's First Nations: A History of Founding Peoples from Earliest Times</i>, 2nd Ed. Don Mills, ON: Oxford University Press.</p> | <p>Written by a Métis academic using an interdisciplinary approach, this important book charts the richly complex history of Canada's first peoples. Includes recent events, such as land claims settlements and the findings of the Royal Commission on Aboriginal Peoples, as well as the peopling of the Americas and the significance of Inuit, Métis and First Nation cultures within Canada's national character.</p> |
| <p>Fournier, Suzanne and Ernie Crey (1997). <i>Stolen From Our Embrace: The Abduction of First Nations Children and the Restoration of Aboriginal Communities</i>. Vancouver, BC: Douglas & McIntyre.</p> | <p>Using powerful personal accounts, this book underscores how systemic racism and ignorance among non-Aboriginal "child welfare" authorities led to the devastation of Aboriginal families, communities and nations in Canada; captures the urgency of the struggle against unjust systems, as well as the restorative power of healing journeys already underway in Aboriginal communities.</p> |
| <p>Holt, Jacqueline D. (1993). <i>How About . . . Evaluation: A Handbook About Project Self Evaluation for First Nations and Inuit Communities</i>. Ottawa, ON: Health Canada.</p> | <p>A handbook about project self-evaluation for First Nation and Inuit communities providing child development and mental health programs in their communities.</p> |

| | |
|---|---|
| <p>Nechi Institute (1987). Guidelines for Community Sobriety - O'Chiese Information Package. Edmonton, AB: Nechi Institute on Alcohol and Drug Education.</p> | <p>An information guide based on the story of the O'Chiese First Nation community's commitment and journey to sobriety. It describes the vision, organization of the team, as well as how to expand the team using Medicine Wheel teachings, in order to bring balance to the team and community. The guide concludes with a step-by-step account of actions taken by the Band Council to end alcoholism through treatment, rebuilding, training and sober-fun.</p> |
| <p>National Association of Treatment Directors (1989). In The Spirit of Family: Native Alcohol & Drug Counselor's Family Systems Treatment Intervention Handbook. Edmonton, AB: National Association of Treatment Directors.</p> | <p>This handbook was developed as a learning tool for counsellors working with Aboriginal families affected by alcoholism using a family-centred approach to treating chemical dependency. It focuses on family systems theory in treatment intervention, extending it beyond contemporary clinical approaches to the problem of addictions. A holistic approach is used to discuss the impact of addictions on the individual, the family and the community.</p> |
| <p>National Native Association of Treatment Directors (1992). The Right To Be Special: Native Alcohol and Drug Counselor's Handbook For Working with Sexual Abuse Disclosure. Edmonton, AB: National Native Association of Treatment Directors.</p> | <p>This handbook was developed specifically to help Aboriginal alcohol and drug treatment counsellors deal with sexual abuse disclosures within their centres. It is designed as a tool to enhance the existing skills of Aboriginal alcohol and drug counsellors. Safety issues, establishing a treatment program for survivors, referral and reporting procedures and strategies for linking with the community are outlined.</p> |
| <p>Health Canada (1995). Our Healing Journey Begins with Understanding: A Guide on Suicide Prevention for Community Helpers. Ottawa, ON: Health Canada and the Ontario Ministry of Health.</p> | <p>A brief overview of suicide prevention, including myths and facts about suicide, suicide rates among Aboriginal people, reasons for attempting suicide, early warning signs, what to do in a crisis and effective intervention approaches; and provides a short discussion on therapeutic drama and the role of Elders and traditional teachings.</p> |
| <p>Health Canada (1993). Prevention Framework for First Nations Communities. Ottawa, ON: Medical Services Branch, Health and Welfare Canada.</p> | <p>For people working to improve the health of First Nation people and their communities; and designed to stop dependency before it occurs.</p> |
| <p>Clairmont, Don and Rick Linden (1998). Developing and Evaluating Justice Projects in Aboriginal Communities: A Review of the Literature. Ottawa, ON: Aboriginal Corrections Policy Unit, Solicitor General Canada.</p> | <p>This bibliography lists written materials: books, monographs, reports, articles and papers of interest to policy-makers who are concerned with justice issues and projects in Aboriginal communities in Canada.</p> |

Aboriginal Peoples Collection

| | |
|--|--|
| <p>Bopp, Judie and Michael Bopp (1998). <i>At the Time of Disclosure: A Manual for Front-Line Workers Dealing with Sexual Abuse Disclosures in Aboriginal Communities</i>. Ottawa, ON: Aboriginal Corrections Policy Unit, Solicitor General Canada.</p> | <p>This ground-breaking manual was developed to assist frontline workers deal more effectively with issues around sexual abuse disclosures. The document provides the reader with a historical context of abuse and a definition of abuse; how to facilitate and investigate sexual abuse disclosures; issues and needs at the time of disclosure; and how to restore balance and plan for the post-disclosure process.</p> |
| <p>Bopp, Judie and Michael Bopp (1997). <i>Responding to Sexual Abuse: Developing a Community-based Sexual Abuse Response Team in Aboriginal Communities</i>. Ottawa, ON: Aboriginal Corrections Policy Unit, Solicitor General Canada.</p> | <p>This manual provides an overview of the abuse in Aboriginal communities. It also contains helpful information on how to develop programs and build community teams. Intervention strategies for working with sexual offenders, their victims and families are described.</p> |
| <p>Linden, Rick and Don Clairmont (1998). <i>Making It Work: Planning & Evaluating Community Corrections & Healing Projects in Aboriginal Communities - Aboriginal Peoples Collection</i>. Ottawa, ON: Solicitor General of Canada.</p> | <p>Includes chapters on restorative justice; describes justice problems and needs; how to develop and carry out an action plan; and how to monitor and evaluate your healing program.</p> |
| <p>Linklater, Clive (1991) <i>Follow-Up and After-Care Manual, National Native Alcohol and Drug Abuse Program (NNADAP)</i>. Ottawa, ON: Health Canada.</p> | <p>Research and development project exploring needs and issues of Aboriginal people after leaving alcohol treatment centres; and designed as a tool by practitioners in the field of addictions.</p> |
| <p>Middleton-Moz, Jane (1994). <i>“From Nightmare to Vision”: A Training Manual for Native American Children of Alcoholics</i>. Colorado Springs, CO: National Association for Native American Children of Alcoholics (ACOA).</p> | <p>A training manual for Aboriginal American children of Alcoholics to help heal the wounds of chemical dependency in Aboriginal communities. Presents overview of adult children of alcoholics, individual and family issues, how to start up ACOA groups, etc.</p> |
| <p>Saakvitne, Karen, Sarah Gamble, Laurie Anne Pearlman and Beth Tabor Lev (2000). <i>Risking Connection: A Training Curriculum for Working With Survivors of Childhood Abuse</i>. Towson, MD: Abuse Sidran Press.</p> | <p>This manual for therapists and counsellors provides a thorough understanding of trauma and its impacts and a comprehensive treatment approach from a client-centred, holistic perspective. From the perspective of understanding trauma, this is one of the most useful manuals reviewed as it includes detailed information on the impacts of doing trauma work on counsellors and frontline workers, as well as strategies for self-care.</p> |

| | |
|---|---|
| <p>Saxe, Brenda J. (1993). From Victim To Survivor: A Group Treatment Model for Women Survivors of Incest. Ottawa, ON: University of Ottawa and Family Service Centre of Ottawa-Carleton.</p> | <p>Describes a group treatment model for female incest survivors developed by the Family Service Centre of Ottawa-Carleton. Presents guidelines for group structure and format, participation criteria and assessment review, steps in facilitating each session of the twenty-week program, including process guidelines, structured activities, reflection and discussion, journal work and handouts. Five modules cover: coping, conflict, anger, intimacy and self-injury; and also includes a format for two information sessions with partners, friends and family members of group participants.</p> |
| <p>Solicitor General of Canada (1993). Community Holistic Circle Healing - Aboriginal Peoples Collection. Ottawa, ON: Solicitor General of Canada.</p> | <p>This manual describes an approach to community healing based on traditional values of individuals, family, community, the nation and strengthening the circle. It promotes balance by empowering individuals, families and the community to deal productively and, in a healing way, with the problem of sexual abuse.</p> |
| <p>Solicitor General of Canada (1997). The Four Circles of Hollow Water - Aboriginal Peoples Collection. Ottawa, ON: Solicitor General of Canada.</p> | <p>This manual describes the Community Holistic Circle Healing process developed to heal sexual abuse in the small community of Hollow Water; and discusses why the Canadian justice system is not appropriate for problems of Aboriginal people.</p> |
| <p>Mnjikaning First Nation (1996). Biidaaban - The Mnjikaning Community Healing Model. Training Guidelines and Resource Material. Rama, ON: Mnjikaning First Nation.</p> | <p>This manual arose from this community's desire to address the issue of sexual abuse through a holistic community-based design, fusing traditional Aboriginal and modern therapeutic methods of healing. It aligns with the principles and procedures developed for the Hollow Water Circle Healing model. A core group of sixteen persons who received training for thirteen full days prepared the manual.</p> |

CATALOGUES - DIRECTORIES

| | |
|---|--|
| <p>Legacy of Hope Foundation (2003). Where Are The Children? Healing the Legacy of the Residential Schools. Ottawa, ON: Legacy of Hope Foundation, Aboriginal Healing Foundation, National Archives of Canada and National Library of Canada.</p> | <p>This catalogue documents a photographic exhibit of the same name, which was launched at the National Archives of Canada in 2003. Depicting many, never before seen photographs, it provides a painful and poignant visual account of the government and churches' misguided attempts to forcibly assimilate Aboriginal children.</p> |
| <p>National Clearinghouse on Family Violence (2000). Preventing Family Violence: A catalogue of Canadian videos on family violence for the general public and for professionals working in the field, 11th Edition. Ottawa, ON: National Clearinghouse on Family Violence, National Film Board of Canada and the Government of Canada.</p> | <p>An up-to-date guide to Canadian videos about family violence. Titles in this catalogue are listed alphabetically under four subject headings: Child Abuse, Child Sexual Abuse, Women Abuse and Abuse of Older Adults. Information on how to obtain videos from the National Film Board of Canada and a list of public libraries and other organizations across Canada that lend titles from this collection is available.</p> |



| | |
|--|--|
| <p>National Clearinghouse on Family Violence (2003). Publications Catalogue. Ottawa, ON: Health Canada.</p> | <p>An updated version that contains the latest research findings and information on all aspects of violence prevention, protection and treatment. You can obtain a catalogue and order documents free of charge by calling 1-888-267-1233.</p> |
| <p>National Clearinghouse on Family Violence (2002). Combining Voices: A Directory of Services for Adult Survivors of Child Sexual Abuse. Ottawa, ON: Minister of Public Works and Government Services Canada.</p> | <p>This directory provides a listing of 400 Canadian programs available to adult survivors of sexual abuse. The directory is organized alphabetically and includes detailed information on the sponsoring organization, hours of service, client services and cost. Intended audience: service providers and survivors.</p> |
| <p>Health Canada (2002). Treatment Centre Directory: National Native Alcohol and Drug Abuse Program (NNADAP) and National Youth Solvent Abuse Program. Ottawa, ON: Health Canada.</p> | <p>Provides basic information on all Aboriginal treatment centers funded by NNADAP and includes the eight national youth solvent abuse treatment programs. The centres are listed by regions and by type of centre (i.e., solvent abuse treatment, inpatient/outpatient, family treatment, youth treatment).</p> |
| <p>Connors, Edward and Maurice Oates (1997). The Emergence of Sexual Abuse Treatment Models Within First Nations Communities. In Wolfe, David, Robert McMahon and Ray Peters (eds.), Child Abuse: New Directions in Treatment and Prevention Across the Lifespan. Thousand Oaks, CA; London, UK; New Dehli, India: Sage.</p> | <p>This chapter contrasts the worldviews of Euro-Western Judeo-Christian societies and North American tribal societies; and emphasizes the role of acculturation in disconnection from the traditional beliefs and values that had once guided healthy human development. The author describes how sexual abuse programs have evolved over the past 15 years and the extent to which they operate from a traditional perspective. A description of the sexual abuse treatment model that formed the basis for the development of the Hollow Water model is provided.</p> |

FACT SHEETS, HANDOUTS, ARTICLES AND JOURNALS

| | |
|---|---|
| <p>Native Healing Program Helps Abusers. The Globe and Mail, April 1995.</p> | <p>Describes briefly the history behind the development of the community holistic circle healing model of Hollow Water, Manitoba and its relationship to the justice system.</p> |
| <p>Native Social Work Journal: Nishnaabe Kinoomaadwin Naadmaadwin (Native Teaching and Helping), Volume I, Number 1, Laurentian University Press, May 1997.</p> | <p>Articles in this issue include:</p> <ul style="list-style-type: none"> • Mooka'Am (A New Dawn); • Cross-Addictions of Gambling, Alcohol and Drugs in Aboriginal Communities; • Northern Student Education Initiative; • Kinship Care: A Community Alternative to Foster Care; • Mino-Yaa-Daa: An Urban Community Based Approach; • Aboriginal Communities and Social Science Research: Voyeurism in Transition; and • Bringing Home Payahtakenemowin (Peace of Mind): Creating Self-governing Community Services. |

| | |
|---|--|
| <p>Native Social Work Journal: Nishnaabe Kinoomaadwin Naadmaadwin (Native Teaching and Helping), Volume 2, Number 1, Laurentian University Press, April 1999.</p> | <p>Articles in this issue include:</p> <ul style="list-style-type: none"> • The Circle of Healing; • Aboriginal Students Speak About Acceptance, Sharing, Awareness and Support: A Participatory Approach to Change at a University and Community College; • Trauma and Healing in Aboriginal Families and Communities; • Seeking Minopimatawiwin (The Good Life): An Aboriginal Approach to Social Work Practice; • The Learning Circle as a Research Method: The Trickster and Windigo in Research; • Location and Knowledge-Building: Exploring the Fit of Western Social Work with Traditional Knowledge; and • Long Term Evaluation of the Health Transfer Initiative: Major Findings. |
| <p>Assembly of First Nations (1999). First Nations Health Bulletin: Special Children's Issue. Ottawa, ON: Assembly of First Nations Health Secretariat.</p> | |

OTHER RESOURCES

| | |
|--|--|
| <p>Chartrand, Larry N. (2002). Métis Residential School Participation: A Literature Review (Draft). Ottawa, ON: Aboriginal Healing Foundation.</p> | <p>This important review contains an annotated bibliography of published and unpublished materials and resources on Métis residential school history and experiences, as well as a brief synthesis of materials researched and provided to the Aboriginal Healing Foundation.</p> |
| <p>Government of Canada (1997). Gathering Strength -- Canada's Aboriginal Action Plan, Government of Canada, 5 Volumes. Ottawa, ON: Minister of Public Works and Government Services Canada.</p> | <p>Based on 178 days of public hearings, visits to 96 communities and its own research and consultations, this royal commission report documents sexual and physical abuses at residential schools and concludes that the policy direction of assimilation was wrong and destructive. It also describes conditions of life for Inuit, Métis and First Nation people in Canada and highlights urgent issues, such as infant mortality rates, youth suicide, unemployment and poverty. The plan calls for a renewed relationship between Indigenous nations and Canadian society, including funds to promote healing from the effects of residential school abuse and its intergenerational impacts.</p> |
| <p>Bopp, Judie, Michael Bopp and Phil Lane Jr. (2003). Aboriginal Domestic Violence in Canada. Ottawa, ON: Aboriginal Healing Foundation.</p> | <p>Building on fifteen years of contributions to the field of Aboriginal family violence, this report describes the scope of the problem, its root causes and enabling factors, external influences and constraining factors, as well as responses from Aboriginal communities and government programs to date. A comprehensive framework for intervention is proposed that addresses both root causes and enabling factors.</p> |

| | |
|---|---|
| <p>Corrado, Dr. Raymond R. and Dr. Irwin M. Cohen (2003). Mental Health Profiles for a Sample of British Columbia's Aboriginal Survivors of the Canadian Residential School System. Ottawa, ON: Aboriginal Healing Foundation.</p> | <p>This research report examines the abuse, mental health and health profiles in a sample of 127 Aboriginal Survivors of the residential school system who have undergone a clinical assessment. Findings show 100 per cent of the case files reporting sexual abuse and 90 per cent reporting physical abuse during residential school attendance. Impacts of the abuse show rates of conviction for assault and sexual assault, as well as rates of mental disorders: 64.2 per cent diagnosed with post traumatic stress disorder; 26.3 per cent with substance abuse disorder; and 21.1 per cent with major depression, while only 4.3 per cent mentioned the new, yet unofficial, clinical category of "residential school syndrome" — a sub-type of PTSD that focuses on intense feelings of fear and anger and the tendency to abuse alcohol and drugs.</p> |
| <p>Daniels, Judy D. (2003). Ancestral Pain: Métis Memories of Residential School Project. Edmonton, AB: Métis Nation of Alberta.</p> | <p>An Alberta Métis perspective of the impact of residential schools and the federal government's assimilatory policies on Métis today; and includes a brief definition of who are the Métis, an overview of Métis history and education, descriptions of Alberta residential schools and impacts on Métis children, families and communities.</p> |
| <p>Dion Stout, Madeline and Gregory Kipling (2003). Aboriginal People, Resilience and the Residential School Legacy. Ottawa, ON: Aboriginal Healing Foundation.</p> | <p>This report provides a critical analysis of the literature on resilience in the context of the experiences and social conditions of Aboriginal Survivors of residential schools in Canada. Traditions and beliefs derived from the wisdom of Aboriginal cultures are described as resilience enhancement interventions that should be integrated into existing approaches to community healing.</p> |
| <p>Dumont-Smith, Claudette (2002). Aboriginal Elder Abuse in Canada. Ottawa, ON: Aboriginal Healing Foundation.</p> | <p>This article examines the issue of elder abuse from an Aboriginal perspective, including categories of abuse, contributing factors and a demographic profile of the elder Aboriginal population in Canada. The literature review draws upon national and international information on elder abuse from major national Aboriginal organizations, university and government libraries, as well as Internet and contacts from countries with Indigenous populations.</p> |
| <p>Ellerby, Lawrence A. and Rev. Jonathan H. Ellerby (1998). Understanding and Evaluating the Role of Elders and Traditional Healing in Sex Offender Treatment for Aboriginal Offenders. Ottawa, ON: Solicitor General of Canada.</p> | <p>This evaluation report provides an overview of the role of Elders in sex offender treatment programs and includes an Elder perspective on traditional healing and approaches to treatment. The importance of a cooperative working relationship between Elders and clinicians is underscored in evaluating healing gains, needs, successes, strengths and challenges of these programs.</p> |
| <p>Krawll, Marcia B. (1994). Understanding the role of healing in Aboriginal communities. Ottawa, ON: Solicitor General of Canada.</p> | <p>This report attempts to develop a common understanding of healing for both Aboriginal and non-Aboriginal people. It provides a working definition of healing, describes healing approaches and recommends government roles and strategies in supporting healing programs.</p> |

| | |
|---|---|
| <p>Logan, Tricia (n.d.). The Lost Generations: The Silent Métis of the Residential School System. Interim Report 2001, unpublished. Winnipeg, MB: Southwest Region of Manitoba Métis.</p> | <p>Drawing on oral information from Métis who attended or were impacted by residential schools, this report provides a much-needed focus on the experience and impacts from a Métis perspective. Although Métis children lived under the same conditions and rules as First Nation children in these schools, their experience was unique in that they were considered “outsiders” by other children, as well as by staff.</p> |
| <p>Mathews, Frederick (1995). Combining Voices: Supporting Paths of Healing in Adult Female and Male Survivors of Sexual Abuse. Ottawa, ON: National Clearinghouse on Family Violence, Health Canada.</p> | <p>This paper introduces some of the research findings, issues, concepts and controversies pertaining to programming for adult female and male survivors of sexual abuse. It provides a brief summary of current thinking in this field and attempts to honor similarities, as well as differences, in female and male survivors’ experiences; and includes extensive references, suggested resources and bibliographies useful to female as well as male survivors.</p> |
| <p>Assembly of First Nations (1996). National Residential Schools Review. Project Final Report: National Lobbying Committee on Residential Schools (draft). Ottawa, ON: Assembly of First Nations.</p> | <p>Published before the official apology and creation of the Aboriginal Healing Foundation, this report discusses the challenges of Survivors in the courts and attempts to have their experiences recognized and addressed by the government.</p> |
| <p>Law Commission of Canada (2000). Restoring Dignity: Responding to Child Abuse in Canadian Institutions. Ottawa, ON: Minister of Public Works and Government Services.</p> | <p>Interpretation of child abuse in institutions from a legal framework; and includes overview of residential school Survivors experiences and recommendations for systemic changes to prevent further abuse.</p> |
| <p>King, David (1996). The History of the Federal Residential Schools for the Inuit, Located in Chesterfield Inlet, Yellowknife, Inuvik and Churchill, 1955-1970. Peterborough, ON: Trent University, unpublished thesis.</p> | <p>This thesis is a significant contribution to historical documentation of the federal government’s record regarding Inuit education and northern residential schools from 1955 to 1970 (when responsibility for education in the North was transferred to the new government of the Northwest Territories). It also provides a detailed description of accommodation, curriculum, extra-curricular activities, language, diet and clothing in these schools. Excerpts of interviews are appended that provide first person accounts of life in the schools from the perspective of former Inuit students.</p> |
| <p>Nechi Institute and KAS Corporation Limited (1994). Healing, Spirit and Recovery: Factors Associated with Successful Integration. Ottawa, ON: Solicitor General of Canada.</p> | <p>This is an in-depth study of twenty Aboriginal people in serious conflict with the law, who served time but eventually turned their lives around. Getting in touch with one’s spirituality was identified as the key to recovery by all participants.</p> |



| | |
|--|---|
| <p>Assembly of First Nations (1994). <i>Breaking the Silence, An Interpretive Study of Residential School Impact and Healing</i> as illustrated by the stories of First Nations individuals. Ottawa, ON: Assembly of First Nations.</p> | <p>This important report describes residential school impacts and healing from a historical perspective and provides an overview of how policies affected the education of First Nation children. The personal experiences of direct Survivors of residential schools are detailed through interview sessions. Trauma theory is used to illustrate the impacts of the experience on children emotionally, mentally, physically and spiritually. Coping strategies and healing paths of Survivors illustrate four phases of a healing process including: recognizing, remembering, resolving and reconnecting. It also includes the role of family and community in healing.</p> |
| <p>Antone, B. and D. Hill (1990). <i>Traditional healing: Helping our people lift their burdens</i>. London, ON: Tribal Sovereign Associates.</p> | <p>Explores the role of traditional healing in the broader health and well-being of Aboriginal communities and nations.</p> |
| <p>Connors, Dr. Ed. (1999, September). The role of spirituality in wellness or how well we can see the whole will determine how well we are and how well we can be. Paper presented at the meeting of the Native Mental Health Association of Canada, Saskatoon, SK.</p> | <p>A brief summary of the changing role of spirituality in the lives of First Nation peoples and how Native thinking has shifted since contact with Europeans. The article discusses the emergence of a new paradigm of healing based on a holistic worldview; and also details changes in conceptual frameworks of Euro-western sciences from a linear reductionistic model to an environmental paradigm.</p> |
| <p>Hodgson, Maggie (1991). <i>Impact of Residential Schools and Other Root Causes of Poor Mental Health</i>. Edmonton, AB: Nechi Research and Health Promotions Institute.</p> | <p>Explores the multifaceted effects of residential schooling on Aboriginal people, such as suicide, family violence, alcohol and drug abuse.</p> |

| VIDEOS and CD-ROMS | |
|---|--|
| <p>Aboriginal Healing Foundation (2003). <i>Where are the Children? Healing the Legacy of the Residential Schools</i>. Ottawa, ON: Aboriginal Healing Foundation.</p> | <p>In this video, Survivors and their descendants present deeply personal accounts of daily life, routines and rules in residential schools, the impacts of the abuse they suffered there, both personally and intergenerationally, as well as their coping skills and strategies for healing.</p> |
| <p>Cariboo Tribal Council (1992). <i>Beyond The Shadows</i>. West Vancouver, BC: Gryphon Productions, Ltd., 28:20 minutes.</p> | <p>This documentary recorded events of the First Canadian Conference on Residential Schools in Vancouver, British Columbia. It chronicles the testimonials of individuals who attended residential schools and its devastating effects. It describes how First Nation communities must heal the multigenerational grief passed onto each new generation of children through unresolved rage and abuse.</p> |

References



References

Aboriginal Healing and Wellness Strategy (2003). Annual Report 2002-2003. Toronto, ON: Aboriginal Healing and Wellness Strategy.

Aboriginal Healing Foundation (1999). Aboriginal Healing Foundation Program Handbook, 2nd Edition. Ottawa, ON: Aboriginal Healing Foundation.

_____ (2001). Aboriginal Healing Foundation Program Handbook, 3rd Edition. Ottawa, ON: Aboriginal Healing Foundation.

_____ (2003). Aboriginal Healing Foundation Annual Report - 2003. Ottawa, ON: Aboriginal Healing Foundation.

_____ (2004). The Future of the Residential School Healing Movement, March 2004 - A Discussion Paper. Ottawa, ON: Aboriginal Healing Foundation.

Alfred, Taiaiake (1999). Peace, Power, Righteousness: An Indigenous Manifesto. Don Mills, ON: Oxford University Press.

Allen, Paula Gunn (1992). The Sacred Hoop: Recovering the Feminine in American Indian Traditions. Boston, MA: Beacon Press.

American Psychiatric Association (2000). Diagnostic and Statistical Manual, 4th Edition (DSM-IV-TR). Washington, DC: American Psychiatric Association.

Anderson, Kim (2000). Recognition of Being: Reconstructing Native Womanhood. Toronto, ON: Second Story Press.

Archibald, Linda and Mary Crnkovich (2000). Inuit Rights in the City: A Guide to Understanding the Rights of Inuit Living in the Ottawa Area. Ottawa, ON: Tungasuvvingat Inuit.

Assembly of First Nations (1994). Breaking the Silence: An interpretative study of residential school impact and healing as illustrated by the stories of First Nation individuals. Ottawa, ON: Assembly of First Nations.

Banks, Dr. Amy E. (2000). The Neurobiology of Traumatic Disconnection. Boston, MA: Harvard Medical School's Department of Continuing Education.

Blair, D. Thomas and Valerie A. Ramones (1996). Understanding Vicarious Traumatization. Journal of Psychosocial Nursing and Mental Health Services 34(11): 24-30.

Bopp, J., M. Bopp and P. Lane (2003) Aboriginal Domestic Violence in Canada. Ottawa, ON: Aboriginal Healing Foundation.

Brant, Clare C. (1990). Native Ethics and Rules of Behaviour. Canadian Journal of Psychiatry 35:534-539.

Brown, Lester (ed.) (1997). Two Spirit People: American Indian Lesbian Women and Gay Men. New York, NY: Harrington Park Press.

Brownmiller, Susan (1975). Against our Will: Men, Women and Rape. New York, NY: Simon and Schuster.

Chrisjohn, R. and S. Young (1997). The Circle Game. Penticton, BC: Theytus Books Ltd.

Daniels, Judy (2003). Ancestral Pain: Métis Memories of Residential School Project. Edmonton, AB: Métis Nation of Alberta, unpublished.

Demos, John (1994). The Unredeemed Captive: A Family Story From Early America. New York, NY: Vintage Books.

Department of Indian Affairs and Northern Development (DIAND) (1998). Indian Residential Schools (IRS) Data Project. Ottawa, ON: Department of Indian Affairs and Northern Development, unpublished.

_____ (2003). Basic Departmental Data 2002. Ottawa, ON: Department of Indian Affairs and Northern Development.

Dickason, Olive Patricia (2002). Canada's First Nations: A History of Founding Peoples From Earliest Times, 3rd edition. Don Mills, ON: Oxford University Press.

Dumont-Smith, Claudette (2002). Aboriginal Elder Abuse in Canada. Ottawa, ON: Aboriginal Healing Foundation.

Ens, Gerhard J. (1996). Homeland to hinterland: the changing worlds of the Red River Metis in the nineteenth century. Toronto, ON: University of Toronto Press.

Feldman-Summers, S. and K. S. Pope (1994). The experience of "forgetting" childhood abuse: A national survey of psychologists. *Journal of Consulting and Clinical Psychology* 62: 636-639.

Fournier, Suzanne and Ernie Crey (1997). Stolen from our Embrace: The Abduction of First Nations Children and the Restoration of Aboriginal Communities. Vancouver, BC: Douglas & McIntyre Ltd.

Freudenberger, Herbert J. (1981). Burn-Out: the High Cost of High Achievement. Toronto, ON: Bantam Books.

Health Canada (1993). Adult Survivors of Child Sexual Abuse. Retrieved 8 June 2004 from: www.hc-sc.gc.ca/hppb/familyviolence/pdfs/adsurcxa.pdf

Health Canada (2000). Inuit health status in Canada. Retrieved from: http://www.hc-sc.gc.ca/english/media/releases/2000/2000_20ebk2

Herman, Judith (1997). Trauma and Recovery: The Aftermath of Violence From Domestic Abuse to Political Terror. New York, NY: Basic Books.

Indian and Northern Affairs Canada (2004). Report of the Royal Commission on Aboriginal Peoples, Volume 1 - Looking Forward Looking Back, Part One - The Relationship in Historical Perspective, Chapter 5 - Stage Two: Contact and Co-operation. Retrieved from: http://www.aicinac.gc.ca/ch/rcap/sg/sg11_e.html

Jordan, Judith (1999). Toward Connection and Competence. Wellesley, MA: Stone Center, Wellesley College.

Jordan, Judith V., Maryellen Handel, Margarita Alvarez and Robin Cook-Nobles (2000). Applications of the Relational Model to Time-Limited Therapy. *Work in Progress* 87:1-2.

King, David (1996). The History of the Federal Residential Schools for the Inuit, Located in Chesterfield Inlet, Yellowknife, Inuvik and Churchill, 1955-1970. Peterborough, ON: Trent University, unpublished thesis.

Kulchyski, Peter, Don McCaskill and David Newhouse (1999). In the Words of Elders: Aboriginal Cultures in Transition. Toronto, ON: University of Toronto Press.

Legacy of Hope Foundation (2003). Where Are The Children? Healing the Legacy of the Residential Schools. Ottawa, ON: Legacy of Hope Foundation.

Logan, Tricia (n.d.). Lost Generations: The Silent Métis of the Residential School System, Interim Report. Winnipeg, MB: Southwest Region of Manitoba Métis, unpublished.

Lovelace, Wicasta and Christie Rice (1999). The Malleus Maleficarum. Windhaven Network, Inc. Retrieved 2 June 2004 from: www.malleusmaleficarum.org/downloads/MalleusAcrobat.pdf

Mautz, Hong (2001). Exercise Can Help Clinically Depressed. Retrieved from: <http://www.mult-sclerosis.org/news/Jan2001/ExerciseGoodforDepression.html>

McCann, L. and L. Peralman (1990). Vicarious Traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress* 3: 131-149.

Middleton-Moz, Jane (1989). *Children of Trauma: Rediscovering your discarded self*. Deerfield Beach, FL: Health Communications Inc.

_____ (1999). *Boiling Point: The High Cost of Unhealthy Anger to Individuals and Society*. Deerfield Beach, FL: Health Communications Inc.

Miller, J.R. (1996). *Shingwauk's Vision: A History of Native Residential Schools*. Toronto, ON: University of Toronto Press Incorporated.

Minor, Kit (1992). *Issumatuq: Learning from the Traditional Helping Wisdom of the Canadian Inuit*. Halifax, NS: Fernwood Publishing.

Morrison, B. and C. Wilson (eds.) (1995). *Native Peoples: The Canadian Experience*, 2nd Ed. Toronto, ON: McClelland and Stewart Inc.

Native Women's Association of Canada (NWAC) (2004a). *Sisters in Spirit: Stories*. Ottawa, ON: Native Women's Association of Canada. Retrieved 4 May 2004 from: <http://generalsynod.anglican.ca/ministries/committees/acip/sistersinspirit/stories.html>

_____ (2004b). *Sisters in Spirit: Background and Information*. Ottawa, ON: Native Women's Association of Canada. Retrieved 4 May 2004 from: <http://generalsynod.anglican.ca/ministries/committees/acip/sistersinspirit/background.html>

O'Leary, Patrick (1998). *Liberation from self-blame: Working with men who have experienced childhood sexual abuse*. In: *Some thoughtful considerations in relation to working on issues of violence and abuse*. Dulwich Centre Journal 4: 24-40.

Pauktuutit Inuit Women's Association (1991). *The Inuit way: A guide to Inuit culture*. Ottawa, ON: Pauktuutit Inuit Women's Association and National Library.

Pearce, Roy Harvey (1988). *Savagism and Civilization: A Study of the Indian and the American Mind*. Berkeley, CA: University of California Press.

Ray, Arthur J. (1996). *I Have Lived Here Since The World Began: An Illustrated History of Canada's Native People*. Toronto, ON: Lester Publishing Ltd.

Russell, Diana E.H. (1982). *Rape in Marriage*. New York, NY: Macmillan.

Saakvitne, Karen W., Sarah Gamble, Laurie Anne Pearlman and Beth Tabor Lev (2000). *Risking Connection: A Training Curriculum for Working With Survivors of Childhood Abuse*. Lutherville, MD: Sidran Press.

Statutes of Canada, [S.C.] (1895). *An Act further to amend The Indian Act, 1895, c. 35, s. 6; S.C. 1906, c. 81, s. 149*.

Stewart, The Honourable Jane (1998). *Statement of Reconciliation*. Hull, QC: Indian and Northern Affairs Canada. Retrieved 3 May 2004 from: http://www.ainc-inac.gc.ca/gs/rec_e.html

Tafoya, Terry (2001). *Keynote Address. Training Workshop on Values, Attitudes and Beliefs, February 8, 2001*. Ottawa, ON: Shared Realities Working Group.

United Nations (1948). *Convention against Genocide*. Retrieved on 5 July 2004 from <http://www.hrweb.org/legal/undocs.html>

Waldegrave, Charles (1990). *Just Therapy*. Dulwich Centre Newsletter, No. 1. Lower Hutt, N.Z.: Dulwich Centre Publications.

Weatherford, Jack (1991) *Native Roots: How the Indians Enriched America*. New York, NY: Fawcett Columbine.

Williams, Walter L. (1992). *The Spirit and the Flesh: Sexual Diversity In American Indian Culture*. Boston, MA: Beacon Press.

Aboriginal Healing Foundation
75 Albert Street, Suite 801, Ottawa, Ontario K1P 5E7
Phone: (613) 237-4441
Toll-free: (888) 725-8886
Fax: (613) 237-4442
E-mail: programs@ahf.ca
Website: www.ahf.ca

Helping Aboriginal people heal themselves

