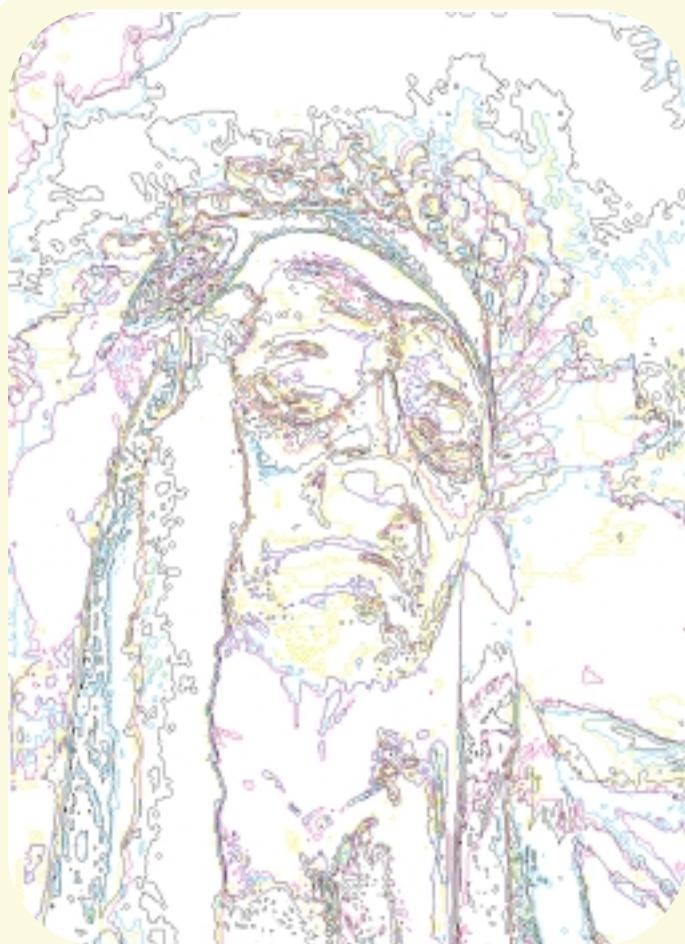


healing words

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Dear Readers

When the theme *Aboriginal Men and Healing* was decided upon, way back in late Summer, we thought that what usually applied to other issues would also apply to this one: lots of hours of research, but very few good finds. It is a fact that digging for the kind of information we feel is relevant to our readers is usually a difficult task. Much is written from a western perspective by western experts, and much is not relevant to healing from the trauma of residential schools. It was therefore a surprise when we began writing a list of issues that had a connection to healing and Aboriginal men. The list grew and grew. Then, when the research began, although it was a slow start, it became obvious that there was a lots of information that was good, exciting, and pertinent.

We also discovered, through talking to many Aboriginal people, groups, and organisations that this issue was a really important one to explore, as it was emerging more and more on Aboriginal communities' healing agendas, in every corner of Canada. We realised we had a real opportunity to explore this convergence of interest. So, with a now very thick file on the subject, we decided to print a single bumper issue for Fall and Winter, rather than two separate issues on the same theme. We also thought that it would be a

useful contribution to the general aspiration for change and a new start usually embodied in new year resolutions!

There is no doubt that a new stage in the healing process is emerging, or bubbling just under the surface. The first hint of this is the realisation that many healing initiatives, initially attended and supported by men, are then abandoned by them. This is not a new thing, and it is fair to say that Aboriginal women have for a very long time sustained personal and collective efforts to heal themselves and their communities and have been the main inspiration and implementers of community healing initiatives.

However, healing is like a bird with two wings. In many communities, Women represent a now very strong wing of this bird, men a very weak one still. The bird, as a result, cannot fly, but is left floundering on the ground, one wing trying desperately to make it fly, its efforts hampered by the weakness of the other wing. THE STRENGTH OF THE OTHER WING IS NEEDED, MEN ARE NEEDED.

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Hi there,

Dear Editors,

My name is Shelley Goforth. Presently, I am a one of the students of the Master of Aboriginal Social Work program, at Saskatchewan Indian Federated College, at the Saskatoon campus. I was lucky enough to be in the first class of this special program. The program is special because it was designed to train Aboriginal social workers to address residential school abuse, and intergenerational effects, through a blend of Aboriginal and Western therapy methods. I am submitting two papers that I wrote during my studies. You can use one or both if you wish. It was suggested to me that I publish my papers and I think that *Healing Words* would be the best place to do so.

Also, presently, I am near the end of my program, and I must write my final research paper. My final research paper is a big project. Throughout my program of studies, I have been reading your newsletter. It would be very beneficial for me to receive back issues of *Healing Words* as they would help me write my final paper which is focused on healing from residential school abuse, and intergenerational effects, through the use of Aboriginal and Western therapy methods. I would also like to be added to your list to receive ongoing publications.

Sincerely,
Shelley Goforth.

Dear Shelley,

Have you heard of synchronicity? You talk about finding *Healing Words* as a good place for your essay, just as we are looking for articles about culture and family. The present issue of *Healing Words* is dedicated to Men, with a focus on their place in the family, and issues related to Aboriginal fatherhood, incarceration and sexual Offending.

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Healing Words

To receive *Healing Words*, write to us at Suite 801, 75 Albert Street, Ottawa, Ontario, K1P 5E7 or phone 1-888-725-8886. (In Ottawa, phone 237-4441). Our fax number is (613) 237-4442 and our email is gobelin@ahf.ca or wspear@ahf.ca. Keep in mind that the newsletter is available in French and English and is free. Also available on-line! <http://www.ahf.ca>

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Published and distributed four times a year, *Healing Words* is a free publication that concerns issues related to Canada's Aboriginal residential schools (including hostels and industrial, boarding, and day schools) and healing.

The cover of the magazine features a large photo of a young child smiling. The title "Healing Words" is at the top, followed by "Volume 4 Number 4 (SUMMER 1998)". Below the title is a circular logo with the letters "AHF". The left side has a "Youth Issue" section with a photo of a woman. The right side lists several articles: "Inside Traditional Ways PAGE 6", "Healing Sciences PAGE 11", "Two-Spirited Youth Program PAGE 33", "Six Nations Social Development PAGE 23", "Teaching Canadian Youth About Residential Schools PAGE 28", and "AHF Youth Conference - page 18". At the bottom, it says "SEE PAGE 18 FOR CONFERENCE DETAILS..." and "CANADA POST PUBLICATIONS".

healing words submissions

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Submit your articles, letters, or other contributions by fax, mail, or email to:

The Editors, Healing Words
75 Albert Street
Ottawa, Ontario
K1P 5E7

Our fax number is (613) 237-4442 and our email addresses for submissions are:

gobelin@ahf.ca
wspear@ahf.ca



Please include a short biography with your submission as well as a return address and phone number. We may need to contact you about your submission.

The ahf does not pay for published submissions, but we do provide contributors with copies of the newsletter.

The views expressed by contributors to *Healing Words* do not necessarily reflect the views of the ahf.

All submissions are subject to the approval of the editorial team and may be edited for spelling, grammar, and length.

men and healing issue

A SPECIAL
THANK-YOU TO
ALL OUR
CONTRIBUTORS

Aboriginal fatherhood is not a subject which has been looked at by many people. From weeks of research, I discovered that although it is recognised more and more as an important facet of healing in communities, there is almost nothing on the subject.

So thank-you very much for your article. It is with great pleasure that we include it in our newsletter.

I will keep your second article on file, for later. However, many young and not so young people ask us for some material for their own or classroom use. If you agree, I will add your essay to the list of documents on Residential Schools we can send to enquirers. Make sure in your reply that you give us permission to do so.

Congratulations, Shelley, on your choice of career. It is always wonderful to see young Aboriginal people choosing to acquire knowledge with the intention to serve their communities.

I will send you the issues you asked for. Did you know that all our issues are available on line at <http://www.ahf.ca>?

Meegwetch,

Giselle.

*

Anin!

My name is Anita Prince, my spiritual name is Zoongizi Ode Ikwe (Strong hearted Woman). I am a member of the Sagkeeng First Nation band also known as Fort Alexander. I am and have been intergenerationally affected by the Residential School catastrophe. I've been on my healing journey for some time. I have met many helping and caring people on my journey. Very proud to say the people I have met on my journey are my own people, anicinabe. Too many to name. I have three beautiful children, Justin, Cody and Megan, one sweet and Oh so lovely grand-daughter, Millie. My partner is Jeff who has helped me in my roller coaster ride of emotions during my journey. I am very grateful and thankful today for all I have. I have come to realize healing is a life long practice and it is up to me to want to help myself; nobody else can do it for me. I have learned to honour my feelings and be proud of who I am, an anicinabe quay. I have come to know and understand we, as anicinabe people, have a beautiful, kind and caring culture and we are truly a strong and gifted people.

Kitchi megwetch for *Healing Words*.

Dear Anita,

Your strength, kindness, gratefulness and wisdom are shining through your letter, Anita. I am sure whoever reads this message in *Healing Words* will be inspired and encouraged. It is true that the healing journey is made of daily acts of will, with victories and set backs. But as you mentioned, when you decide to heal, help that you never imagined does appear to support you. You clearly are very committed to continue your own healing and encourage others, and we are very touched that you decided to share your experience with others.

Healing is an act of reciprocity which has mysterious connections with the process of constant equilibrium of the universe. As human beings, and as we heal and reestablish balance within ourselves, with others and with creation, we become more able to help others and participate in the establishment of a greater balance and harmony wherever we live on Mother Earth.

Healing Words is a collective effort to participate in this process through sharing and helping our Aboriginal readers in every corner of Canada realise what you say so clearly to Anicinabe people: Aboriginal Peoples have beautiful, kind and caring cultures and they are truly strong and gifted peoples. Thank you very much, Anita, for your letter.

In the Spirit of Healing,
Giselle.

*

I am interested in ordering the publication *Healing Words* – preferably around three copies of it. I work for a federal prison/psychiatric hospital, and the patients here would greatly appreciate a newspaper like this. I'd like three copies: one to keep here in the lrc, and two others to distribute to the units. Thanks.

I am very interested in receiving current and past issues of *Healing Words* if that is possible. I work for the Ben Calf Robe Society in Edmonton and unfortunately I was not aware of your publication before, but I see it as a very valuable resource for our program.

Margaret Mitchell.

*

To *Healing Words*

I am so happy to see such a useful and informative publication available. The material submitted is very inspiring and healing. I have taken this paper and amazed at the people who are interested in receiving your publication. I have endured many years of physical, mental, sexual, spiritual and emotional abuse. I have been on the recovery road for that last seven years. Your articles will be one of the tools that I place in my emotional toolbelt. Meegwetch, from a very grateful individual. (Could you please send about 10-15 publications? We do have about 15-20 First Nations students - many of whom are wanting to learn more about themselves and the First Nations culture. We would love to receive your paper on an ongoing basis. Meegwetch!)

Sending lots of warmth and sunshine,
Julie DeVries.

Dear Julie,

Thank-you! It is our constant heartfelt wish that *Healing Words* help make some difference in our readers' lives. Our own inspiration comes from the incredibly courageous people and communities that are helping themselves and others towards a more balanced and healthy inner and collective life. But it is really nice to hear from those who discover *Healing Words* and find it useful. It gives us renewed energy and an ever-greater measure of inspiration. So thank you, Julie, for your warmth and enthusiasm (and sunshine!). They are deeply appreciated.

Giselle & Wayne.

Aboriginal perspectives on healthy sexuality

From: Finding Our Way: A Sexual and Reproductive Health Sourcebook for Aboriginal Communities, Aboriginal Nurses Association of Canada and Planned Parenthood Federation of Canada, Ottawa, 2002.

The theme of inter-relatedness and connections runs through all traditional Aboriginal thinking, including healthy sexuality.

Traditional Views of Sexuality

Although common themes exist among traditional Aboriginal views, each nation and community has grown from unique cultural roots and spiritual beliefs. Legends and ceremonies of the different tribes and nations give glimpses into how people lived before the arrival of the Europeans. It is not possible to describe in much detail the traditional views of sexuality. The following are the perspectives of a few individuals on sexuality for First Nations, Inuit and Métis peoples.

Sexuality from a First Nations Perspective

From a long time ago, First Nations people saw sexuality as a gift and a source of great pleasure. We express our sexuality physically, mentally, emotionally and spiritually, in ways which are influenced by our cultures, families and spiritual beliefs.

Sexuality was not shameful. Community adults taught children openly about their bodies, the moon time and other sexual and reproductive passages. Children were often present at a birth. Sexuality was a gift and there were rules about how to respect that gift.

In most First Nations, sexual promiscuity and perversion were regarded as harmful, and even dangerous to the well-being of the people. Rape was uncommon and regarded as a very serious offense, for which there were heavy consequences. Incest was a taboo in all tribes, and most had stories warning of its dangers. Sexual acts between adults and children were prohibited as well.

Sexuality from an Inuit Perspective

Inuit saw living together as a young couple as okay, and quite often if the young mother was unable to look after her child, it would be taken care of by the extended family. Every parent wants

their child to do the right thing, but in the olden days, if young girls had babies, it was not seen as a shameful or bad thing to do. If the girl was seen to be too young to raise the baby, the baby would be loved and taken care of by a family member. It wasn't until the Europeans came and brought their own way of thinking that living together in common-law became a bad thing and shameful. Even though there is more modern education about relationships nowadays, and there seems to be more openness about sexuality and reproduction, more babies are born today than there were then. I don't understand why this is. It would seem that with more education about protection and prevention today, young people would be more aware than we were then. But still babies are born much more frequently now.

The methods and the approaches [for preventing pregnancy] are so different now. Inuit had their own way of prevention but quickly were influenced by the Europeans. The Europeans saw things only according to their way of thinking, without realizing Inuit ways were more effective for Inuit ...

No one was sheltered from birthing knowledge. Children and young adults gained experience from watching, and men often assisted their wives. The entire family was involved more actively in the events surrounding pregnancy and birth than is the case today ...

- Inuk woman from Labrador

Sexuality from a Métis Perspective

The unions of Métis were not exclusive to each other – there were also unions between Métis and First Nations and Métis and non-Aboriginal. Métis people of the day easily intermarried regardless of racial or ancestral background. These were the positive, free and happy times in Métis history.

Métis men were often seen as more openly sexually active or more sexually promiscuous than Indian or white. They were fun loving, dashing, brave. The men and women both became "hot" items. A lot of men and women on either side wanted them. Think of the good looks of First Nations and the good looks of



non-Aboriginal people, and you get a Métis with twice the good looks of either. But seriously, the men and women were often married into the white society or Indian society. But, the more the priests came in, the more their influence, the more the idea of sex being dirty pervaded all Aboriginal communities. Before that it was natural and beautiful, an act of love, a union between a man and a woman, and as a result of their love there came other beauty in children. The children cemented the love between the man and woman.

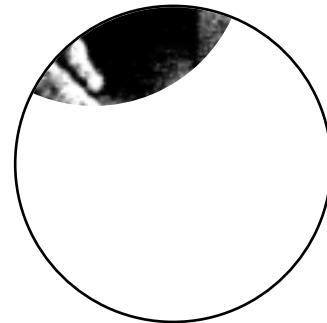
- Métis man living in a Métis settlement in Alberta

Before the introduction of modern medicine, the Kokums (Grandmothers) were the keepers of the knowledge of herbal medicines, including medicines for birth control. They were the midwives in the community and had knowledge of a whole range of medicines to cure any illness in their families. The knowledge for using many of these medicines was shared from First Nations to the Métis.

As with the First Nations, eventually the church became more heavy handed, and the Métis were taught that traditional ways were unholy. The topic of sex became taboo and unmentionable. Men and women joined in marriages unaware of what was normal and what was not. Family violence was hidden, as was child abuse. Birth control was strictly forbidden. The birth of illegitimate children was condemned by the church.

Aboriginal Perspectives: Traditions, Sexuality, Education

Extracted from Aboriginal Sexual Offending in Canada, John Hylton
Collection Research, Aboriginal Healing Foundation



.... incidence, reporting trends, and societal responses have all been shaped by the dominant beliefs and values about the role of women and children at different times in history. But Aboriginal societies had quite different beliefs, values and traditions and, as a consequence, their experience with rape and child sexual abuse was also quite different

Aboriginal Views Of Sexuality

Aboriginal peoples, whether First Nations, Metis or Inuit, have witnessed high levels of violence and sexual abuse within their communities for many decades. Aboriginal women and Aboriginal children have been particularly affected (Nightingale 1994). But as La Rocque (1994) has pointed out, men of all backgrounds, cultures, classes and economic circumstances have assaulted women; sexual violence appears to be a global and universal phenomenon.

Most cultures have mechanisms in place to minimize the extent of sexual abuse. Usually, mores and customs provide guidance about the range of acceptable interactions between the sexes, as well as protection for those who are vulnerable. Such mores and customs also prescribe the punishments for violations of accepted standards of behaviour. Traditional Aboriginal societies were not unlike many other cultures in this regard. Specific mores and traditions set out standards for sexual expression within varied cultural frameworks.

In the traditional Aboriginal view, sexuality was typically viewed as the force of life within each individual. At the core of the creation process, sexual energy was regarded as the energy of life longing for itself. Love was seen as the attractive force that held together the very elements and particles that made up the universe.

Sexuality was considered a powerful and sacred force, one that was to be respected. Young men and women were taught to have deep respect for the power that flowed through them (Bopp & Bopp 1997a; 1997b). This perspective encouraged Aboriginal people to respect themselves and others.

Many North American Aboriginal tribes had behavioural norms which "promoted positive interpersonal relations by discouraging coercion of any kind, be it physical, verbal, or psychological" (Brant 1990; p. 1). These behavioral norms have been referred to as an "ethic of non-interference." This ethic has been identified as one of the most widely accepted principles of behavior in Aboriginal cultures. Throughout history, this ethic contributed to the maintenance of harmonious relations and was highly effective in suppressing intragroup and intergroup hostility. Brant (1990) has also shown that Aboriginal societies had complex and effective strategies, such as teasing, shaming and ridiculing, for reinforcing and promoting such cultural norms.

Aboriginal societies educated children about sexuality. This education sought to achieve a balance between two fundamental attitudes; that sexuality was a natural part of life but, also, that there must be boundaries and limits (Bopp & Bopp 1997a: 1997b). Thus, it was considered

As Aboriginal experts have pointed out, to deny that violence and sexual abuse were problems in traditional Aboriginal societies would only serve to perpetuate distorted and romanticized images

natural for young people to want to explore their sexuality, but it was usually not considered appropriate for unmarried men and women to have sex before they were married. Within these traditions, the guiding principles of each culture maintained the "sacredness" of sexuality.

As in all cultures, violations of community standards did occur in traditional Aboriginal societies. LaRocque (1994) notes that there is evidence that violence against women did occur in Aboriginal societies prior to European contact. She also points out that legends told of male violence against women. As Aboriginal experts have pointed out, to deny that violence and sexual abuse were problems in traditional Aboriginal societies would only serve to perpetuate distorted and romanticized images (Supernault 1993). At the same time, there is no evidence that the nature or extent of sexual abuse within traditional Aboriginal communities resembled, even in the most remote way, the problems that exist today.

In Aboriginal societies, the onus of control to observe appropriate boundaries was, in the first instance, on each individual. Boundaries were learned, beginning early in life, and they provided guidance about how to think and act in the sexual area of life. Aboriginal communities also had a range of specific taboos, warnings, proverbs and prescribed protocols that served to teach community members how to behave, and what to avoid with respect to sexuality and gender relations. Individuals, families and communities continuously taught and reinforced these rules and boundaries, and the historical record indicates that these methods were highly effective in maintaining community standards (Bopp & Bopp 1997a: 1997b).

Aboriginal perspective on sexual abuse

The Aboriginal perspective on sexual abuse holds that the abuser is unhealthy and has lost touch with spiritual and cultural roots and teachings. While abuse is seen as a serious threat to the victim's well being, the community's well-being is also affected. Abuse is seen as interfering with the victim's development, but it is also seen as undermining traditional cultural and social dynamics within families and communities.

The Aboriginal concept of justice is closely tied to the notion of restoring community harmony. This approach is based on a belief in the interconnectedness of all aspects of life (Bopp and Bopp 1997a: 1997b). Hence, in the traditional way, the victim, the abuser and the community all have an important role to play in resolving the dispute and healing the wounds. The goal is to restore social harmony. These approaches were used in addressing violations of community standards related to sexual behaviour as they were in many other areas of community life.



Sexual Abuse and Violence: The Context of Aboriginal History

The history of sexual violence in Aboriginal societies is incomplete, but there is a general consensus among experts that European contact helped to undermine traditional values and practices in Aboriginal communities, such as those related to justice, equity, and respect. One outcome of contact, perhaps the most devastating, was the breaking down of traditional norms, standards, and enforcement mechanisms within Aboriginal communities. Experts believe this created conditions that allowed the incidence of sexual abuse and violence to grow unchecked, since the resources available within the community to deal with the abuse were greatly diminished.

The undermining of traditional Aboriginal practices and beliefs, particularly through the establishment of reserves and residential schools, left many communities without even a basic way of teaching community members about healthy living (Ellerby and Ellerby 1998). The result was often a lack of proper sexual education. Providing healthy role models was also an important educational tool, but this also became difficult as community cohesiveness began to deteriorate. Thus, many experts have concluded that the colonizing process that began hundreds of years ago is a root cause of many problems in Aboriginal communities today.

Standards of behaviour have changed so drastically in some Aboriginal communities that family violence and sexual abuse are now sometimes regarded as a part of everyday life. In 1985, for example, a Northwest Territories task force on spousal assault found that "a surprising number of victims were unaware that being beaten was not a normal part of life" (Supernault 1993; p. 14). This represents a marked change in attitudes and expectations from those that prevailed in traditional Aboriginal societies.

In a study of sexual abuse in Inuit communities, Kuptana (1991) also discusses a most disturbing finding; the existence of the myth that child sexual abuse was or is acceptable in the Inuit culture. While Inuit organizations and leaders believe that child sexual abuse is totally unacceptable, Kuptana points out instances where the justice system has made statements which lead people to believe that child sexual abuse is commonplace in Inuit culture. She suggests that the courts have, at times, accepted interpretations of traditional Inuit values and attitudes which have perpetuated this myth. She points out that in Inuit traditions, Inuit believed that children should be children until they were ready to take on responsible roles as providers of life. These responsibilities included learning to hunt, to cook, to sew, to build snow houses, to train a dog team, to learn the arts of oral traditions, dances, and songs, to learn to parent, to live in harmony with fellow Inuit, to share,

to survive, to cooperate, and to contribute to the well-being of the community. She points out the need for the traditional Inuit values of respect and the value of children to be reaffirmed.

In their review, Bopp and Bopp (1997a; p. 40-41) contrast some traditional beliefs, values and practices with those that exist in some Aboriginal communities today. In many traditional Aboriginal societies, the following boundaries were common:

- No sex between adults and children;
- Unmarried men and women must wait to have sex until they are married;
- Once married, a couple must remain faithful to each other. They must not have sex with other people;
- It is wrong and harmful to have sex with someone else's spouse;

It was taught that these rules protected the people from many evils, including various kinds of disease, disunity, jealousy, broken families, and wounded hearts and spirits.

It was also taught that the boundaries were taught to the people in a sacred manner, and that the deeper reason for honoring these teachings came from a profound reverence for life itself.

Today, many people have gradually come to accept the following attitudes and behaviours as "the way it is":

- young people having sexual intercourse regularly even as early as the age of 12 or younger;
- promiscuity (i.e., people having sex with many different partners);
- having sex as a recreational activity; gang bangs (a group of males having sex with one female in quick succession);
- rape (forcing sex on someone);
- adult-child sexual intercourse, foundling or other interactions;
- sex used as a bargaining chip to get what you want (either by withholding sex or offering it);
- disconnection between sexual relations and the responsibility for resulting children; and
- sexual acts between humans and animals

It has been noted that the current imbalance in some Indian, Metis and Inuit communities cen-

●
Although Aboriginal cultures are quite varied, there were common approaches to education in many Aboriginal cultures prior to European contact. These elements included the use of storytelling and examples as the main method of teaching, the involvement of Elders, and the embedding of education in the traditions of each culture

ters on the distress experienced by the Aboriginal family. The Royal Commission on Aboriginal Peoples (1996), for example, has observed that there was a clear division along sex lines in most Aboriginal societies. Roles complemented one another and contributed to the well being of the family and community. Survival depended upon an equal balance and respect for the roles of both men and women (Patterson 1982). For example, Ojibwa women were essential economic partners in the annual cycle of work. Their skills were not only used for the performance of domestic chores but also for the construction of hunting tools (Royal Commission on Aboriginal Peoples). Metis families similarly divided responsibilities between men and women. One report, for example, tells of the men doing the hunting, while the women did all the tanning of the buffalo hides, jerk meat making, pemmican and moccasins (Royal Commission on Aboriginal Peoples). Similarly, mutual dependency and respect was the norm in Inuit culture.

However, colonization perpetuated both racism and sexism. The internalization of these beliefs has been a significant force in shaping present circumstances.

Residential Schools: A Brief History

Although Aboriginal cultures are quite varied, there were common approaches to education in many Aboriginal cultures prior to European contact. These elements included: 1) the use of storytelling and examples as the main method of teaching, 2) the involvement of Elders, 3) and the embedding of education in the traditions of each culture (Kennedy 1970; Grant 1996; Haig-Brown 1989; Miller 1996). It was a system based on respect, sharing, caring, healing, and a willingness to help others (Grant 1996; p. 22). Men and women understood that as they grew in spirit and wisdom, they had a duty to teach and maintain the well-being and continuity of the community. There were lessons to be learned. Some came wrapped in legends, some came as encouragement





to attempt a task, and some as cultural necessities developed through centuries of interaction with other Shuswap people."

Euro-based educational approaches, in contrast, were deliberately designed to undermine the language, culture and traditional ways of Aboriginal peoples. Both the methods used and the content were foreign. Education amounted to directed and forced acculturation (Barman, Herbert & McCaskill 1987). As the Royal Commission (1996, Vol 1; p. 333) has noted:

"The main goals of the residential school program were to christianize, assimilate and transform the child's way of life so that it approximated European standards as closely as possible (Buckley 1992)."

Gender roles of Aboriginal children were defined according to the social and economic needs of the Europeans. For example, boys were taught to become farm hands, while girls were taught to be in subservient domestic position (Miller 1996; Grant 1996).

The residential school system had important and complex negative effects for many Aboriginal communities. For Aboriginal people, the connections

between the schools' corrosive effects on culture and the dysfunction now experienced in their communities is clear. The residential school system was a concerted attempt to obliterate cultural practices, associations, languages, traditions and beliefs (ChrisJohn and Young 1994). The results included: the destruction of Aboriginal peoples' relationships with nature, the destruction of the identities of many individuals, the undermining of family and community relationships and structures, the loss of traditional values, the loss of traditional institutions and practices related to socialization and education, and the destruction of systems of spirituality and healing (Chrisjohn et. al. 1997; Grant 1996). The inter-generational impacts are incalculable but also significant.

Sexual abuse in Aboriginal communities today is linked with the loss of traditional Aboriginal values and practices. Many communities were left without basic ways of teaching community members about healthy living. The loss of traditional customs and practices also undermined capacities to educate children about sexuality. And the exposure to sexual abuse and violence resulting from colonization has allowed abusive patterns to be accepted and perpetuated (Ellerby and Ellerby 1998).



"Portrait of Native students at St. Paul's Indian Industrial School." ca. 1901. Middlechurch, Manitoba.

National Archives description: "The Native students are posed in school uniforms, the boys hair is cut very short, the girls wear hats. The students are posed in straight lines against the brick school wall with their teachers ."

National Archives of Canada, PA-182251



Help!

Healing Words is looking for pictures of residential schools and Aboriginal people for upcoming issues. You can send electronic copies or the pictures themselves – we will handle them *very carefully* and keep them only long enough to scan them (a few days). We also receive many requests for school pictures from Survivors and their descendants. In some cases the schools no longer

exist and family members have passed on, and so pictures and records are among only a few ways these people can learn about their family's and community's history. You'll be helping us out and contributing to the telling of the residential school story as well ...

For more information, please contact us at *Healing Words* (see page 2 for address).

Men and Sexual Health

From: Finding Our Way: A Sexual and Reproductive Health Sourcebook for Aboriginal Communities, Aboriginal Nurses Association of Canada and Planned Parenthood Federation of Canada, Ottawa, 2002.

When our societies were land-based, the division of labour was gendered [different for men and women]. Men worked outside the community as hunters and warriors and women within, in the areas of childcare, agriculture, food preparation, and housing. These divisions accommodated the work required for a land-based lifestyle ... It was the men who procured the necessary items which were then turned into food, shelter or clothing.

In traditional societies, both women and men were instructed, from early ages, about their bodies and about the differences between men and women. Women were well respected in their communities because they were the givers and carriers of life. Boys and men were taught how to respect women by male and female Elders. They were taught the traditional value of respecting children based on Medicine Wheel teachings.

Much has changed since all Aboriginal people lived off the land and the water. Some still do live a traditional lifestyle, but most families and communities are no longer completely self-supporting and only a few nations govern themselves. Overall, Aboriginal men adapted well to the changing economy of the Europeans, becoming traders, guides and trappers, in spite of many barriers. The 21st century is an exciting time to be a Métis, Inuit or First Nations man – we are reclaiming many of our traditional lands and starting successful businesses, beginning or continuing our healing journeys, and forming stronger connections to our partners, children, families and communities. It is also a time of struggle as we begin to understand the full effects of the changes we have survived.

For all people, sexual health is closely connected to our personal identity, our roles in society and our feelings of self-worth. Colonization took away men's roles as providers and protectors, and racism often prevented us from getting jobs or developing businesses that would allow us to be self-supporting providers for our families. For some, addictions and violence have resulted – too many men and boys live with a poor ability to have healthy relationships, to protect our sexual health from HIV/AIDS and other sexually transmitted infections, and to be free from sexual and physical violence.

As Métis, Inuit and First Nations men, we are beginning to examine how our roles have changed and to look at our own sexual health. Feeling good about ourselves, and the people we love, is important to good health and healthy sexuality. Good sexual health contributes to overall personal well-being, and in turn helps build stronger families and communities.

Métis men are not apt to talk about sex, whereas women are more apt to talk about it

We are scared to deal with our own issues. You know, as a man you want to be the "tough guy." You know? And that is a real big barrier we have to learn how to get through, especially as younger men. I guess when you get older as a man you become more open and willing to discuss these things. But when you are younger you don't want to deal with it – you are still invincible.

- Métis man from northern Alberta

Sexual Health Issues of Concern to Aboriginal Men

Below are some key issues to address and ways that health care providers and others can support Aboriginal men to improve their sexual health.

Begin to Talk About Ourselves

The most important thing that men can do right now is to begin to talk openly and honestly about ourselves. We need to talk to each other, to our partners, our children, our parents, and to health care providers and Aboriginal leaders. We need to talk about our changing roles, our hopes and fears for our communities and our nations, our past experiences and our needs for the future.

Renewed Involvement with Our Children

In land-based economies, parents and children spend a great deal of time together, teaching and learning, playing and working. Now, as a result of the need to work away from the family, and social and personal problems, many Aboriginal men are more distant from their families. Closeness to our children has been lost, and the whole family, as well as communities, are feeling this loss. Men are important role models for their sons and daughters, as well as important teachers of traditions and values.

Service providers can assist Aboriginal men in remaining connected, and in reconnecting with their families, by actively including them in programs from prenatal support to parenting programs and sexuality education sessions. Also, they can encourage young men to question stereotyped gender roles of mothers and fathers, and involve men in the planning and delivery of education and awareness programs.

Pilot coordinator Lerinda says:

"Honour and integrity are taken from men when their children are taken away. We should continue to identify men as warriors in the sense of being the protectors of land, women and children. That's their place in society. Let men know that their power lies in their role as a protector."

The Effects of Diabetes and Other Illnesses

Diabetes and its related conditions can affect men's sexual functioning. More than 50 percent of men with diabetes have difficulties with having or maintaining an erection and may have difficulties with ejaculation or orgasm. Long-term smoking can also cause problems with erections. We often think of other conditions, such as high blood pressure and prostate cancer, as diseases of "old men" but they can affect us when we are in our mid-life or younger. It is important for us to get regular health check-ups to prevent illness and to diagnose and treat these conditions early. If we have an illness, we should always ask about what to expect and about side effects of treatments and medications, including any effects on sexual functioning

The Long-Term Effects of Violence

Too many Aboriginal men have experienced sexual and physical violence, either as children, youth or adults, in their families or communities, or in residential schools. Being a victim of violence has



many direct and hidden effects – addictions, depression, and difficulties in relationships, in parenting, in practising safer sex, etc. In some cases, we become part of the cycle of violence by hurting others. Power and sexuality expressed as violence are harmful to everyone, and active healing through treatment programs, healing ceremonies and health centres is needed.

Healing for Men

Healing from harmful effects of the past begins with the individual deciding it is time and finding help to heal. Support is out there for us including counselling, support groups for men, and treatment centres. Unit 11 – The Residential School Experience – describes several community programs supported by the Aboriginal Healing Foundation. Similar opportunities for Aboriginal men exist in many communities and urban centres.

Some Possible Effects, or Indicators, of Past Sexual Abuse

Not all survivors of child sexual abuse clearly remember the abuse they experienced. Here are a few possible signs of forgotten abuse. Others might remember the abuse, and also experience these long-term problems. Treatment can help reduce these effects.

- Difficulties with sexual functioning such as maintaining an erection (impotence), premature ejaculation, lack of desire, and obsession with sex
- Difficulties with intimacy, lack of trust in others, “one-night stands” instead of long-term relationships
- Dependency on or misuse of drugs, alcohol or food
- Confusion about sexual identity (whether you are gay, straight or bisexual) – while abuse does not determine sexual identity, victims can link the abuse to their sexual identity in their minds. Sometimes this also leads to homophobia which means a fear of gays, lesbians and bisexuals.
- Self-abuse, re-abuse and abuse of others — if you feel worthless and

ashamed because of the abuse, you might hurt yourself, seek out situations where you are re-abused, or abuse others

- Anxiety, panic attacks, memory blackouts, flashbacks and nightmares
- Anger
- Shame
- Guilt
- Physical symptoms, such as headaches, choking sensations, blurred vision, pain in the genitals, buttocks or back, might be related to abuse.

Sexually Transmitted Infections

Sexually transmitted infections such as gonorrhea, human papilloma virus (genital warts), hepatitis B, hepatitis C, syphilis and HIV/AIDS can have serious health consequences for a man, his partner and their unborn children if undetected and untreated. You can prevent getting and passing on a sexually transmitted infection by choosing not to have sex, or engaging in low-risk sexual activities or using condoms every time you have sex. Some infections can be cured with antibiotics, while others cannot be cured but they can be controlled. For more information about sexually transmitted infections, or to be tested, you can contact your health clinic or doctor, sexual health clinic, or STD or HIV/AIDS information lines.

Changes Related to Aging

As men age, we go through a more gradual change in hormone levels than women experiencing menopause. Even so, a drop in the level of the testosterone hormone can result in: losing muscle and bone mineral density, gaining body fat, having weaker heart function, and going through emotional and sexual changes. Some men find these changes difficult and worry about impotence or death. It is also important to be aware of the increased risk of prostate and other cancers. We need to talk to our partners, families and friends and to get regular health check-ups.



An unusual photograph – the caption reads:

“Canadian School Train. Pupils of Indian, Finnish, Norwegian, French and British extraction attend classes at Nemigo near Chapleau, Ontario, [ca. 1950.]”

Source: National Archives of Canada PA-111570

THE EFFECT OF FAMILY DISRUPTION ON ABORIGINAL AND NON-ABORIGINAL INMATES

http://www.csc-scc.gc.ca/text/rsrch/reports/r113_e.pdf

*Report by Shelley Trevethan, Sarah Auger & John-Patrick Moore,
Correctional Service Canada*

& by

*Michael MacDonald, Department of Justice Canada and Jennifer
Sinclair, Assembly of First Nations*



This project began in the summer of 2000, as a joint effort between Correctional Service Canada, the Assembly of First Nations, the Department of Justice Canada, the Department of Indian Affairs and Northern Development, Native Counselling Services of Alberta and the Aboriginal Healing Foundation. The project involved conducting an offender survey in correctional facilities in the Prairie region to examine the effect of family disruption and attachment on Aboriginal and non-Aboriginal inmates.

The study found that larger proportions of Aboriginal than non-Aboriginal inmates were involved in the child welfare system when they were children. Approximately two-thirds of Aboriginal inmates said they had been adopted or placed into foster or group homes at some point in their childhood, compared to about one-third of non-Aboriginal inmates. An important question, particularly for Aboriginal inmates, was whether children who were born in the 1960s or earlier were more often involved in the child welfare system. The answer to this question appears to be no. Among Aboriginal inmates, there were no significant differences based on age of those adopted, or placed into foster or group homes.

The report confirms other research, demonstrating that Aboriginal inmates had a more extensive history in the criminal justice system and less stability while growing up than non-Aboriginal inmates. However, this appears to be less the case when they were young children than when they were adolescents. Furthermore, when involvement in the child welfare system is examined, no significant differences exist between Aboriginal and non-Aboriginal offenders on perceptions of stability. Since larger proportions of Aboriginal inmates were involved in the child welfare system, this seems to contribute to the differences between Aboriginal and non-Aboriginal inmates in childhood stability.

Most inmates said they were attached to their primary caregiver even though many reported a great deal of instability in their childhood home life.

However, those who reported an unstable childhood were less attached to their primary caregiver than those who reported a stable childhood.

Adolescent stability does not seem to affect the current relationship with a spouse or children. Among both Aboriginal and non-Aboriginal inmates, those with stable and unstable adolescent experiences had a similar amount of contact with, and attachment to, their spouse and children. However, an unstable adolescence may affect the current relationship the inmate has with other family members, such as mother, father and siblings. This may be the result of less contact with these people during childhood and the relationship may have remained distant through adulthood. Interestingly, among Aboriginal inmates, those with an unstable adolescence reported more regular contact with their grandmother than those with a stable adolescence. This may be because as a child they often lived with their grandmothers and maintained this relationship. Almost three-quarters of the Aboriginal inmates said that they were currently attached to Aboriginal culture, that is, they considered it part of their everyday life and they felt a sense of belonging. Furthermore, 80% said that they were currently involved in Aboriginal activities, such as circles, ceremonies, sweat lodges and smudges.

Interestingly, attachment to Aboriginal culture seems to be re-developed upon entry into the federal correctional system.

Effects of Residential School

Approximately one-fifth of the Aboriginal respondents reported attending a residential school. It is likely that the small number of inmates who reported attending residential schools is due to the age of the inmate population, most of whom were too young to be involved in residential schools at the time they were operating. It is clear that those who attended residential school described their experience as very negative. Most said they had no access to cultural or spiritual activities while they were attending the residential

school. Further, more than three-quarters said that they had experienced physical and/or sexual abuse at the school.

Of particular interest is the effect of residential school experiences and the family/cultural attachment. As such, the sixth research question asked, "how many Aboriginal inmates attended residential school, and how do they describe their experiences."

Of the 172 Aboriginal respondents to the question about residential school, 35 reported attending a residential school (20%). Among the First Nations respondents, 29 were involved in residential schools (24%) and among the Métis respondents 5 were involved in residential schools (11%). It is likely that the small number of inmates who reported attending residential schools is due largely to the age of the inmate population sampled, most of whom were too young to be involved in residential schools at the time they were operating.

Among those who attended a residential school, they spent an average of 31 months, or over two years, within the school. While they were attending the residential school, one-quarter saw their family only once a week. When asked to rate their experience at the residential school on a scale of 1 to 5, with 1 being very negative and 5 being very positive, the average score was 1.78, meaning that most saw the experience as quite negative. The majority (83%) said that they had no access to cultural or spiritual activities while they were attending the residential school. Further, 77% said that they had experienced physical and/or sexual abuse at the school. Of those who had experienced abuse, the majority (87%) said that the perpetrators were staff.

According to one respondent:

I was abused physically... I changed so much. I was told I was a bad girl and that's what I turned out to be. I was lonely. My brothers were there for awhile



but they left when they got older. I was told "it happened to us so why should it stop". Some kids were sexually assaulted.

Another resident noted:

[It] was very de-humanizing. I felt inferior and fearful due to alcohol – reminded me of dad. I was lonely and ashamed of being Native. The morning prayers were a haunting experience as it reminded me of my own home. We ganged up on anyone who wanted to attack us – we attacked them instead.

Three Aboriginal inmates did not respond to the question.

No significant differences emerged between those who attended residential school compared to those who did not attend in terms of their youth and adult criminal history or their risk and need scores upon entry to the federal facility. Similarly, no significant differences were found in terms of current relationships with family members. Another analysis examined whether there were differences among those who attended residential school from those who did not attend residential school in terms of involvement in traditional activities. Overall, no significant differences appeared between those who attended residential school compared to those who did not attend residential school. Similar proportions of those who attended and did not attend residential school were currently attached to Aboriginal culture (83% and 73%, respectively) and spoke an Aboriginal language (71% and 65%, respectively). In addition, similar proportions said they were involved in Aboriginal activities while growing up (57% and 50%, respectively) and currently (74% and 81%, respectively).

The way forward?

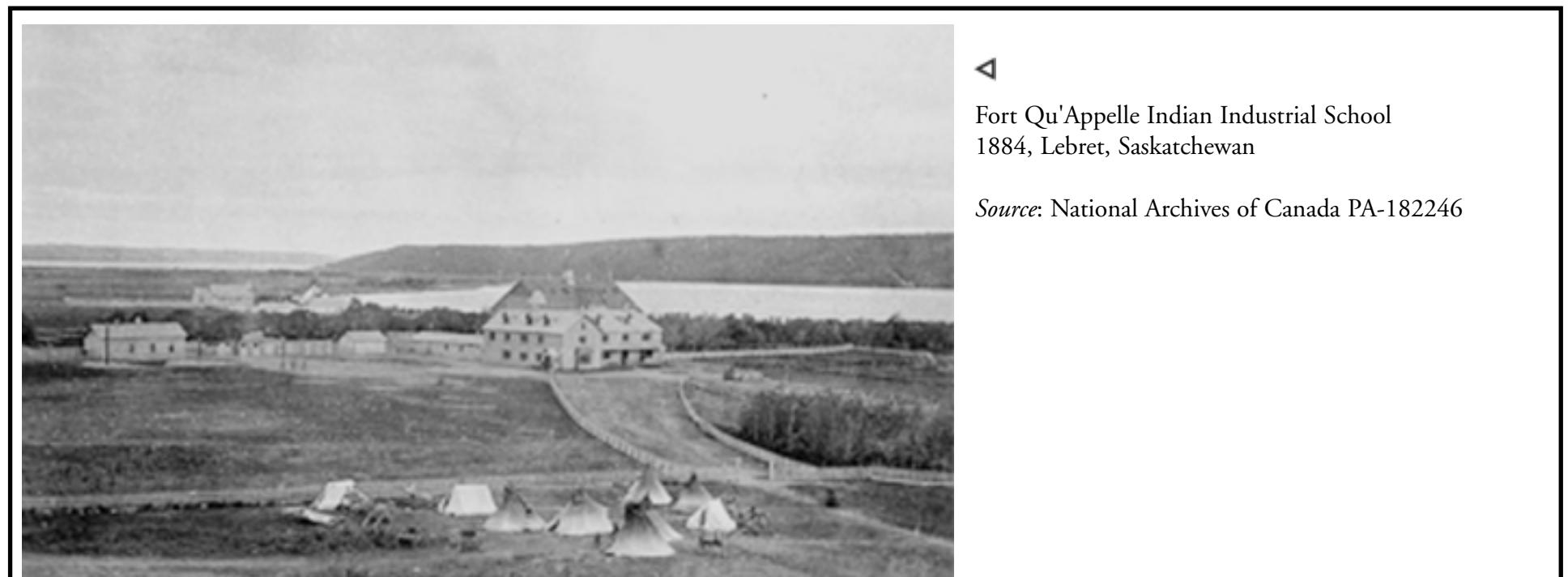
The results from this research can be used in a number of ways. It provides Correctional Service of Canada with information on issues facing the inmate population, which can be used to develop appropriate programs. With such a large proportion of offenders, particularly Aboriginal offenders who have been involved in the child welfare system, this appears to be an area that needs further attention. It was clear from the interviews that many inmates felt that nobody had ever asked them questions about their childhood. Furthermore, the desire of these people to see a better life for the next generation of children was obvious. The Department of Justice Canada can

benefit from this research in terms of assisting the development of criminal law and youth justice policy, justice and community-based program funding, as well as furthering an understanding of the devastating effects of witnessing family violence. Other federal and provincial/territorial departments can use the information to aid in policy and program decisions. For instance, it provides evidence of the importance of focusing on the child welfare system and issues children are facing. The research also confirms what some Aboriginal organizations have been saying concerning the importance of addressing child welfare legislation, and issues of poverty and street youth.

Finally, this research emphasizes the importance of federal and provincial governments and non-governmental organizations working together to address issues relating to the child welfare system. It is important for government and Aboriginal organizations to begin developing integrated approaches between the policy and program silos that compartmentalize the way we deal with issues relative to children, youth and offenders. From program restructuring within federal correctional institutions to the way we approach youth justice and the population we target as at risk, positive outcomes depend on the development of policy alongside the understanding of what is occurring in the communities.

This study is a stepping stone for better understanding of youth initiatives that can impact the lives of Aboriginal youth. Because it focuses on offenders serving time in federal correctional facilities, it is not surprising that a great deal of disruption or negative childhood experiences is evident. Therefore, it is important to examine this issue in the broader community. In-depth research on childhood attachment and stability among a non-offending population is necessary for a greater understanding of this issue.

With ever increasing numbers of Aboriginal people being incarcerated, it is important to look at ways to keep families and children/youth together. If we can identify when youth are being put into care and their first involvement with the criminal justice system, then we can look at the times when preventative measures can best be utilized. It is vitally important that departments who focus on crime prevention, corrections and youth justice use the findings of this research to influence the work that they are doing with Aboriginal youth.



Fort Qu'Appelle Indian Industrial School
1884, Lebret, Saskatchewan

Source: National Archives of Canada PA-182246

DISPATCH NO. 4 FROM THE DOWN UNDER FRONT LINES

Promoting
Aboriginal Men's
Health

by Vladimir Williams

<http://members.ozemail.com.au/~menshealth/agus.htm>

DISPATCH NO.4 FROM THE DOWN UNDER FRONT LINES

The Aboriginal community has long determined that Aboriginal health solutions must involve men as well as women as a family unit.

Yet Aboriginal men have been denied their rightful place within our society through the pursuit and promotion of a range of direct and indirect racist policies which resulted in the stolen generation. This systematic devaluation of the role and importance of Aboriginal men and the failure to substitute suitable and meaningful alternatives which can enhance identity and resilience together with the denial of appropriate employment opportunities, has resulted in the destruction of Aboriginal self-determination.

Aboriginal men and what constitutes best practice or best buys in responding to their needs.

The push for the development of a men's health strategy in NSW has offered the first real opportunity to begin the process of identifying the links between gender and health as it relates to men generally and Aboriginal men specifically.

Through a process of community consultation and participation, NSW Health is in the process of developing key health implementation strategies that seek to address the specific needs of Aboriginal men within a holistic framework, grounded on a social view of health. The development of an implementation plan will complement and support the recently completed broad strategic directions document on men's health called "*Moving Forward In Men's Health*" (1999).

This paper will seek to identify current progress in the identification of the specific health needs of Aboriginal men and will provide feedback on the key priority areas identified and strategies developed to address these needs.

Tim Agius, Director, Aboriginal Health Branch, Health Services Policy, NSW Department of Health.

What is possible
in recovery is
that your
sexual abuse
symptoms will
diminish, your
self-esteem
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relationships
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In other words,
you can have
a good life!

When Males Have Been Sexually Abused

A Guide for Adult Male
Survivors

www.hc-sc.gc.ca

Is recovery possible?

Yes, but look on recovery as a process, not as a project with an end result. You can't expect that at some magic moment in the future your problems will all disappear and you'll be eternally happy. More likely, different issues will come up for you at different points in your life, and you may want to go back to your counselor for a few more sessions.

What is possible in recovery is that your sexual abuse symptoms will diminish, your self-esteem will increase, and your relationship(s) will be more satisfying. You'll feel more in charge of your life. In other words, instead of having the effects of your sexual abuse run your life, you'll be running it yourself. You can have a good life.



DISPATCH NO. 3 FROM THE DOWN UNDER FRONT LINES

FATHERING & MEN'S
ROLES

by Tex Skuthorpe

<http://www.napcan.org.au>



of the early teaching was done by women, this painting focuses on the fathers and men's role in teaching. All the symbols and designs represent parts of the boys' learning.

The central figures show a man passing on knowledge to his children. Some of traditional learning was focused on learning about yourself – understanding, confronting and accepting yourself. This learning was a lifelong experience – I was taught that if ever I thought I knew it all, I would be considered to know nothing, because I had stopped wanting to learn!

The men who taught took on the responsibility to experience everything with the learner. They learnt together and through the process they both learnt about themselves and each other – their fears, strengths, attitudes and beliefs. And from learning and understanding came respect.

The emu represents how food was shared amongst the community and how each part of the emu was used. The old people were given soft parts such as the kidney and liver, young people were given fleshy parts, the tail fat was used as medicine, the leg bones for spear heads and other tools and the feathers were used for ceremony decoration. The adults shared what was left. In some cases there would not be enough food for the person who hunted and killed the emu.

That person selflessly contributed what he could to the community, only taking a share if there was enough. The leaves represent the food, medicines and tools which the boys were taught to gather and make. He was taught which trees could be used to make ropes and fishing nets, which bark was used for painting and making bark canoes and which trees the didgeree-doo came from.

The didgeree-doo represents the ceremonies that boys would participate in during their initiation and the teachings they would receive about their role in those ceremonies.

The turtle represents the law – it is the animal from which the Noonghaburra law comes. The boys were taught how

My name is Tex Skuthorpe. I am a Noonghaburra man from Goodooga, north western NSW. The symbols and stories are from my country – Noonghal land.

This painting shows some of the traditional teaching of boys in the Noonghaburra community and how that learning occurred. Although much

he became part of the landscape, how they got their law and what those laws were. Traditional Noonghaburra law was very different to modern Australian law – it was more about responsibility, respect and how to live.

It was also known fully by everyone, so an individual would know if they had broken the law and they would know what the punishment was.

The frog represents the creation – the Rainbow Serpent story. The boys would be taught the story and then asked to pull out the law, message and meanings in the story and

would be asked to think about how they related to him and his life. Every story would be dealt with in this way. In this way, the boys would come to understand where they had come from – their creation, their history and their law.

The message stick shows the learning about one of the methods of communication. The message sticks were left at trading places as a way of sharing knowledge amongst all the communities in the area – about who was going through initiation, about marriages and other events that were happening in the community.

The bowerbird and its bower represent the teachings about patience and that everything has an order. Boys would be taken to a bower and told to move a few pieces of the decoration. They would wait very quietly for the bowerbird to return and watch as he hopped around looking for what had been moved. They would see him eventually find the moved pieces and return them to their original position. It taught the boys that everything and everyone had a place in the community and to see that every animal and its behaviour had a message for them about their life.

The two sand goannas represent totems and how the boys were connected to their country. The boys were taught that they came from their totem – that the animals who did not break the law were turned into Aboriginal people and that's how they got their totem. They had to learn and quietly observe everything about their totem – its behaviour, where it lived, what it needed to survive and how it helped the survival of other things. They learnt that they were responsible for looking after everything their totem gave them and everything connected back to them through their totem.

The top part of the painting shows men teaching boys to make and throw boomerangs and ceremony shields. The bottom part of the painting shows boys learning to make tools to hunt and fish – a three-pronged fishing spear and a woomera and spear for hunting. The diamonds represent the making of duck nets which were swung across the river. The two circles represent communication – how all this was communicated through history – through generations to the boys and the responsibility the boys have to pass that knowledge on.

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Fathering and indigenous families

http://www.childcomm.qld.gov.au/publications/papers_and_speeches_2001/fathering_indigenous.pdf

Commission for Children and Young People

Paper presented By Sue Howard at the Helping Families Change Conference, Melbourne, 22-24 February 2001.

Firstly, I would like to acknowledge the traditional owners of this land. And next I would like to consider the situation of these traditional owners today. If you are an Indigenous child in Australia, compared with Non-Indigenous children of the same age, you are:

- three times more likely to die before you are one year old.

Between birth and fourteen years, you are:

- 2.4 times more likely to die of homicide
- 3.3 times more likely to die from drowning
- 3.7 times more likely to die as the result of a road accident
- between 3 and 4 times more likely to die from injury, and
- between 10 and 12 times more likely to die from an infection or parasitic disease.

If you survive, you are:

- at much greater risk of suffering from asthma, hearing, skin and chest problems, and have poorer dental health
- between 3 and 4 times more likely to suffer from abuse and neglect
- up to 32 times more likely to be detained in a juvenile detention centre
- nearly twice as likely to leave school before completing year 12
- twice as likely to be an unemployed youth, and

- if you are a male, 3.5 times more likely to commit suicide.

As these numbers demonstrate, the impact of white settlement on Aboriginal and Torres Strait Islander peoples has been profound. This paper will provide a brief overview of the diversity of Indigenous culture prior to white settlement, address, in some detail, changes in what has been called the “traditional” Indigenous family structure and the resultant impact on Aboriginal and Torres Strait Islander children and young people, a priority interest group for the Commission for Children and Young People, and identify issues that need to be considered in parenting programs for Indigenous people. Earlier I used the phrase “traditional Indigenous family structure”. This term erroneously implies a homogeneity of family structure across Indigenous Australia which does not, and has never, existed.

In pre-European-contact times, over 700 nations, each with its own culture and traditions, existed on mainland Australia. These nations spoke 250 languages, with the people inhabiting many of the hundreds of islands across the Torres Strait also speaking languages traditional to their regions. The existence of these nations, documented in early times by explorers and anthropologists, identifies Australia as one of the most diverse and intriguing continents in the world.

This diversity means that there is no one “traditional Indigenous family structure”, and while there are commonalities across clans, there are also a range of relationships and behavioural norms specific to different clan groups. Understanding this diversity is necessary for understanding the current situation of Aboriginal and Torres Strait Islander peoples, and must be integral to any programs for them. Before white settlement, clan groups were connected to specific areas of land that represented to them their very being and spir-

itual existence. From birth to death and beyond, Indigenous people were governed by clear principles and values that determined their cultural and social responsibilities, passed down from generation to generation through child-rearing and other practices.

Childrearing practices, patterns and beliefs are based on culturally-bound understanding of what children need and what they are expected to become.

Parenting responsibilities were clear, as were the duties and expectations assigned to the individual, the extended family and the broader community. Connectedness and kinship were, as they still are, an integral part of Indigenous identity and relationships, in contrast to the Western notion of individuality. Training for cultural ceremonies, initiation for achieving adulthood and moral education through story telling and performance were included as primary responsibilities. The role of men was clearly defined, as were the roles of all members in traditional society. Men were seen as protectors, providers, leaders and skilled hunters. This afforded them respect which was accompanied by the reciprocal obligation of meeting specific responsibilities. Failure to accomplish this provider and protector role had repercussions or punishments for the person, as defined by cultural lore.

According to the continuum described by Judith Evans in her 1994 report to UNICEF on childrearing practices and beliefs in Sub-Saharan Africa, Aboriginal and Torres Strait Islander families, as a result of white settlement, can be considered to be in a state of transition. Evans argued that when a “modern” and a traditional Indigenous culture meet, the Indigenous society will start to follow the goals of the “modern” society, with a resultant disintegration of its earlier set of goals and values. The previously relatively stable norms, beliefs and practices around childrearing become unclear. Parents can come to feel a sense



of powerlessness and lose confidence in their parenting skills and child rearing practices may also become inconsistent.

Since childrearing practices in most societies are designed to:

- Guarantee the child's physical well being
- Promote the child's psycho-social well being
- Support the child's physical development
- Promote the child's mental development and
- Facilitate the child's interaction with others outside the home

– then the above challenges, which appear when a society is in a time of transition, generally place the well being of the child at risk. However, the term “transition” does not adequately reflect the effect of colonisation on Indigenous Australian societies. Colonisation has been a powerful, destructive force, leading to individual, family and community trauma over many generations of Aboriginal and Torres Strait Islander peoples. Initially, frontier violence left many groups traumatised and dispossessed, introducing the traditional owners of the land to disease and racism.

Legislation removed people to reserves, took children from their family, and separated husbands and wives. Relationships with the land, cultural and spiritual beliefs and ceremonial practices, and social and family relationships were fractured, replaced by a dependency on Western policies and people who had no understanding of, and in many cases, no interest in, what these Indigenous peoples had lost. When Communities were established, the administration and the authority of these Communities were in the hands of the “protectors”. Use of traditional language and cultural practices were forbidden, denying Indigenous people their values, beliefs and mores, and robbing them of this core of their identities. Aboriginal men, for example, were no longer responsible for the physical and emotional safety of the family. They were not permitted to hunt for the essential food for the family. As their traditional roles were denied them, a major source of their sense of identity was eliminated.

The policies of removal and subjugation contributed to the break up of Indigenous families and erosion of the security that the traditional family unit once provided. This has been exacerbated in many cases by incarceration of one or more parents, and removal of the children into state care:

...we didn't know anything about stealing or anything about that. One morning we got a knock on the door – the Police came to take us away. It was back in the early seventies. They separated us up, the four kids and put us into different homes. We didn't have any understanding of why this had happened.

The institutional care given to many of these children meant they had no experience of living in a family and consequently no appropriate nurturing behaviours or modelling of parenting. Indeed, the loss of parenting skills has been identified as one of the effects of the removal of children in the report, *Bringing Them Home*. Dignified, proud, self-sustaining and healthy by tradition, Indigenous Australians today live a very different existence. Alcoholism, violence, abuse and poverty are the legacies of the colonisation process, as the statistics I referred to earlier in this paper attest. This conference is about “Helping Families Change”. Parenting programs are generally seen as doing this, as being effective measures to promote and protect the well being of children.

It is important, however, that we continue to seek to identify and describe features of highly successful programs. James, for example, argues that, “The more significant question ... is not so much whether prevention works, but rather which approach is most effective for a certain population, under a given set of circumstances?” That is, there is a need to identify factors at the community level that impinge on program design and implementation, and ultimately, effectiveness.

When we contemplate programs for Indigenous communities, it is critically important that we consider the factors which have the capacity to impinge on the effectiveness of the programs. One factor that needs to be consistently acknowledged and addressed is the transgenerational trauma that has been experienced by Indigenous people. This trauma manifests itself in many ways but one effect is a distrust of government or other agencies, particularly those responsible for the well-being of children and families. It is recognised that even Non- Indigenous families who have never experienced any form of official assessment or intervention in their parenting role, either personally or generationally, often lack the confidence to ask professionals or paraprofessionals for parenting help or information. Considering the history of intervention and family destruction experienced by Indigenous families by government agencies, it must be expected that discussions about “proper parenting” from mainstream departments identifiable with those that must take responsibility for removing Indigenous children from their families, is viewed with suspicion, even alarm. Another issue that needs to be widely recognised is how ‘proper parenting’ is culturally determined. This includes acknowledging that even what is meant by the term “parent” can vary from culture to culture, in terms of who is considered to be a “parent”, as well as what a “parent” should do.

In many Aboriginal clans, childrearing responsibilities were shared beyond the biological parents to their siblings, while Elders had a specific socialisation role. Torres Strait Islander customary adoption also challenges Western notions of “parents”. There are also differences from culture to culture in what is considered to be good or “proper” parenting. An interesting study reported by Malin, Campbell and Agius, for example, looked at the childrearing practices of two Nunga Aboriginal families and two Anglo families. While stressing that “Nunga families are as different from each other as any family differs from another,” the authors identified clear cultural differences in childrearing practices. The Aboriginal children were encouraged to be independent, self-regulating and self-reliant. “Dorothy”, the mother, trusted that they were competent at looking after their younger siblings, even when quite young themselves. She used more indirect means of disciplining her children such as selective attention, non-intervention, modelling and loaded conversation. The Anglo mothers, in contrast, encouraged dependence and attention-seeking behaviour. Aware of these differences, one of the Nunga mothers expressed her concerns in this way:

These are the kinds of things that government workers will see and turn around and say that maybe I'm not a fit mother. Because they are only seeing things through their white culture, they will misinterpret the way I discipline the kids, and they won't notice that my kids are happy and loved and growing up in a way that they can look after themselves and do the right thing by their family ...

It is clear that these factors affect what is seen as “appropriate parenting”, and hence parenting programs.

Any program is based upon particular beliefs about the way families should be, the ways parents and children should interact, and the types of people the children should grow up to become. An exclusively Western view of this is not appropriate for all peoples. Parenting programs need to be inclusive of the culture of the particular group of parents they are designed to help.

Culture is an important part of a parenting program because it is central to an individual's identity. Restoring familiarity with essential aspects of “traditional” culture and then pride in their cultural identity is necessary for Indigenous adults before appropriate parenting behaviours can be addressed in a parenting program. Clarke, Harnett, Atkinson and Shochet argue that the starting point must be the process of healing, with individuals, families and communities first coming to terms with their pain. Rebuilding culture and reestablishing pride may help lead to a new sense of identity which promotes a new form of Indigenous “family” to encompass supportive family relationships like those which existed previously. This brings me to





the final consideration for program development which is inclusion of the role of fathers. It is only very recently that it has been recognised that parenting programs are often actually about mothering and that there is a need for programs specifically targeted at supporting men to be more effective in their fathering role. The Commission for Children and Young People has been concerned for some time about the invisibility of fathers in many parenting programs. Given the suicide and incarceration rate of young Indigenous men, the poorer outcomes for Indigenous males on every measure, and their pronounced marginalisation from parenting roles and responsibility, the Commission sees this as a matter for urgent consideration.

As a consequence, the Commission, is, as part of its Focus on Fathering Project, collaborating with the Aboriginal and Torres Strait Islander Advisory Board (atsiab), the Queensland government's peak advisory body on Indigenous issues, to develop and trial an Indigenous fathering program that meets the needs of children whose fathers are in prison. Involvement of respected local Aboriginal and Torres Strait Islander men and women is seen as integral to the development of the program.

Invitations to the scoping meeting in Cairns in July 2000 and to participate in the Reference Group went as broadly as possible to groups such as the Cairns Indigenous Men's Support Group, Gumba Gumba Elders, Yarrabah Community Council, Injinoo Land Trust and the Aborigines and Islanders Alcohol Relief Service (aiars).

Invitations were also extended to government and non-government stakeholders including: the Family Court of Australia; the Queensland Police Service; the Parole Board; the Youth Justice Unit of Families, Youth and Community Care, Queensland; the Cairns Domestic Violence Service; St Johns' Boys' shelter; St Margaret's Girls' shelter; and Warringu Women's shelter. The meeting of these local community members in Cairns scoped the program and propose that it:

- will have components INSIDE and OUTSIDE the prison
- will consider issues of CULTURE, IDENTITY and PRIDE
- must be based in COMMUNITY and involve ELDERS and relevant COMMUNITY GROUPS
- must build on the positive things or programs that are already happening inside and outside, and
- consider COMMUNICATION and INFORMATION as key aspects.

From this scoping meeting, a Reference Group was established to provide advice and direction to the project. Gumba Gumba is playing a key role, and in December 2000, two members visited Tasmania to experience the Fathers' Day activities organised as the culmination of a fathering program at Risdon prison.

What will the fathering program look like, in terms of both its content and delivery? The Commission initiated this project through the support of atsiab, and an atsiab member chairs the Cairns Reference Group, but we do not really know, and will have little further input into decisions about the nature of the program. The program is for a particular group of Indigenous men, coming from particular Aboriginal and Islander communities. To be relevant to them, to be meaningful for them, and to have the chance of making a difference for them, it must be developed and delivered by respected people from those communities. It must, indeed, be their program.



AHF Evaluation Update (October 18, 2002)

It is very important to understand that the following figures are estimates extrapolated from the results of the process evaluation survey (February 2001 representing 274 organizations). Since March 1, 2001 an additional 237 new organizations have received funding.

Individual healing refers to therapeutic contexts where the focus is on personal progress. Individual healing services have been provided to an estimated 90,053 participants.

Group healing has the whole community as a target; approximately 73,336 participants have attended group healing events.

Healing projects identified roughly 14,153 individuals with special needs (e.g. suffered severe trauma, inability to engage in a group, history of suicide attempt or life threatening addiction).

It is estimated that an additional 106,036 individuals could be serviced if projects had adequate time and resources. When all project needs are combined, an estimated \$147,743,745 would be required.

About 20,399 individuals have received training.

Current estimations indicate that teams include 3,117 paid employees, roughly 1,832 full time with about 2,743 of them being Aboriginal and about 1,558 of them survivors.

In a typical month, over 21,148 volunteer service hours are contributed to ahf projects. If we conservatively assign a value of \$10/hour to volunteer services, then \$211,482 dollars per month or \$2,537,790 per year is provided by volunteers.

Assuming new projects have been at least as successful as earlier projects in securing support from partners, an approximate \$9,480,874 has been contributed by other funders. Similarly, it is estimated that \$7,628,773 may have been secured in on-going funding and the estimated value of donated goods or services to date would be \$14,731,197.

Traditional Parenting Skills in Contemporary Life

by Shelley Goforth

(Shelley is a student of the Master of Aboriginal Social Work program, at Saskatchewan Indian Federated College, and she is quoted in the Readers Comments section)

This article outlines a summary of traditional aboriginal parenting skills. In this outline, I will use a generalist approach. I recognize that traditional parenting skills differed from tribe to tribe. However, I will focus on similarities between tribes. Second, I will describe how this traditional knowledge base has been affected by colonial policies, in particular, the residential school era. Thirdly, I will discuss the applicability of traditional aboriginal parenting skills in contemporary life. In this last section, I will discuss challenges faced by aboriginal parents today. I believe that aboriginal families face many challenges in returning to a healthy state of family functioning. I will refer to this process as a reconstruction process, in which there are many complications.

I chose this topic because I am fascinated by the wisdom of how children were raised traditionally. I believe that bringing forward the knowledge of the past will assist aboriginal families of today to achieve a path towards healing. Our ancestors displayed great wisdom in preparing the individual for life. Although we cannot go back to the past, we can benefit from the wisdom of the past (Morey and Gilliam, 1974, p.2).

Many aboriginal families still follow traditional approaches in raising their children. However, there are thousands of aboriginal families that do not know what the traditional methods are. As a result, I will be writing about traditional Aboriginal parenting skills as if they were in the past tense. Aboriginal communities' knowledge of traditional child rearing skills has been negatively impacted by the residential school era. "The introduction of residential schools which separated children from their families and communities was especially destructive to the traditional way of life" (Indian Association of Alberta, p.13).

Another factor I will seek to explore is the applicability of these skills in contemporary society. Contemporary society, or the larger mainstream society, attempts to dominate every aspect of the aboriginal family, including how they teach their children. I believe that many aboriginal families are on the road to regaining wellness. This wellness entails the process of reclaiming and reconstructing traditional childrearing practices. As aboriginal people, who live among a larger society, we have learned to adapt to this society

through adopting a perspective that we can take the best of both worlds. Thus, in the reconstruction process, we must take the best of two worlds and use a combination of traditional and contemporary parenting methods. I feel that there are many contemporary methods, which in affect promote traditional concepts.

Traditional Childrearing Practices

Native communities have invaluable beliefs about the importance of our families, our children and our communities. There is the recognition and growing acceptance that we have our own systems in place, which will continue. We never lost the skills. They are still there to varying degrees in different aboriginal families (Raising the Children, 1992, p.6). I believe that it is our duty and responsibility to trace back our history, and to preserve and pass our beliefs on to the next generation. The Indian Association of Alberta is of the same view. They state, "We, the living generation, are the cultural bridge linking our past to the future. Thus, it is our responsibility to continue our culture by teaching it to our children and grandchildren so that they can pass it on correctly to their descendants" (p.106). A lot of our culture, especially in the area of traditional childrearing, has not been written down. Our culture was not written down because we were oral people. All our history, our legends, our ways of believing, everything was passed on to the next generation orally. Nowadays, it is not uncommon for this information to be written. However, I have found a gap within the literature. I believe that we need to write this information down, in order to improve our chances of preserving and passing on our knowledge to the next generations. Many aboriginal families do not have access to an Elder who may teach them traditional parenting skills.

Native people possessed profound child psychology wisdom (Bentro, Brokenleg and Bockern, 1991, p.34). In fact, Native American philosophies of child management represent what is perhaps the most effective system of positive discipline ever developed (p.35). To expand on this description, Bentro, Brokenleg and Bockern (1991) state, "these approaches emerged from cultures where the central purpose of life was the education and empowerment of children. Modern child development is only now reaching the point where this holistic approach can be understood, validated and replicated" (p.35).

Child rearing was considered to be a sacred responsibility (Aboriginal Nurses Association of Canada, p.49). This responsibility extended into conception. It was believed that learning started before birth. It was during pregnancy that the mother shapes the unborn child's emotions and transfers feelings such as love, caring and compassion (Judy Bear). The Elders believed that a woman should be of good physical and mental health before she conceives. She should give up

bad habits such as smoking, drinking, poor eating habits, worry, anger and fear. If a woman was pregnant, her husband was expected to observe the same health and mental precautions as well and to offer his support to his wife in order to make the pregnancy easier and more enjoyable (Aboriginal Association of Nurses, p.8 &21). Elders say that the unborn child is a separate spirit who will be affected by what the woman sees, feels, does, thinks, hears, eats and so on (9 &17). This concept is illustrated by Morey and Gilliam (1974), "They believe it will have a bad effect on the child if they talked about sad things or thought bad thoughts. Since these bad thoughts go into the system of the child, it is very important that the mother think positively with happy thoughts" (p.13). This teaching is further extended into breastfeeding, "The mother feeds the child from her breast, and all the things she has learned, and all her good thoughts, begin to go into the system of the baby" (p.14). Breast- feeding was considered to be an important element of child rearing which was a necessary link between mother and child. According to Morey and Gilliam (1974):

Nowadays they don't breastfeed anymore; they use a bottle. A lot of traditional people complain about it. "You don't use your breast anymore; you use the bottle and cow's milk. That's why the younger generation no longer listen to their parents, why they run away from home and do whatever they please. In the past when children fed at their mother's breast, they listened to their parents (p.17).

In traditional Native society, it was the duty of all adults to serve as teachers for younger persons (Brentro, Brokenleg and Bockern, 1991, p.37). Children were nurtured within a larger circle of people, not only by the biological parents. Children experienced a network of caring adults (p.37). In fact, a kinship oriented system trained children to see themselves as related to virtually all with whom they had regular contact (p.37). Winona Wheeler, in an interview for Eagle Feather News, (2002) illustrates the circle of protection and caring which surrounded the children:

Imagine four circles. There is a little circle in the center with the babies and the children. Around that circle is another one, with Elders, grandfathers and grandmothers. Around that circle are the women and then around them are the men. The men formed the first line of protection, they protected all from danger and their primary focus was the entire community. The next line of protection was the women and their focus was on family, then there were the Elders who were raising the children. There was balance and no one job, no one role was more important than the other. Especially among the Plains societies, which were egalitarian, everyone's role was equally valued (p.1). ▶



The circle of protection and caring ensured that no family slipped through the cracks. Many tribes had clan systems. Clan systems supported all of its members. Child-care and discipline were divided among many community members so that no single person was overburdened. Child abuse was rare as children were safeguarded under the watchful eye of the extended family (National Indian Child Welfare Association, 1996, p.4). Another part of the safety net were the traditional healers and helpers of the community, e.g., medicine men. Natural helping systems addressed the mental health needs of parents and children.

Aboriginal parents treated their children with great respect and consideration. It was believed that children were loaned to you for a certain time and that you do not own your children (Indian Association of Alberta, p.46). The use of corporal punishment was virtually unknown (Aboriginal Nurses Association of Canada, p.49). Children were raised in a manner that ensured they had a high self-esteem. Traditional parenting was characterized by patience, kindness and lecturing. According to the National Indian Child Welfare Association (1996), this was achieved based on the following beliefs:

In many tribes, children were perceived as gifts from the Creator, entering this world in perfect harmony. Since they were recent gifts from the Creator, children embodied innate wisdom and their opinions were thought to have special significance. Thus, maltreating a child might result in the return of the child's spirit to the Creator and the loss of that child (p.4).

The birth and growth of children was celebrated. For example, they were celebrated in naming or other ceremonies, and at dances and pow-wows. Elders would praise the children and often make prophecies about their future (p.24). Children were nurtured within the four areas of their development; physical, emotional, mental and spiritual.

Native childrearing was strongly influenced by the principle of guidance without interference. Children were given increasing opportunities to learn to make choices without coercion (Brentro, Brokenleg and Bockern, 1991, p.41). This principle was grounded in a respect for the right of all persons to control their own destiny and the belief that children would respond to positive nurturance but could not be made responsible by imposing one's own will on them (p.41). Guidance without interference did not mean that children were allowed to do as they wished or that they did not receive any guidance. Instead, a child learned self-control and self-restraint (p.39). Methods of teaching these aspects were unique. Every tribe had special songs to soothe children and stories served the purpose of entertainment and teaching of lessons and morals (National Indian Child Welfare Association, 1996, p.24). According to Bentro, Brokenleg and Bockern (1991):

Children were taught that wisdom came from listening to and observing Elders. Ceremonies and oral legends transmitted ideals to the younger generation. Stories were not only used to entertain but to teach theories of behaviour and ways of perceiving the world. Such lessons became more meaningful with repetition; the more one listened, the more was revealed. Stories facilitated storing and remembering information and functioned as a higher order mental process that ordered human existence (p.39).

Learning from adults as role models was a central concept of traditional child rearing. Children learned by observation. As the child grew, he/she would emulate the behaviour of older children and adults. Children were provided with the opportunity to develop competence by games and creative play, which simulated adult responsibility. For example, dolls and puppies taught girls nurturing behaviours while boys were given miniature bows and arrows in preparation for the hunting role (p.39). Older children were given the responsibility of caring for younger children (p.39).

Child development was characterized by providing freedom for the children to develop at their own pace, with many opportunities to learn from nature, adults and other children (National Indian Child Welfare Association, 1996, p.24). Children were also treated as being competent. A lot of autonomy was provided as a way for the child to learn. Efforts of the children, and their contributions, were viewed as meaningful. Children were viewed as valued, needed, important and responsible. "Native Elders believed that if children are to be taught responsibility, they must be approached with maturity and dignity" (Brentro, Brokenleg and Bockern, 1991, p.8).

The Residential School Era

Today, parent's pain and suffering is reflected upon our children. There has been an intergenerational breakdown (Four Worlds International, 2000, np.). The parents who grew up in residential schools were deprived of traditional parenting role models. So they came out of these schools with no experience of family life to draw upon. Their teachings were largely based upon institutional norms. As a reaction to this dehumanizing process, many vowed not to treat their children with the same authoritarianism they grew up with. But knowing what not to do is not the same as knowing what to do. So a lot of parents went from one extreme to another (Indian Association of Alberta, p.59). Which would mean no guidance, maybe even neglect because at the same time a lot of parents turned to alcohol to numb the pain. A lot of them passed on this strict disciplinarian style of parenting. Because of the history of residential schooling, it is important to

remain non-judgmental about Aboriginal parents. Within Aboriginal communities, there is an existence of generational dysfunction due to extreme trauma – trauma experienced by an entire society spanning four generations (p.13). Aboriginal communities are in the process of healing and rebuilding their communities, which will take some time. The Indian Association of Alberta make a recommendation in which I feel is a necessary element of the healing process. They state:

"Traditionally, our child welfare system consisted of teaching our children parenting skills. The present generation learned parenting skills in institutions or other situations of abuse. Therefore, to return to healthy children we must begin, immediately, teaching parenting skills (p.106).

The Challenges Faced by Aboriginal Parents Today

In contemporary society it is increasingly difficult for the Native family to rely on the safety and security of the extended family or the kinship system. Families do not have the network of support they once had (Franzen, p.13). Many Native families have moved into urban areas in an effort to find employment, schooling opportunities and a better quality of life. With many families split between urban areas and reservations, the distance makes it difficult to provide continuous support (p.13). This has resulted in an increasing emphasis on the nuclear family as distance between extended families has been created. Urban families tend to be more isolated than they would have been if they continued to reside in their reserve communities. Also, many extended families are no longer a source of strength that they once were. Unfortunately, sometimes extended family compound family difficulties.

At the present time, many Aboriginal families are not at a place where they can even consider the use of traditional child rearing methods. For example, how can a pregnant mother living in a situation of domestic violence think only happy thoughts? Why do so many pregnant women continue to abuse alcohol and drugs throughout their pregnancy, while at the same time, receiving no prenatal care? Why do mothers continue to breastfeed their children while intoxicated or on drugs? Why are so many children neglected or sexually, physically and emotionally abused? Although there are no easy answers to these questions, the intergenerational effects of residential schools are evident.

Contemporary society offers many dangers to Aboriginal children. These dangers provide further challenges for parents. It will take strong parents to be able to minimize these dangers. Some of these dangers include the materialistic culture, which negatively affects children. Mass media is distorting the child's view of the world. Whereas





children once learned from parents, grandparents and Elders, the formal education system has taken over a large part of this role. The school system promotes a highly individualistic, competition based system (Four Worlds International, 2000, np.). All of these do not fit with traditional Aboriginal values, but are a reality of what we must contend with.

There is a lot that aboriginal parents can do, in order to minimize the negative effects. They can spend more time with their children, provide guidance and direction, provide exposure to healthy role models, and incorporate family traditions. As a community we must get back to the spiritual orientation and encourage healing ceremonies, rituals and rites of passage for youth. We need to make a connection between our children and Elders. We need to use our traditional beliefs wherever we can, but also use contemporary skills, which will assist our children to be successful in the mainstream society.

The Process of Reconstruction

Many aboriginal individuals, families and communities have turned to the Elders for guidance in the family healing process. Elders can provide guidance in the areas of traditional parenting skills although it must be recognized that many Elders also attended residential schools. However, as in the Elder's traditional role, Elder's today are being looked to as sources to provide traditional knowledge and spiritual guidance. Many Elders still remember the lessons passed on to them by their grandparents.

Today, aboriginal communities face the daunting task of reconstructing a positive model of parenting. Aboriginal parents also face the complexities of teaching their children to live in two worlds, the aboriginal and the mainstream society. One approach, which may be helpful for aboriginal parents, is outlined by Raising the Children (1992):

Ask yourself, "What do I want my children to be like when they are adults?" This question will assist in helping you, the parent, determine what values you want to teach your children. For example, I want my children to be: honest, dependable, responsible, kind and generous. Our behaviour as parents is largely determined by how we were raised. That is, you are most likely to raise your children the way you were raised. If you did not grow up in a nurturing environment, it is possible to create a different atmosphere for your children. The parent, if not happy with how he/she was raised, but who does want life to be different for the children, is now in a position to make the necessary adaptations and to learn positive parenting skills. For many Native parents, a goal for our children is to be able to participate as fully as

possible in the dominant society and still maintain a strong identity as a native person (p.6).

Teaching our children to live in two worlds requires balance. It is vitally important that parents strengthen our children's identity and self-worth so that they will be strong in their interaction with the larger society. We believe it is possible to live as contributing members of a larger society, while at the same time protecting and maintaining our unique ways. Never again must our adaptation to the larger society be at the expense of our languages, values, spirituality or cultural identities (Manitoba Education and Training, 1993, p.3).

It is important to recognize that contemporary parenting methods have much to offer, in the process of reconstruction of the Aboriginal parenting models. Larger contemporary society has moved towards a more democratic style of parenting. In addition, they have put together processes for learning skills such as listening skills, problem solving, anger management and others. Skills such as these can be adapted for use in Aboriginal communities. The key is to make them fit into a way we look at life so that they will work for us (Raising the Children, 1992, p.7).

Aboriginal people need to recapture their concept of a communal responsibility for the welfare of their children (Health Canada, 1994, p.8). Not only have families been affected by residential schools, but also entire communities. Communities can work together for the family healing. For example, they can encourage community Elders to teach traditional parenting skills and offer parenting courses incorporating the community's traditional parenting techniques. They can offer parenting support groups and talking and healing circles (Aboriginal Nurses Association of Canada, p.49). Traditional clan systems can be identified and strengthened. A renewed clan system, led by Elders, can become the natural helper system to existing band social service providers.

In conclusion, I believe that traditional concepts of childrearing have a lot to offer in terms of assisting Aboriginal families to return to a healthier state of family functioning. The skills are still applicable to contemporary life but may need some adaptations. More native specific parenting programs need to be taught throughout Aboriginal communities. It is wise to borrow concepts from the mainstream society, as we need to teach our children to live in two worlds. Lastly, we need to recognize that the reconstruction process will take considerable resources, time, patience and energy. It will be well worth the effort, as it will be for the children.

National Day of Healing and Reconciliation – may 26th each year.

To whom it may concern:

I wish to support the declaration of a National Day of Healing and Reconciliation in Canada for May 26th of each year. This day will focus on healing and will coincide with "the National Sorry Day" which was pioneered by the Aboriginal people in Australia. This is an opportunity for all Canadians to be engaged in activities that acknowledge how far we have come on the reconciliation movement and to examine what challenges we still have to deal with in strengthening relationships when examining some of our collective history.

This is an opportunity to focus on individual, family and community healing. This day would offer an opportunity to provide more education on our collective history that has affected us all indirectly or directly. I am confident the churches, government and communities will join in supporting activities on May 26th across Canada on this year and each year there after.

NAME:

ADDRESS: STREET/BOX NUMBER city/town postal code

PHONE: fax: EMAIL:

COMMENTS:

From the National Day of Healing and Reconciliation Office – Visit our Website:
<http://ndhrcanada.visions.ab.ca>

If you have sent in an email, would you be willing to go one step further and send out our request to your friends you think would normally support this kind of initiative, to ask them to send an email or letter in support of NDHR? Further, we are asking those who are interested in setting up NDHR activities within their work place, church, traditional ceremony communities to do so and please keep in touch for networking purposes.

In the spirit of healing and reconciliation thanks for your support,

- Maggie Hodgson, NDHR volunteer - 12775-117 St., Edmonton, AB T5E 5J6
Contact: email : maggieh@compusmart.ab.ca or send a fax to: 780 454 8111
to support this day.

Aboriginal Family Trends

Extended Families, Nuclear Families, Families of the Heart

by Marlene Brant Castellano,
Professor Emeritus, Trent University, and a member of the Mohawk Nation



This story about Aboriginal families begins in a particular place, with real persons, in the way that knowledge is constructed in an Aboriginal world.

Those who hear stories told orally are encouraged to listen with their hearts as well as their minds, because the features of experience – of particular experience – are understood to be manifestations of a larger reality, called the spiritual.

In that spiritual realm we are all related, so the stories about the Other are also about us.

And time past becomes very present to us in lessons that have relevance to the life we are living now.

- Marlene Brant Castellano

Aboriginal Perspectives on the Family



Evolving Traditions

When we speak of "family" each of us reaches into a store of images and experiences to give meaning to the term. In every culture there are fundamental roles fulfilled by the family. Family protects and nourishes the child through early years of dependency. It passes on language which provides a code for making sense of the world around and communicating with others. It teaches ways of behaving, by example and instruction, which enable individuals to participate in society.

And the family instills values, the sense of what is important, what is worth preserving, protecting and, if necessary, fighting for.

In contemporary Canadian society the primary responsibilities of the family begin to be shared with public institutions at least by the age of five, when the child begins school. Peer groups, teams and public media assume increasing importance as socializing influences as the child matures. By the time the young adults go off to college or into the work force the assumption is that they will begin functioning, following their own star and taking responsibility for themselves and the new families they form. The family of origin may continue as an important emotional reference point, but it is the defining reality in relatively few cases. The family is the launching pad for individuals.

The Aboriginal family in traditional, land-based societies was, until very recently, the principal institution mediating participation of individuals in social, economic and political life. The extended family distributed responsibilities for care and nurture of its members over a large network of grandparents, aunts, uncles and cousins. Clan systems extended the networks of mutual obligation even further. Families were the units which exercised economic rights to territory and resources. In village, nation and sometimes confederacy families were represented in councils charged with collective decision-making.

As we noted earlier in this paper, many Aboriginal people have moved to the city; many others residing on reserves and in rural towns and villages engage in wage labour rather than traditional harvesting. However, the notion of the caring, effective, extended family, co-extensive with community, continues to be a powerful ideal etched deep in the psyche of Aboriginal people.

The Legacy of Residential Schools

The profound impact of residential school experience that reverberates through successive generations has only recently come to light. rcap's report on suicide makes reference to the "layers of pain" that touch whole communities as well as individuals.

An rcap officer investigating charges of sexual abuse at a bc residential school told the Royal Commission:

Of the first 10 victims I identified, seven of them had become offenders themselves ... They had been convicted in the past of sexual assault, or were in jail for sexual assault. ... A lot of them were dead. We are talking about people that would have been in their late 30s and early 40s, and it seemed to me that a disproportionate number of men primarily had met early deaths. ... Also, there were a large number that had committed suicide ... In Alkali Lake I was looking for 23 people and seven were dead. (Grinstead in rcap, 1995: 58)

Maggie Hodgson, a leader in rehabilitation training and treatment over the past thirty years, told the Commission:



At one time I used to believe the myth that if our people sobered up, our problems would be solved. Now I know that all that does is take one layer off the onion ... We are dealing with a number of different issues ... related to our people's experience over the last 80 or 90 years ... I believe that the whole issue of residential school and its effects is an issue that's going to take at least a minimum of 20 years to work through. (Hodgson in rcap, 1995:56).

Some Aboriginal professionals are describing the impacts in terms of "post-traumatic stress syndrome" that not only haunts those who experienced traumatic events, but also establishes reactive patterns of behaviour that are incorporated into family life and passed on to younger generations (Duran and Duran, 1995:30-35).

In January, 1998, in conjunction with its Statement of Reconciliation in response to the rcap Report, the Government of Canada announced a \$350 million healing fund. The Aboriginal Healing Foundation, a non-profit organization governed by a Board of Directors representative of Aboriginal peoples, was established a few months later to distribute the fund.

The ahf mandate is to support Aboriginal initiatives to heal the effects of physical and sexual abuse suffered in residential schools, including inter-generational impacts.

The Trajectory of Change

Aboriginal families are assuming a variety of forms. Extended family networks in rural communities and reserves continue to provide a stable reference point for younger members who relocate in pursuit of education and employment opportunities. Nuclear families, two-generation families in households of parents and children, are increasingly the unit of family organization in both rural and urban communities. As Aboriginal community membership becomes more heterogeneous in ethnic origin and cultural practice there is a vigorous movement to conserve and revitalize traditional languages, teachings and ceremonial practice. Formal associations and informal networks are emerging to support this move to traditionalism, deliberately embracing norms of "sharing and caring" and extending spiritual and practical support to those made vulnerable by family breakdown. Some call these voluntary communities "families of the heart."

Healing the Spirit

In the early 1970s Aboriginal people became involved in efforts to halt the devastation they saw wrought by alcohol abuse in their communities. With support from the National Native and Alcohol and Drug Abuse Program of Health

Some Aboriginal professionals are describing the impacts in terms of "post-traumatic stress syndrome" that not only haunts those who experienced traumatic events but also establishes reactive patterns of behaviour that are incorporated into family life and passed on to younger generations.

Canada (nnadap) and some provincial support, they developed treatment and counsellor training programs for Aboriginal clientele. Nechi Training Institute and Poundmaker's Lodge in Alberta have been in the forefront of these efforts.

The therapeutic insights developed through these programs uncovered the relationship between substance abuse and the many wounds to the spirit that had not even been talked about, including those deriving from residential school experience and violence within families. Re-connection with culture and community became a powerful means of restoring health and sobriety, reclaiming individuals to become contributing members of the community. Stories of community transformation began to circulate, occasionally documented, as in the film "The Honour of All, the Story of Alkali Lake" (Phil Lucas Productions, 1987).

Conferences sharing experience of healing the spirit have attracted the attention of Aboriginal peoples around the world and stimulated the formation of healing circles and gatherings in countless rural and urban communities. Aboriginal people across Canada are engaged in a process of recovering cultural traditions, turning to Elders for guidance in searching out the enduring knowledge that will serve the people in contemporary times. The late Art Solomon, an Anishnabe (Ojibway) Elder from Ontario, used the metaphor of fire to describe sacred knowledge. He spoke of sifting through the ashes to discover embers from the sacred fire which, when it is rekindled, brings the people back to their true purpose (Solomon in Castellano, 2000:25).

I am indebted to another of my brothers, the late Dr. Clare Brant, the first Aboriginal psychiatrist in Canada, for popularizing the concept that Aboriginal people adhere to ethical rules of behaviour that shape their behaviour (Brant, 1990). I have come to see the movement of returning to tradition as a movement to restore the ethical relationships that give structure to Aboriginal communities. Ethics are rooted in values, the deep beliefs that we hold about the order of reality, often expressed in terms of right and wrong. Conventional behaviours that conform to the ethical rules demonstrate that we belong in a society or community, that we know how to behave.

Efforts to heal the spirit of wounded individuals have grown into a movement "healing the spirit world wide," fuelling widespread commitment to practicing traditional cultures, including participation in ceremonies, conserving and recovering Aboriginal languages, articulating male and female roles in the family, and incorporating traditional values in political and social institutions in the community. The extent of this movement to re-traditionalize in First Nation and Inuit communities was measured for the first time in the First Nations and Inuit Regional Health Survey. The 9,000 First Nations and Inuit respondents in the survey were asked: "Do you think a return to traditional ways is a good idea for promoting community wellness?" Over 80% of the respondents answered "Yes" (fnirhs, 2000:193-4). 53% to 60% of respondents saw some progress being made in several areas of returning to traditional ways: native spirituality, traditional healing, and use of Elders. Balancing these trends, roughly one-third of respondents saw no progress in restoring traditional roles of men and women and relationship with the land.

A practical demonstration of the energy generated by community-based commitment to healing is provided in the work of the Aboriginal Healing Foundation, established in 1998 to distribute \$350 million allocated by the federal government to address the effects of physical and sexual abuse in residential schools. As of this writing, the Foundation has distributed \$156 million to community-based healing in the form of 800 grants. In June 2001 an interim evaluation surveyed just over 300 of the projects funded to date. The survey found that 1,686 communities and communities of interest were being served; just under 59,000 Aboriginal people were engaged in healing projects, less than 1% of whom had been involved in healing previously; and almost 11,000 Aboriginal people were receiving training as a result of funded projects. In an average month 13,000 hours of volunteer service in the community are logged. Program investments are having a multiplier effect unheard of in government services.

About the author

Marlene Brant Castellano, of the Mohawk Nation, has pursued a number of careers – a social worker in child and family services, a full-time wife and mother launching four sons into the world, Professor and Chair of Native Studies at Trent University, and, most recent, Co-Director of Research for the Royal Commission on Aboriginal Peoples. Her teaching, research, and publications centre on social and cultural issues, participatory research methods, and the application of traditional knowledge in contemporary settings. Professor Castellano is Professor Emeritus at Trent University and has received honorary LLDs from Queen's and St. Thomas Universities. She was inducted into the Order of Ontario in 1995 and in 1996 received a National Aboriginal Achievement Award for her contribution to education.

Professor Castellano resides on Tyendinaga Mohawk Territory, where she writes and consults on Indigenous knowledge and social policy while balancing growing commitments as a grandmother.

Sexual Offending, Healing and Community development

Extracted from *Aboriginal Sexual Offending in Canada*, John Hylton. (Collection Research, Aboriginal Healing Foundation).

To obtain a copy of this report, please contact the Aboriginal Heling Foundation: 1-888-725-8886. In Ottawa: (613) 567-1697

"... it is important to recognize that leadership in refining community development techniques and strategies has been coming from many Aboriginal communities, including communities in Northern and remote areas. Moreover, as will be discussed later, these approaches are currently being used by several Aboriginal communities to implement what are widely regarded as the most effective and successful community responses to sexual offending."

Long-term, meaningful solutions to the high levels of crime in some Aboriginal communities involve strengthening Aboriginal families, communities and nations. Crime results from complex social, economic and cultural processes. Long-term solutions will come about by addressing living conditions, economic conditions, and social conditions, including education and employment opportunities. The focus of these efforts must be on creating and sustaining safe, secure, and pro-social opportunities for individuals, families and communities. This perspective on crime prevention and crime control accords with the experiences of Aboriginal communities, and with the latest thinking and research from crime prevention experts (National Crime Prevention Centre 2001).

While recognizing the importance of social development, we also believe that the history and present circumstances of each community are unique. Therefore, the social development plan in each community must also be unique. The fact of the matter is that not all Aboriginal communities have crime or sexual offending problems. Many do not. And even where problems do exist, as we have seen, the nature, extent and character of the problems, as well as the range of solutions that are possible, are unique in each case. Therefore, we do not subscribe to a "cookie cutter," or "one-size-fits-all" approach. Even though we recognize there are many common concerns and aspirations, we believe that each community must assess its own needs, be supported to learn from others and, in the end, find its own way.

With regard to sexual offending, there are other reasons why community-based solutions are appropriate. Removing offenders from the community and incarcerating them for short or long periods is not a very effective strategy for protecting the community. While this may be required in some instances, we have seen that most offences are never reported to the police, only a small proportion of offenders are incarcerated, and prison does not result in effective rehabilitation or deterrence. Moreover, most offenders victimize those they know within their own families and communities. In reality, irrespective of any action taken by the justice system, most Aboriginal offenders remain in or return to their communities.

Many books and articles have been written about the principles of community development. This is not the place for a treatise on the subject. Yet, it is important to recognize that leadership in refining community development techniques and strategies has been coming from many Aboriginal communities, including communities in Northern and remote areas (e.g., Northern Health Services Branch 1992, Participatory Community Development Committee 1992, Bopp and Bopp 1997a; 1997b; Hollow Water 1989; Hollow Water n.d.; Hylton 1995; 1993; Warhaft et. al. 1999; Ellerby and Bedard 1999). Moreover, as will be discussed later, these approaches are currently being used by several Aboriginal communities to implement what are widely regarded as the most effective and successful community responses to sexual offending.

Removing offenders from the community and incarcerating them for short or long periods is not a very effective strategy for protecting the community

Some of the essential principles of community development in Aboriginal communities that have been identified include the following:

- . Recognize and maintain traditional community values and culture, including the involvement of elders in "visioning" about the community;
- . Respect the strength and wisdom of community members;
- . Ensure the process and the conceptualization of the issues to be addressed are holistic;
- . Ensure the process listens to community members, is flexible and respects the community "drum beat";
- . Team work and networking must be a priority;
- . Achieve community ownership through the involvement and commitment of community members;
- . Let community involvement and participation grow at its own pace as trust, new knowledge, and skills are developed;
- . Ensure community solutions are sustainable;
- . Continually validate, evaluate, and correct the process through community involvement and participation;
- . Work towards solutions, rather than towards programs or jobs as ends in themselves;
- . Ensure any assistance provided to the community "facilitates" and "does with," rather than "does for";
- . Remain open to new ideas and directions;
- . Include awareness and skill development of community members as part of the process;

More practically, community development in Aboriginal communities has been conceptualized as involving several key steps:

- . Deciding to change;
- . Organizing to make change;
- . Establishing a core group;
- . Doing a needs assessment;



- Making a plan;
- Getting commitments;
- Putting the plan into action; and
- Evaluating the changes that are brought about as a result.

In addressing sensitive and complex issues such as sexual offending, it is clear that the community must become motivated to take charge of its own future. Once motivated, the community will need to have the opportunity and resources to analyse, to plan, and to implement solutions. This may require the building up of local infrastructures, including the identification and development of a core group of committed community leaders. Needed structures may already be in place, or they may need to be developed. Some communities may require advice, financial resources, and a variety of other supports, for a short or long time.

When it comes to "best practices" in responding to sexual offending in Aboriginal communities, or what we have preferred to refer to as "emerging best practices", the most promising approaches have been developed by Aboriginal communities themselves using Aboriginal community development principles. Like the well known Alkali Lake experience in dealing with alcohol abuse, the two leading examples of community responses to sexual offending are the initiatives in Hollow Water and Canin Lake. In each of these cases, a similar pattern of development occurred:

- Some members of the community decided that there was a problem and that something should be done about it;
- A few leaders began to communicate, raise awareness and consult, network and dialogue with the community;
- Over time, there was a growing community consensus that something needed to be done;
- Research was undertaken by the community to assess needs and possible solutions. An important part of this research had to do with canvassing the community's perceptions, attitudes and ideas;
- Possible solutions were taken forward to other interested stakeholder groups and organizations within the community and beyond, such as community leaders, justice system authorities, and potential funders;
- Despite initial reluctance and even resistance by outside authorities and funders, the community was eventually able to gain support for locally designed solutions through a process of ongoing dialogue;
- Agreement on future directions was reached, and detailed guidelines, protocols and program designs were developed. New initiatives were then piloted, adjusted and implemented;
- Throughout the implementation, the input of the community was continuously sought to insure the will of the community was being respected and the initiatives were achieving the results that had been hoped for.
- Ongoing evaluation and refinement was based not only on the input of external stakeholders, but also the input of the community.

While each community is unique, it is apparent that there are many ways to assist communities in going through such a process. For example, communities that have identified sexual offending as an issue could be assisted with needed financial resources to move through the type of community process

There has been considerable interest in enhancing the role of traditional healing practices, both in Aboriginal-controlled and mainstream health and social service programs. This raises many issues about the degree and type of co-operation between conventionally trained personnel and traditional practitioners

that has proved to be effective elsewhere. These communities could be offered advice and assistance from others who have been through a similar process. Tools that address sexual offending issues, such as needs assessment guides, detailed community development guides, public awareness materials, and sample protocols, could be developed and made available. Resource centers could be established to house useful materials. Training opportunities could be provided for community leaders who want to make a difference in their communities and for those working with victims and offenders. Communication and networking opportunities could be developed through conferences, newsletter and other avenues. These are just a few ideas.

.... we do believe that there is also an important base of experience in dealing with family violence in Aboriginal communities that should be drawn upon. However, once again, we underscore the fact that programs and services for Aboriginal sexual offenders is a new field.

One important issue that needs to be addressed concerns how best to incorporate traditional Aboriginal beliefs and practices into the content of treatment programs for Aboriginal sex offenders. Along with many other uncertainties about where and how to structure and deliver programs, this issue has important program design implications. There has been very little experimentation with different approaches, and it is not yet possible to speak with any certainty about best practices.

In chapter 5, we identified a number of ways in which traditional Aboriginal beliefs and practices could be incorporated into sex offender treatment for Aboriginal offenders. Specifically, we wondered about which of the following ingredients would contribute to effective programming:

- Some, many, most, or all of the program participants are Aboriginal;
- Some, most, or all of the program content incorporates traditional Aboriginal beliefs and/or practices;
- Some, most or all of the program content is based on the standard cognitive-behavioral/relapse prevention approach to the treatment of sex offenders generally;
- The program is delivered in whole or in part by Aboriginal therapists; and

The program has been partly or wholly developed by Aboriginal experts, including elders

How to approach sex offender treatment is part of a broader debate about how traditional Aboriginal and western approaches to healing should accommodate one another. There has been considerable interest in enhancing the role of traditional healing practices, both in Aboriginal controlled and mainstream health and social service programs. This raises many issues about the degree and type of co-operation between conventionally trained personnel and traditional practitioners. Some have gone so far as to advocate integration of the two healing systems.





Western treatment approaches, if they have adjusted to traditional practices at all, have tended to treat such services as "stop gap" or transitional measures for disadvantaged sub-populations that should be available until such time as adequate professional services developed and delivered on a western model can be provided to all. This approach assumes the superiority of orthodox, western approaches, and the gradual eclipse of traditional health and healing. This approach is not accepted by the proponents of traditional health and healing in Canada, who regard it as an expression of colonial assumptions. Further, such a reductive view is not supported by current thinking, even in the western paradigm, which suggests "illness care" is over-valued and a broader understanding of health and wellness is needed. This current thinking supports many of the practices and approaches of traditional healing, including the holistic inclusion of mental, emotional and spiritual aspects in the overall design of health and healing services.

A number of possible relationships between traditional and orthodox practitioners have been identified by the Royal Commission (1996):

1. *Hub-Spoke Integration.* In this option, traditional healers (the spokes) are trained to deliver treatment services under the supervision of western-trained professionals (the hub). Traditional practitioners are viewed as auxiliaries in an under-resourced treatment system. Their expertise is minimized, and their scope for independent practice is limited. In this model, the long-term goal is to increase the availability of western-style care services;

2. *Support Service Provision.* In this option, traditional healers work with western experts to provide specific support services. Their services might be limited to interpretive assistance, or widened to include psychotherapeutic or ceremonial functions. Within a narrow range of such secondary functions, this model grants traditional healers an independent role in the care system. It imagines that this role will be lasting, (except insofar as traditional practices lose value for Aboriginal people), but it does not protect or promote traditional practices for their own sake;

3. *Respectful Independence.* In this option, traditional and western health and healing services are developed and provided in parallel systems where each system has respect for the other. Referrals are made back and forth and, occasionally, both types of practitioners co-operate in providing healing services. Each system is considered to have value, each learns from the other, and traditional healing is thought of as one specialty field among many others in health care. In this model, the choice to consult one or the other of the two systems – or both simultaneously – resides with the client.

New Paradigm Collaboration. In this (futuristic) model, traditional and western practitioners would work together to develop creative new techniques and practices that promote and restore health, using the best elements from both systems or recombining those elements into wholly new ways of approaching health and healing. This model does not advocate melding or synthesizing the two traditions into a single, integrated alternative. Rather, it imagines that both systems would be irrevocably changed by co-operation with the other, while continuing to maintain spheres of independent practice. It also anticipates that new methods of healing, new treatments, and new therapies could emerge from the cross-fertilization.

"New Paradigm Collaboration" is attractive to many, Aboriginal and non-Aboriginal alike. Indeed, some traditional healers support this approach as an immediate strategy to achieve human health and well-being because Aboriginal philosophies of health and healing have so much to offer to a sick and de-spiritualized world. But not all practitioners agree. Some are positively disposed to exploring and expanding areas of commonality and potential collaboration, while others are sceptical and suspicious; they favour continued isolation from orthodox healing and Canadian law.

The grounds for co-operation between health and healing systems can be exaggerated. Traditional healing and orthodox healing differ in profound ways. The idea of increased co-operation has many strong opponents who are concerned about the possibly negative results of integrating traditional and orthodox health care systems too quickly or too tightly.

Historically, the practitioners of western healing have argued the general superiority of their methods and often shown little regard for alternatives or complementary practice. It is not surprising then, that many traditional healers view "co-operation" as code for their co-option and domination. However, as western orthodoxy changes in response to pressure for reform, the ground for two-way, respectful co-operation may widen.

Based on these considerations, the Royal Commission (1996) felt the appropriate goal for public policy in the short- and medium-term was "respectful independence." To achieve this goal, traditional healing will require support for internal development and self-regulation. Western practitioners will require strong professional leadership to encourage respect for and cooperation with Aboriginal healers and elders. In the long-term, it will be up to future governments, practitioners in both healing systems, and clients to oversee the terms of cooperation between the two systems. We believe it is appropriate to experiment with different models and approaches, as circumstances permit, so that a variety of options can be more clearly defined and more closely monitored to determine their effects.

Cultural Traditions –The Education of Boys

From: Finding Our Way: A Sexual and Reproductive Health Sourcebook for Aboriginal Communities, Aboriginal Nurses Association of Canada and Planned Parenthood Federation of Canada, Ottawa, 2002.

Mary Coon, a woman of the Cree of Mistassini, relates the story of the education of boys and the Bear Ceremony.

The first lessons happen when the first girl in the home menstruates. The boys are told simply that she is becoming a woman and that they must treat her with the respect that a woman deserves. They learn to be more attentive to all that women do for them.

The Bear Ceremony celebrates the boy becoming a man, because he is a hunter able to bring home enough meat for his family, and he has learned

about sharing. During the ceremony, a "godfather" smears the boy's hair with bear fat to remind him of the Elders' teachings about hunting and respect for life. Then he smears fat on the rifle to signify that one must only kill enough animals necessary for food. The men talk about their experiences in the woods, and what they have learned. The mother has made and decorated all the cases and bags for the meat, the guns and cartridges. When her son returns, she is there to listen to his hunting stories and to prepare the animal to be eaten. She serves the men the prepared meal. She thanks her son in this way for bringing the food. The balance of give and take between men and women is demonstrated.

Aboriginal Sex Offenders and Incarceration

*Extracted from Aboriginal Sexual Offending in Canada, John Hylton
Collection Research, Aboriginal Healing Foundation.*

Aboriginal people who become involved in the justice system, like Aboriginal people in Canada generally, have often been severely disadvantaged. This is reflected in socio-economic deprivation and all the problems that poverty brings – unemployment, family disruption, exposure to crime and violence, and abuse of substances, to name a few.

On any given day in Canada, there are some 1,500 adult and young Aboriginal sexual offenders under supervision of various provincial, territorial and federal correctional authorities. These offenders represent 20%-25% of all sex offenders in the Canadian correctional system. While there are a disproportionate number of Aboriginal offenders in the corrections system generally, Aboriginal sexual offenders are even more disproportionately represented, in part because they are more often convicted of serious sexual offences involving violence. Aboriginal sex offenders are typically inmates in correctional facilities, while only about one in three are involved in some form of community supervision program. Usually, they are incarcerated on the Prairies or in the North. Most appear to have been severely disadvantaged as children and young adults in terms of family instability, education, employment, social supports, exposure to abuse and violence, abuse of alcohol and drugs, and in many other ways.

Sex offenders in the criminal justice system are the “tip of the iceberg.” Only one in one hundred violent offenders are eventually incarcerated. The ratio for sex offenders is probably much less. Moreover, many Aboriginal sex offenders commit crimes in rural and isolated communities, while others commit crimes in communities where, for a variety of historical and cultural reasons, reporting rates to the police are especially low. Thus, it may be estimated that there are some 150,000 Aboriginal sexual offenders in Canada. The actual number could easily be much higher.

We do not know how many offences these offenders commit. However, there are some 600,000 sexual offences committed in Canada each year. If Aboriginal offenders are responsible for 20% to 25% of these offences, as the incarceration statistics reported in this chapter suggest, Aboriginal sexual offenders could be responsible for some 120,000 to 150,000 offences each year. Of course, estimating these numbers requires making an

assumption that Aboriginal and non-Aboriginal offenders are detected and processed through the criminal justice system in the same proportions. Such an assumption cannot be made and, therefore, numbers derived in this way can only be regarded as “ballpark” figures.

What we do know is that about 85% of Aboriginal sex offenders are adults, while 15% are young offenders. As best as can be determined, the vast majority of offenders are men (92%) who victimize family members or acquaintances, although about 8% of Aboriginal adult offenders and 20% of Aboriginal young offenders are women. As in Canada generally, victims are primarily women and children; however, higher proportions of Aboriginal women are victims of violence and sexual abuse when they are children. There also appear to be significant differences in the risk of victimization between communities, and even within different segments of the same community. There are some indications that residents of reserves and Inuit communities are particularly at risk.

Despite the substantial and sustained efforts of a few Aboriginal organizations that have attempted to focus attention on the issue of sexual abuse, surprisingly little is known about victimization and offending patterns in Aboriginal communities, and about how Aboriginal offenders are dealt with by the criminal justice system, or about Aboriginal community perspectives on the extent of the problems and what should be done about them. Getting a perspective on the enormity and features of Aboriginal sexual offending thus requires a good deal of estimation, extrapolation and outright guesswork. Clearly, the available information does not provide an adequate base upon which to build detailed needs assessments or plans.

The Characteristics Of Aboriginal Sex Offenders

A number of studies have examined various demographic and other characteristics of Aboriginal offenders and Aboriginal sexual offenders to assess program needs, explore etiology, and determine whether differences exist between Aboriginal and non-Aboriginal offenders who have committed similar offences. The findings from these types of studies are amazingly consistent and, therefore, only a few will be reviewed below.

In his analysis of Aboriginal sex offenders in the Native Clan's Forensic Behavioural Management Clinic in Winnipeg, Ellerby (1994) found that Aboriginal sex offenders were more likely than non-Aboriginal sex offenders to exhibit the following:

- Issues associated with abandonment, displacement, and racism;
- Issues associated with an absence of or confusion about personal identity;
- Chronic exposure and history of maltreatment, including verbal, physical, sexual, emotional and psychological maltreatment;
- Exposure to poverty and death due to illness, suicide and violence;
- Deficits in education, employment skills, financial position and social supports;
- Longer and more violent records of offending; and
- Histories of more aggressive sexual behaviours.

For all of these reasons, Ellerby found that the Aboriginal sex offenders at his clinic were more disadvantaged. As a result, treatment and successful reintegration were more challenging. This was particularly the case, as often happened, when Aboriginal offenders from rural or remote areas were released into the community with insufficient social supports and follow-up care.

In her study, Blanchette (1996) found that Aboriginal sex offenders were more likely to have had problems with alcohol or drugs. However, the locations of their crime and the characteristics of their victims also differed. Aboriginal sex offenders often committed their offences in Aboriginal communities, and almost all of their sexual offences were committed against members of their immediate or extended family.

In his review of case histories, Johnston (2000) found that both Aboriginal and non-Aboriginal sex offenders showed a pattern of alcohol/drug abuse and behavioural problems. Sex offenders were also more likely to be from families where there had been parental absences, foster home and



other substitute care arrangements, poverty, and physical and sexual abuse. A history of alcohol and drug problems among many Aboriginal offenders has also been identified in other studies (e.g., La Prairie 1995; 1996).

In a 1997 sample of Aboriginal federal inmates, 15% reported having attended residential schools. Aboriginal inmates were also more likely to report family and personal histories involving suicide, suicide attempts and self-injury, as well as employment and education deficits (Motiuk 2000).

In 1996, LaPrairie surveyed 142 correctional personnel as part of a larger review of Aboriginal corrections issues. According to those surveyed (p. 36): the main similarities between Aboriginal and non-Aboriginal offenders are: drug and alcohol addiction, poor upbringing/poverty, abuse and violence in lives, type of offences committed, and lack of education. The main differences between Aboriginal and non-Aboriginal offenders were cultural (including shyness), degree of family and personal problems (such as addictions to alcohol) and entrenchment in poverty.

LaPrairie notes that there were also considerable differences among Aboriginal offenders, including: 1) cultural factors (adherence to traditional language and beliefs, identification with specific Aboriginal nations, etc.), 2) family background, 3) location of origin (southern, vs. northern, urban vs. rural or remote) and the related ability to adjust to the institutional regime.

In LaPrairie's view, the characteristics of Aboriginal offenders are similar to those of the majority of people who go to prison and, for treatment and programming purposes, she believes the similarities between groups of offenders may be greater than the differences. In particular, she contends that the attitudes, peer group support, and personality factors that contribute to the commission of crimes are similar for both Aboriginal and non-Aboriginal offenders, and are shaped by family background, poverty, school experiences, exposure to violence, and isolation from opportunities, options and environments that shape pro-social attitudes. However, she points out that Aboriginal and non-Aboriginal offenders are often different in terms of family background, as well as in terms of geographic and cultural factors.

The National Crime Prevention Centre (1995) also found that Aboriginal inmates are often more disadvantaged than a comparison group of non-

Aboriginal offenders. Alcohol use was more common (76% vs. 65%), Aboriginal offenders had less education (20% had grade 10 or more vs. 30% for non-Aboriginal offenders), and fewer were employed at the time of their offence (17% vs. 30%). Only 22.5% of Aboriginal offenders reported any type of vocational training, and two-thirds had no previous skilled employment experience. A high incidence of family violence, sexual assault and incest among Aboriginal offenders was also noted.

Although the types of findings reported above have been very consistent across many other studies, the interpretation of these findings is made more difficult because the characteristics of Aboriginal offenders are similar to the characteristics of many Aboriginal people living in some Aboriginal communities. Therefore, it is not at all clear that the identified characteristics effectively distinguish Aboriginal people who offend from those who do not. For example, in 1995, LaPrairie studied the characteristics of Aboriginal people living in the inner cores of four large Canadian cities. Her research revealed:

- Three-quarters of all persons interviewed had suffered childhood abuse;
- Among these, one-quarter had experienced abuse "of the most severe kind;"
- For most of the people interviewed, abuse and violence were facts of childhood and adult life;
- Many were experiencing a high incidence of current instability in home and family life;
- Many were chronically transient, moving around a great deal;
- Many experienced severe or moderate problems in dealing with their own consumption of alcohol;
- Many have few skills and little formal education;
- Many experienced chronic unemployment.



"A group of nuns with Aboriginal students." ca. 1890

Source: National Archives of Canada: PA-123707



This poem is dedicated to all who have been or are suffering from the effects of this deep dark shameful secret of sexual abuse. Please find someone you can trust and speak to. This secret is killing us. Don't let it win

My Secret

It made me feel so dirty, unworthy and unclean
I kept it all inside of me, filling me with pain

It made me go crazy, lashing out in pain.
It hurt me and my family tearing us apart

I grasped the only things I knew would help
Help me numb the pain
The sniff, the booze, the pills and sex
Became my dearest, dearest friends
They became my only comfort, distorting all my pain

I've had this deep, deep dark secret that filled my life with pain

I looked deep, deep inside of me and spoke of my pain
It made me feel so awful, dirty, unworthy and unclean
I cried and cried and little did I know
My tears had washed away my fears
Of being dirty, unworthy and unclean
Today I can look and I can see,
With love and understanding
My tears had washed away my secret
That filled my life with pain
So everyone that's out there
Please be aware this secret is still out there
Still filling us with pain

- Anita Prince.

continued from cover

Of course, this is a metaphor, an image. We know that issues that are particularly relevant to men are now being tackled in many communities. But overall, isn't it pertinent image?

Looking at the title of the articles presented in this issue, you will probably see why this progress has been slow. The losses, obstacles, & problems that men are facing at this time are numerous and complex, and therefore must surely seem overwhelming and disempowering. On the other hand, we have always be able to say, in every *Healing Words*, that healing HAS BEGUN, healing is possible, healing is a choice, a right and a personal responsibility.

Healing is like a train which long ago left the station and is slowly, steadily, but surely rolling towards its destination. The tracks (knowledge) are there, the fuel (will) is being supplied in ever-better quantity, and the speed (progress) increasing; the train will continue to roll until it arrives at its final destination. Every so often, the train picks up passengers – more and more of them – as they are ready to go. The emerging desire is for more men to get on this train.

So there you are – two metaphors to choose from: a bird and a train!

All in all, we looked at the issue of healing from a man's perspective: Fatherhood, Sexual health, Men Suicide, Incarceration. All of these topics are areas of concern. On the subject of incarceration, we became very aware of the perpetuation of a cycle affecting yet another generation of Aboriginal children whose fathers are absent because they are in prison. We tried to counterbalance this article by sharing some of the strategies we searched for and found. We also found that the issue of Aboriginal Fatherhood really needed to be documented in Canada. Some work has been done in the States, and, as you will read, in Australia. If you do have some input on this issue, we would love to obtain it and share it with our readers. Most of our articles point to healing strategies and practices which can be applied to these issues.

Once again, it has been a labour of love to produce this issue. What we discovered and read through this research and production process, whether it was about incarcerated fathers or sexual offending, affected us, but really strengthened our desire to honour and encourage men's tremendous efforts and progress towards healing. And to thank all those who support their effort and bring them on board the healing train.

We wish to thank all our readers who take the time to phone, e-mail, or write to us. We appreciate your comments, and hope you find we act on your suggestions. Thank you also for all the poems and contributions.

In the Spirit of Healing,
G.R.

Pinganodin Lodge
Residential School Survivor's Program:
Suite 100-119 Ross Avenue.
761-9835

In August of 1992, a group of Aboriginal and non-Aboriginal people gathered together to discuss some common concerns about the need for Aboriginal services. There was one particular issue that surfaced as a result of these discussions: The effects of alcohol and drug abuse among Aboriginal males.

"They had a dream," says John Corston, Senior Outreach Coordinator, Pinganodin Lodge, "They dreamed of a place where Aboriginal males can seek help to heal themselves for their families from the effects of alcohol and drug abuse, using Aboriginal culture, traditions and values".

Mr. Corston believes that every individual has particular needs based on one's personal history and cultural roots. Every individual needs a personalized program that integrates the available Aboriginal and non-Aboriginal resources in the community. Pinganodin Lodge works with its clients on an individual basis to access the most appropriate resources available while providing Aboriginal cultural programs to support each person in recovery. Through a Community Annualized grant from the



Aboriginal Healing and Wellness Strategy, Pinganodin Lodge employs an Outreach and Family Support Counsellor. The counsellor designs, develops and implements a culturally-specific outreach program for Aboriginal men suffering from addictions and provides supports services for their families.

"Increasingly, men in our program wish to get in touch with the traditional teachings and spiritual elements of Aboriginal culture" says John. To accomplish this, the Lodge provides healing circles for its clients on a regular basis. The Lodge also provides a healing circle for Aboriginal inmates at the Ottawa-Carleton Correctional Centre.

Pinganodin Lodge has just completed their move into a 20-bed residential facility located in downtown Ottawa. Currently under renovations, it will be available to their clients in early September to assist them in their rehabilitation and re-integration into society with life skills and relevant occupational training. Other services that are offered by Pinganodin include: counselling, outreach, alcohol and drug treatment referrals; cultural support; traditional teachings; employment referrals and group activities. For more information contact John.

HEALING LODGES FOR ABORIGINAL FEDERAL OFFENDERS



Introduction

In the last five years, the Correctional Service of Canada (csc) has introduced a new concept in federal corrections for Aboriginal offenders. "Healing lodges" offer services and programs that reflect Aboriginal culture in a space that incorporates Aboriginal peoples' tradition and beliefs. In the healing lodge, the needs of Aboriginal offenders serving federal sentences are addressed through Aboriginal teachings and ceremonies, contact with Elders and children, and interaction with nature. A holistic philosophy governs the approach, whereby individualized programming is delivered within a context of community interaction, with a focus on preparing for release. In the healing lodges, an emphasis is placed on spiritual leadership and on the value of the life experience of staff members, who act as role models.

Two important considerations prompted the creation of healing lodges. There has been significant concern among members of the Aboriginal community that mainstream prison programs do not work for Aboriginal offenders. Furthermore, there is a dramatic over-representation of Aboriginal peoples in Canada's correctional system. While representing only 2.5% of the general Canadian population, Aboriginal offenders make up 17.8% of federal penitentiary inmates – a figure that has doubled since 1987. In Saskatchewan, for example, Aboriginal peoples are incarcerated at a rate 35 times higher than the mainstream population.

Estimates suggest that these numbers are growing. A recent follow-up study by csc of Aboriginal offenders who have been admitted to the Okimaw Ohci Healing Lodge, the Pê Sâkâstêw Centre, and the Stan Daniels Healing Centre, revealed a relatively low federal recidivism rate for some Aboriginal healing lodge participants. This is an early indication that this approach is having a positive effect. It also demonstrates that the csc is achieving some success in fulfilling its mandate to safely and successfully reintegrate offenders.

Pê Sâkâstêw

In consultation with the Samson Cree First Nation near Hobbema, the csc planned the first facility for Aboriginal men, Alberta: the Pê Sâkâstêw Centre (pronounced bay-saw-ga-stay-o), meaning "new beginnings" in Cree.

Pê Sâkâstêw Centre is a federally owned minimum-security facility, located on land owned by the Samson Cree First Nation and leased to the csc. Consultations with community Elders on the values and beliefs of the Samson Cree led to an architectural design that reflects the Aboriginal world view. Six circular buildings are arranged in a large circle on the 40-acre site. Symbols significant to the Samson Cree First Nation, such as the medicine wheel, the four directions, and the colors red, yellow, white, and black, were integrated into the centre's design.

The programs at Pê Sâkâstêw Centre are based on the belief that Aboriginal spirituality is central to the healing process for Aboriginal offenders. Elders from surrounding Aboriginal communities instruct inmates in traditional values and spiritual practices, while offering counselling and serving as role models. Aboriginal values and beliefs inform the programs, whether they are

specifically Aboriginal in subject or not. Thus, inmates who are unfamiliar with Aboriginal practices have a chance to learn about them, while those who are familiar with them are re-exposed to the traditions that will aid them on their path to healing.

Prince Albert Grand Council Spiritual Healing Lodge



In 1994, the csc, the Saskatchewan Ministry of Justice, and the Prince Albert Grand Council began discussing a shared Aboriginal/federal/provincial healing lodge for male offenders in the Wahpeton Dakota First Nation Community. In August 1997, the Prince Albert Grand Council Spiritual Healing Lodge was opened.

The mission statement of the Prince Albert Grand Council (pagc) Spiritual Healing Lodge is:

To provide First Nations people with a solid grounding in their culture, values and customs: to address the mind, body, spiritual and emotional needs of the individuals, to develop and increase the role and level of responsibility of First Nations in dealing with people who are in conflict with the law.

The structure of the pagc Spiritual Healing Lodge reflects its commitment to Aboriginal culture, values, and customs. The pagc Spiritual Healing Lodge has a staff of 15 people, including an Elder. The buildings are situated on five acres of land in a circular pattern around an inner courtyard.

The main lodge contains a spiritual room, meeting rooms, a dining room/social area, and a visiting room. The doors and windows are not locked, nor are there any security alarms on the property.

The focus at the pagc Spiritual Healing Lodge is on self-healing through programs and Aboriginal spirituality and culture. In addition to having an individualized healing plan, each inmate works with his caseworker and an Elder to develop a "healing contract." In this document, the offender's goals are identified, as well as the obstacles he faces in achieving them. The lodge programs deal with the spiritual, mental, physical and emotional dimensions of healing. The pagc Spiritual Healing Lodge's commitment has created a safe and supportive environment for male offenders who want to follow a traditional Aboriginal spiritual path to healing.

Stan Daniels Center

The Native Counseling Services of Alberta and the Stan Daniels Healing Centre have developed programs to help prepare offenders for their release into the community. The Stan Daniels Healing Centre provides a safe, supervised, and supportive residential environment for male Aboriginal



Prevention program, a four-week (28-day) Substance Abuse program, and activities and ceremonies (including the Sundance Ceremony).

The Stan Daniels Healing Centre's mission statement is:

To contribute to the wholistic development and wellness of the Aboriginal individual, family and community. By respecting differences, we will promote the fair and equitable treatment of Aboriginal people and advocate for the future development of our organization and our partners. By developing and maintaining strong partnerships and honoring relationships, we are committed to evolve proactively with our changing environment. We will continue to strategically plan and deliver culturally sensitive programs and community education through accountable resource management.

The Stan Daniels Healing Centre is located in an urban area. With an emphasis on Aboriginal core programming, and a commitment to healing and the safe reintegration of Aboriginal offenders into the community, the centre offers offenders an alternative to the standard correctional approach.

Ochichakkosipi Healing Lodge



Since 1990, the Ojibway First Nation of Ochichakkosipi in Crane River, Manitoba, has been working toward creating a community-based centre where First Nations can help their people find healing. In 1998, the CSC began to work with the Ochichakkosipi First Nation toward this objective.

The goal was achieved in February 2000, when the CSC began transferring Aboriginal offenders to the Ochichakkosipi Healing Lodge.

The Ochichakkosipi Healing Lodge is a 24-bed facility located on a picturesque, Lake Manitoba peninsula. An Aboriginal architect designed the earth-en spiritual centre, which consists of a tipi-inspired central lodge, four residences, and a nearby family cabin for visitors, all designed to inspire spiritual healing and growth.

offenders. The centre's healing philosophy emphasizes a strong cultural identity as the foundation for building self-esteem.

Elders play a critical role as spiritual and cultural teachers. With guidance from Elders, feedback from residents, and the contributions of staff, residents are given the opportunity to heal, to grow spiritually, and to reconnect with Aboriginal culture. Services offered at the Stan Daniels Healing Centre include a Relationships program, a Loss and Recovery program, a Family Life Improvement program, an Elders Healing Circle, a Relapse

The mission statement of the Ochichakkosipi Healing Lodge reads as follows:

The Ochichakkosipi Healing Lodge will assist its members to heal, grow spiritually and to reintegrate successfully into family and the community. In so doing, the Lodge will assist the Correctional Service Canada to meet its own objectives.

The Ochichakkosipi Healing Lodge is more than a correctional program. It is a community that focuses on the mental, physical, spiritual, and emotional healing of all the members. The lodge emphasizes the importance of traditional values, beliefs, and practices. A healing plan is designed to meet the specific needs of each member of the healing community. Offenders are encouraged to attain the goals of personal development set out in their healing plan, with help from staff, Elders, and other community members.

The goal of the Ochichakkosipi Healing Lodge is to develop initiatives that will help other communities become healing communities.

Willow Cree Healing Lodge



In 1994, the Beardy's and Okemasis First Nation, near Duck Lake, Saskatchewan, created a Wellness Committee, which focused on correctional issues. The committee has been vital in generating interest among community members and Elders in the healing and reintegration of offenders. As a result, releasing circles have been used effectively in the community.

Plans are currently in place to construct a 40-bed facility for Aboriginal male offenders in the Beardy's and Okemasis First Nation community. The design of the healing lodge will reflect the culture of the surrounding Aboriginal communities. Involving the community, and primarily the Elders, in all aspects of programming will reinforce a community-based, holistic program, delivered within the CSC framework.

A culturally-appropriate environment, combined with a traditional healing process at Willow Cree Healing Lodge will foster the Aboriginal offender's personal growth, cultural identity, and the development of living skills within the context of a balanced lifestyle. In each program offered, an Elder and a facilitator or counselor will work hand-in-hand.

Waseskun Healing Centre

The healing lodge approach has also found its way into the halfway houses that the CSC supports. Among these is one that is now called the Waseskun Healing Centre, which is located approximately an hour from Montreal in the foothills of the Laurentian mountain range.

After 10 years of operating as the Waskesun Centre, the facility officially became the Waseskun Healing Centre in 1999.





The Centre offers services in French and English and provides residential therapy for men and women referred from Aboriginal communities, and from prisons and federal penitentiaries. Programming is informed by a community-based holistic healing philosophy that incorporates both western and traditional therapeutic approaches. Fundamental to the Waseskun Healing Centre philosophy is a strong belief in the responsibility of Aboriginal communities to participate in the healing journey and reintegration of their members. To date, Waseskun House and Healing Centre has helped approximately 400 men reintegrate into their communities.

Somba Ke' Healing Lodge

Located just outside of Yellowknife, NWT, the Somba Ke' Healing Lodge seeks to work with all cultures in as many northern communities as possible, towards reintegration of clients into their communities. They currently are under contract to CSC as a community residential facility, in the treatment of Aboriginal federal offenders. CSC hopes to initiate discussion towards establishing a Section 81 Agreement with Somba Ke' in the near future.

The mission of the Somba Ke' Healing Lodge is:

To provide culturally sensitive treatment programs for residents of the Northwest Territories and Nunavut with a focus on the mental health and addictions problems arising from trauma including residential school abuse, family violence, grief and loss of aboriginal residents and northern inmates incarcerated in federal and territorial institutions.



Their programs are run in conjunction with a Traditional Healing Program, and include such topics as Anger Management, Family systems/Healthy Relationships, Addictions Recovery and Traditional Knowledge and Culture. Their goal is to help their clients regain hope and confidence for themselves, their family and their communities, as well as to reduce the rate of recidivism.

*Extracted from the page Working Together of the
Correctional Service of Canada Web site:*

http://www.csc-scc.gc.ca/text/prgrm/correctional/abissues/challenge/11_e.shtml

A Survivor

In front of me a book
 For years left unopen
 The child within wants out
 The child within wants, needs?
 What's the want? What's the need?
 Did not feel, did not receive
 How could he know? To know is to open!
 Re-live the hurt, re-live the pain
 Re-live the nightmare...What a dreaded journey!!

Five year old, another night I do not want
 A vile, demented groping hand
 Tears. Tears – Can't you see the tears?
 OH! Most Holy Spirit see my hurts, feel my pain
 The child not knowing it would be a lonely eleven years

Through hazy reality, I hear a woman moan
 My precious baby girl crying
 No milk – both breasts too sore to feed
 Why? Why? I need to heal

God grant me the serenity
 I'm a victim. I'm a product
 Wounded but still a warrior
 A SURVIVOR
 This cycle will break!!

- Edward Gamblin, Inmate of the United Church Residential School (Norway House, Manitoba)

PLEASE NOTE: Aboriginal Sex Offending in Canada

Erratum

The description of the Bowden Institution's Aboriginal Healing Program contains an error on page 177. The report states:

History and Current Status of the Program:

This program in the federal penitentiary at Bowden, Alberta was initiated in September of 1996, but it no longer operates. It provided cognitive-behavioral therapy for groups of 12 Aboriginal and non-Aboriginal inmates.

The operators advise that the Aboriginal Healing Program for First Nations sex offenders has been operational since its inception in September 1996 without significant interruption. The operators also advise that they have an extremely low drop out rate.

STRONG MEN, STRONG FAMILIES

Dads and men are important

There are lots of different kinds of dads – traditional, stepparent or a single parent. Their roles are changing. Dads and men are becoming more involved with helping to grow up kids and act as role models.

When dads are involved with their kids every day it builds stronger relationships. Kids do different things with men than they do with women.

Ideas for men to help build strong families

- Yarn with and listen to your kids.
- Take an interest in what your kids do at school.
- Spend time with them doing things they like.
- Show your kids good things you like to do – teach them something new.
- Join in their games.
- Share ideas for growing up kids with their mum.
- As kids grow up they might do things differently to you but they still need love from their dad.
- Let your kids know when they are doing something good.

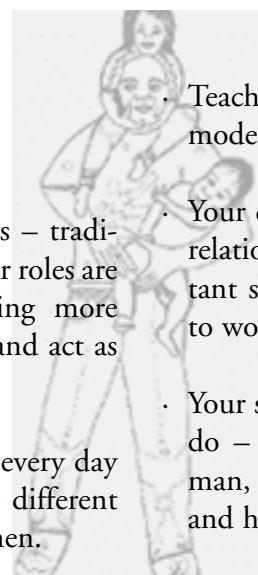
Being a new dad

Things will change when you're a new dad. Even your relationship with the mum can change. When you start growing up kids you might have less time to spend with each other. New dads might sometimes feel left out when the baby is born because the mum has less time and energy to spend with them. Your help to look after the new baby will help everyone. It is also a good way to get to know your kids and learn about being a dad.

Role models

How you act teaches your kids how to act when they grow up. What would you like them to learn?

Try some of these ideas:



- Teach your kids respect by being a good role model.

· Your daughter will learn about male/female relationships by watching you – it is important she sees you showing care and respect to women in the family.

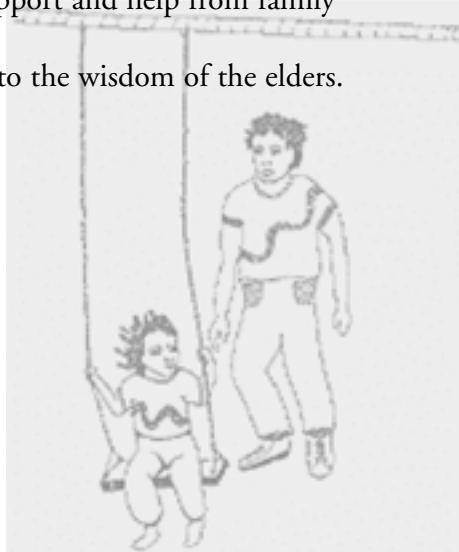
· Your son will watch you and copy what you do – this is how he learns about being a man, male/female relationships, friendships and his role in the community and family.

Men say they're doing a good job when their kids are:

- happy, healthy and strong
- doing well at school to have enough education to get a job
- staying out of trouble with the police
- staying in touch with family and community when they grow up
- showing respect for family, elders and others in the community
- staying in a happy relationship when they grow up.

Making families strong. Families are strong when they:

- share resources and knowledge
- have close relationships with brothers and sisters
- share responsibility for growing up kids
- spend lots of time together
- get support and help from family
- listen to the wisdom of the elders.



On Fatherhood

When I first met my wife she had a seven year-old son named Billy. At that time I was struggling with my addictions to alcohol and drugs and did not know how to be a father to him, let alone take care of myself. He is now twenty-one years old and we have a close relationship that is built on respect and acceptance.

I was in the delivery room when my daughter Brooke was born. I was so proud. When I held her for the first time, I remembered being careful and gentle because she was so tiny and fragile. She was four when I began to take an honest look at myself and saw how fragile my life was. I wanted change.

Change happened slowly through a process of personal mistakes and events that made me see what I was doing to myself and family. Once I gained an awareness, I made a commitment to myself that I was going to make a healthier change in my life. The doors of opportunity began to open up to me then. I started to reach out to people for help. I went to meetings, support groups, workshops and eventually went back to college and completed a Diploma program in Addictions Studies. All these things that I have done for myself have had positive impacts on my children. Over the years I have learned to be a loving and caring father – qualities that have always been in me. I just needed to discover them for myself.

I became a father again June 24th, 2001 when my son Dylan was born. As a father it brings me joy to watch him play, laugh, cry. To tell him, "I love you" and "that all your needs are okay with me." Those are the small moments that I cherish as a father.

In closing I acknowledge my mother Sarah who I love and respect. To my wife Margaret for her strength and understanding, and to all women on Mother Earth. To my father Moise, Mahsi.

In the Spirit of Healing,
Frank Hope

DISPATCH NO. 2 FROM THE DOWN UNDER FRONT LINES

MASCULINITY and
MENTAL HEALTH:
An Aboriginal
Mental Health
Workers Perspective
by Richard Akbar

<http://members.ozemail.com.au/~menshealth/akbar.htm>

Introduction

My name is Richard Akbar an Aboriginal descendant from the Wongi people of the Laverton, Leonora district in Western Australia. I am employed by the Derbarl Yerrigan Health Service and work as a support worker in the mental health program.

Before I begin I would like to acknowledge the following.

Firstly to the elders and the traditional owners of this land for allowing me to be here. To the organisers who made this conference possible and to my team mates from the Mental Health Support program who have given me the opportunity to be here today. Today I would like to talk to you about mental health and how it effects Aboriginal men and their masculinity. Also I would like to explore some of the problems they encounter. In the second part of my presentation I will talk about the work I do and about the Derbarl Yerrigan Mental Health Support program. Finally I would like to give a personal view about the future and how we can work towards giving better health to Aboriginal men.

The problem

Mental Health is fast becoming the growing epidemic that will test the resources and resolve of health professionals as we approach the beginning of a new century. For Aboriginal and Torres Strait Islander people its continued rise as a major health problem could if not addressed put us on a path that may see us disappear as a people within 150 years.

Masculinity: the meaning

Let us first look at the meaning of masculine.

In the Australian Oxford Dictionary it describes the word masculine as 1) Of or characteristic of men. 2) Manly vigorous.

These words in themselves do not describe what we may see as masculine qualities or how we perceive masculinity.

I would like to offer some words that could reflect what society might see as ideally masculine.

- Strong
- Protective
- Confident
- Kind
- A worker
- A provider.

Now some words that are associated with how the men I see present themselves.

- Fearful
- Confused
- Ashamed

- Angry
- Lost

Not qualities we could describe as ideally male or masculine.

To understand where these words come from we need to look at the clinical aspects of the problem and then some of the underlying and historical and current social issues that effect Aboriginal men.

The most common or major diagnosis of mental illness fall into three areas. These are: Schizophrenia – Major Depression – Bipolar disorders.

Mental disorders due to a general medical condition.

Examples

- Sexual dysfunction – Sleep disorder – Mood disorder
- Psychotic disorder – Amnesiac disorder
- Dementia – Delirium.

Substance related disorder.

Examples

- Alcohol – Amphetamines – Caffeine
- Cannabis – Hallucinogens – Inhalants
- Nicotine – Phencyclidine (Angel Dust)
- Sedatives, hypnotics or Anxiolytics
- Poly Substances.

Looking at the clinical problems the ones that are more prevalent to the men I work with are Schizophrenia, Major depression, Sexual dysfunction, Sleep disorder, Mood disorder, Psychotic disorder, and Substance related disorders. Let's now look at the other underlying factors, social and historical, that effect Aboriginal men with a mental illness.

Historically the effects of colonisation and the repercussions to us as the first people of this land can only be described in terms of a psychological trauma that we are still suffering. In relation to health of Aboriginal men we are still dying twenty years earlier than our non-aboriginal brothers. Smoking and related disease are our number-one killer. In my view I see suicide and deaths in custody as the other factors that are effecting our health and our role as men in our own families and the Aboriginal community.

There are social factors that also influence how Aboriginal men view their masculinity. The removal from traditional land, removal from biological parents and family, forced urbanisation and marginalisation. Loss of political voice is also something to be considered when we look at the social issues that Aboriginal men are trying to come to terms with. In many instances Aboriginal men no longer see themselves as the warrior, providers for their families or role models in their own community. Rather as welfare dependents with no voice and if suffering from mental illness no real future.



providers for their families or role models in their own community. Rather as welfare dependents with no voice and if suffering from mental illness no real future.

The work

Having looked at the problem I would like to speak a little about the work I do and the program I am involved in. I am a team member of the Derbarl Yerrigan Health Service – Mental Health Support Program. The program began in 1995 as a joint initiative between Ruah Inreach and the Derbarl Yerrigan Health Service. For some you may know Derbarl Yerrigan Health Service by its old name, the Perth Aboriginal Medical Service.

In 1998 the team then known as acss or Aboriginal Community Support Service moved from Ruah to the Derbarl Yerrigan Health Service's new premises and took on our current name.

We have two separate teams with a total of nine personnel. The teams are a mix of non-aboriginal and aboriginal workers. A more detailed picture of our structure can be found in our handbook.

Ours is an Inreach support service working with Aboriginal people who have a diagnosed mental illness.

As a worker I have both female and male clients for whom I provide support in helping them to cope with the medical psychosocial and social issues associated with their illness.

As an aboriginal man I also have a vested interest in helping other aboriginal men in need of help to heal themselves. The work I do is one-on-one intensive support but also may require me working in partnership with other family members. Both the clinical and social problems these men present with are complex. There is no definitive answer as to how I address these problems, as each case is different. Probably the most effective tool I have is being able to develop a relationship based on trust. Also, because we are able to work long-term with the client, continuity of contact has an advantage. Another distinct feature in being able to assist these men is the ability in our program to cross boundaries not only geographically but also across the different services.

Which means we are not restricted to a purely medical focus but can use a broader range of skills allowing us a more holistic approach to our work.

The Future

Future work in my area and its continued success will ultimately be something that our clients determine. It is hard for me as a worker to predict what outcomes will emerge but I remain optimistic. Ideally, continued partnerships and a cooperative approach between aboriginal and non-aboriginal agencies needs to continue.

In regard to Aboriginal men and those men I work with there is a need for more of our men to become involved in their care. Currently there is a move amongst us to reclaim our sense of masculinity in the form of men's meetings. The most recent being the 1st National Indigenous Male Health Convention held at Ross River Homestead. Unfortunately I was unable to except the offer to speak because of work commitments. However I was able to attend the first men's business meeting held with men from the Derbarl Yerrigan Health Service last month. To my knowledge this was the first time that a group of Indigenous men working within one aboriginal health organisation in Perth has been given that chance. For that I thank those with the vision to make it happen and for the support of the women who maintained the service while we were away.

DISPATCH NO. 2 FROM THE DOWN UNDER FRONT LINES

...continued
**MASCULINITY and
MENTAL HEALTH:
An Aboriginal
Mental Health
Workers Perspective**

In conclusion the future health of Aboriginal men lies within.

We cannot do it alone but given the tools and the time we can improve our own health.

When that time arrives and we achieve the health status of our non-indigenous brothers then we will stand together united. Giving us the confidence to strengthen our culture, our families, the community and ourselves.

<http://members.ozemail.com.au/~menshealth/akbar.htm>



The Jingle Dress dream

I see an elderly woman walking with me amongst the wind,
I try with all my might to understand her old language.
I ignore her and will try to understand her later.

I fell down hard the last time and her voice is distant but I
do not answer.

I cry because I am lonely and scared.
I have had no dreams of her yet.
I wonder if she sees or hears me cry?

I struggle to fight my way back up but there are just too
many of them.
I scream and cry in pain, telling myself I have to withdraw from
this horrible reality of self destruction.

I wiped my tears and cleaned up myself again.

There, I finally hear the old woman's voice calling me into
her direction.

She became clear and understandable, I smelled the cedar all around
me.

She gave me a silver coned jingle dress with my colors,
a dress that I have searched for has finally arrived.

Since then, it has given me freedom and self esteem.
She now sings and dances beside me spiritually.

Meegwetch,

Phoenix Bunting
Lac Seul First Nation

FATHERING BEHIND BARS

<http://www.aifs.org.au/institute/afrc7/howard.html>
Sue Howard, Children's Commission of Queensland

"The family support needs of parents in prison, their spouses and their children ... are everyone's business ... and no-one's concern."

The Children's Commission of Queensland serves to promote the well-being of children and young people around the state. It is particularly concerned to support children and young people who are marginalised and in vulnerable situations in society. As an example of our advocacy for a specific group of such children, the Commission is furthering discussions with the Department of Corrective Services in Queensland regarding the impact on the child of incarceration of a parent, and has proposed several strategies to help mitigate against it. While acknowledging that the needs of children of incarcerated mothers are pressing, as part of the Focus on Fathering Project during the year 2000, we are interested in exploring issues relating to fathers in prison.

In particular, the Commission is concerned with statistics which indicate the over-representation of Indigenous people in prisons. The Crime and Justice Statistics for 1999 (Office of Economic and Statistical Research (OESR) 1999) show an Indigenous incarceration rate of 1768 per 100,000 compared with a non-Indigenous rate of 139 per 100,000 (OESR 1999). That is, the Indigenous rate of incarceration is nearly 13 times higher than the non-Indigenous rate. The figures are even worse for Indigenous young people.

The rate of youth detention of Indigenous young people compared with non-Indigenous young people is 425 versus 19, per 100,000. That is, Indigenous young people are incarcerated at 22 times the rate of non-Indigenous young people.

Overwhelmingly, these prisoners are male, and we can assume that many of them are fathers. Given the history of Indigenous people, in terms of dislocation and cultural fragmentation, the questions of how Aboriginal and Torres Strait Islander males learn to be men and learn how to father are particularly problematic ones. Incarceration adds a further dimension. The first paper in this symposium indicated the Commission's interest in parenting programs, because of the important role a responsive and supportive family environment can play in the ongoing well-being of children. This paper gives some background into a project the Commission is undertaking in collaboration with the Queensland Government's Aboriginal and Torres Strait Islander Advisory Board (atsiab) to develop and deliver on a trial basis a fathering program for Indigenous inmates at Lotus Glen Correctional Centre in North Queensland. An awareness of the effects of incarceration of a parent on their children is the starting point for this project.

The Commission would like to acknowledge the contribution of Boni Robertson and Barry Malezer of the Gumurri Centre of Griffith University, Queensland, to the content of this paper.

The effects of incarceration on children

The long-term effects of incarceration can be devastating on the family, often called the "hidden victims of crime" (Howard 1994; Seymour 1998). Parents remain parents, even when incarcerated, yet public policy and programs for

prisoners often overlook children as a group of secondary victims. This is particularly surprising given the mounting evidence that, along with substance abuse treatment, education, and job skills, having a family to return to is one of the most important factors in an offender's successful reentry into society (Florida House of Representatives Justice Council 2000; Healy, Foley & Walsh 2000). There is also an argument that, while prisoners' children remain largely unrecognised and uncared-for, they are "a potential reservoir of future criminality and deviant social behaviour" (Shaw 1992 p.192). There has been very little research in this area, and what has been done is hindered by small sample sizes and inadequate comparison groups and does not usually extend to longitudinal studies (Seymour 1998 p.471).

The implications of imprisonment on men as fathers have received even less attention (Hairston 1998 p.619). As a recent report of a Queensland study of parents in prison, auspiced by the Catholic Prison Ministry (Healy et al. 2000 p.5) points out, "The family support needs of parents in prison, their spouses and their children ... are everyone's business ... and no-one's concern." Nevertheless, this paper will now briefly summarise some of what we do know about the effects of imprisonment on the family. A significant issue when women are imprisoned is the provision of alternative care for their children, as women are more likely to be the primary caregivers. In the above study of Queensland parents in prison and their families, Healy (2000 pp.15-16) found that gender was a significant factor in the stability of care arrangements for children of inmates.

Children of male inmates are more likely to be cared for by the nonincarcerated parent – that is the mother – than children of female inmates. Children of female inmates are variously looked after by the other parent, grandparents, aunts and uncles or are placed in foster care. This is one aspect of the fragmentation and disintegration of the family which may be experienced, though the partners of male prisoners are more likely to work to maintain family ties. Regardless, it is very difficult for relationships to develop and flourish when one person in that relationship is in prison. Intermittent contact, and a sense of losing touch with loved ones can cause all parties great anguish. Howard (1994) argues that families may feel similar grief as is experienced with the death of a loved one, and she refers to studies which have shown "that a higher percentage of wives of inmates experience more grief symptoms than do wives of prisoners of war and servicemen missing in action." Yet the normal outlets for grieving are often denied because of the nature of the loss. This appears to be more traumatic for a child who had a good relationship with the parent before incarceration (Howard 1994).

Visitation procedures are often not conducive to the maintenance of family ties (Florida House of Representatives Justice Council 2000; Healy et al. 2000) and can be particularly difficult for children. An awareness of this has led the Children's Commission to begin negotiations with the Department of Corrective Services to implement some child-friendly changes to their practices. We acknowledge their responsiveness in agreeing to: amend their strict rule on the number of visitors to cater for families; provide toys in the



visiting area; and allow video conferencing for children from Cape York and the Gulf of Carpentaria to stay in touch with their imprisoned parent. It is very common for families to feel stigmatised when a member is imprisoned. For certain crimes, such as sexual offences against children, this can be intensified. Such "social stigmatization" is probably most damaging on the children of the offender who may be harassed or ostracised (Howard 1994). Families may also feel shame, embarrassment, and even guilt for what has occurred. Studies of children whose parents are separating indicate that children often blame themselves for the trouble between their parents. This self-blame can also occur in the case of incarceration. Alternatively, the child may blame the other parent. Such feelings can negatively impact on the child's self-image and on family relationships.

The financial hardships the family of a prisoner can experience have been quite well documented (Florida House of Representatives Justice Council 2000; McDermott & King 1992). In many cases where the father is imprisoned, the family income is seriously affected by the loss of the breadwinner, and family costs increase through the expenses involved in phone calls to the inmate, travelling to the prison for visits and perhaps in providing financial support for the inmate. It is common for families to feel helpless and confused when a close member is incarcerated (Howard 1994). One of their greatest needs is for information, both to understand what is happening to their loved one, and so that they know what to expect in terms of the procedures for contact. This confusion can be intensified for children whose understanding of the world in general is still developing. Overall, the little evidence we have seems to indicate that the effects on families and hence their needs may vary depending on the stage the family member is at in the imprisonment process, from being charged through to post-release.

In considering the development of fathering programs for prisoners, it is important to remember that most male inmates are relatively young, have low levels of education and are poor at the time of their arrest (Hairston 1998; Healy et al. 2000). Drug or alcohol dependence are also likely to be present. Secondly, the antisocial behaviour of prisoners that led to incarceration often includes violence, and may include child abuse. However, Healy and her colleagues (2000 p.8) point out:

Although the prison environment is often destructive to family relationships, it can also provide a window of opportunity for change. National and international research indicates parents in prison are often motivated to use this period to reflect on their relationships with their children and to improve their capacity to parent ...

This paper will now consider issues relevant to the target group for this particular project: Aboriginal and Torres Strait Islander families.

Aboriginal and Torres Strait Islander families

As pointed out in the first paper in this symposium, the proportion of children within the Aboriginal and Torres Strait Islander population is much higher than the overall proportion of children in the State, and stands at 46.9 per cent (abs 1996). This means that for every Indigenous adult there is an Indigenous child, which has enormous implications for socialisation and emotional and economic provision for the child. This disproportionate number of children to adults in today's terms has implications in many areas, from housing to mentoring, and creates a different dynamic from that of the population of the rest of the State. In communities where many of the adult males are absent through incarceration, the adult to child ratio is even less. The implications for socialisation, support and economic provision for these children are profound.

Other social and economic factors such as poverty, unemployment and limited education also place pressure on relationships. The Human Rights and Equal Opportunity Commission in its *Social Justice Report* of 1999 gives the following indications:

In the 1996 census the median income for Indigenous people aged 15-29 years was \$171 per week. This is two-thirds of the median income for the total population aged 15-29 years. The unemployment rate for Indigenous youth in 1996 was 28.6 per cent ... double the corresponding rate for all youth. While the unemployment rate declines for adults aged 30 years and over, the rate of unemployment among Indigenous Australians remains more than double that of all Australians.

By the age of 19, an age at which involvement in tertiary education might be expected, only 12% of Indigenous people were in full-time education. This is one-third the rate for the total population at the age 19. (Human Rights and Equal Opportunity Commission, 1999).

The previous paper in this symposium pointed out that images of fathers and fathering vary greatly, and that much of the research done in Australia does not acknowledge issues of cultural diversity. Mainstream approaches, based on Western understandings of the world, may not necessarily transpose to Indigenous contexts. The concept of "family" from an Indigenous viewpoint must be integral to any of the Children's Commission work promoting the protection and well-being of Aboriginal and Torres Strait Islander children. There is a significant misconception today about the Indigenous people of Australia being two homogeneous groups (Aboriginal people and Torres Strait Islander people). To the contrary, in pre-contact Australia, over 700 nations using 250 languages existed on mainland Australia (Gibbs 1993). In addition to this, many of the hundreds of islands across the Torres Straits

In considering the development of fathering programs for prisoners, it is important to remember that most male inmates are relatively young, have low levels of education and are poor at the time of their arrest. Drug or alcohol dependence are also likely to be present. Secondly, the antisocial behaviour of prisoners that led to incarceration often includes violence, and may include child abuse.

were inhabited by island people speaking languages traditional to their regions (Beckett 1989). 'Indigenous Australians' are considered to be the composite of all these nations (Council for Aboriginal Reconciliation 1994:1). To attempt to develop a singular concept of Indigenous family will not be an easy task.

Traditionally, Aboriginal and Torres Strait Islander people existed as tight ecological communities / families where children learnt their place in, and a responsibility to, their community from an early age (Berndt & Berndt 1974). All aspects of the communities were bound to their environment; the land and water; their culture, which provided a functional way of life; their religion or spirituality; and their families, both immediate and extended (Berndt & Berndt 1974), with family structures being in no way nuclear. Traditional parenting responsibilities were: functional, relating to duties and expectations of the community (food gathering etc.); ritualistic, including training for cultural ceremonies, initiation for achieving adulthood; moralistic, through story telling and performance; and extended, in that brothers and sisters of the father/mother assumed many duties and responsibilities not considered by western families (Gibbs 1993).

Family was the most binding and integral element of Indigenous societies. A child's development and rites of passage, physical and emotional safety and cultural education were the responsibility of the community and family. Socialisation of children occurred through continual interaction with siblings, immediate and extended family members and parents, also in the broadest contexts with uncles and aunts. Extremely strong emotional ties underpinned the essence of how the Indigenous community existed and its ability to deal with issues. Individual identity was connected totally to the group, environment and cosmic world.

Through colonisation, Aboriginal and Torres Strait Islander families have more adapted than evolved to their contemporary position. The traditional ways of being have been fragmented and dislocated.





“... the program must start with a recognition of the loss of identity and cultural fragmentation experienced by descendants of those who inhabited this land before the European settlers.”



A number of reports have drawn attention to the over-representation of Aboriginal and Torres Strait Islanders in Australian jails. *Pathways to Prevention*, the Report for the National Campaign Against Violence and Crime and the National Anti-Crime Strategy (Developmental Crime Prevention Consortium 1999) recognised the importance of intervention and the need to consider groups such as Indigenous peoples explicitly. The Queensland Government continues to try to address the recommendations of the *Royal Commission into Aboriginal Deaths in Custody* report (1991) but Indigenous over-representation remains an issue.

Development of a Fathering Program at Lotus Glen Correctional Centre

In its approach to the development of such a program at Lotus Glen Correctional Centre, the Children's Commission was cognisant of the need for cultural sensitivity and so sought a key Indigenous body in Queensland, the Aboriginal and Torres Strait Islander Advisory Board (atsiab), as its partner. The Commission's proposal to atsiab included an explicit statement of the principles which would underpin the project. These were:

- The involvement and support of the community
- The central role of Elders
- Collaboration between stakeholders
- Recognition of cultural and linguistic diversity
- Valuing of Indigenous knowledge & experience.

Interest from the Board was great and a project plan was collaboratively developed. Key features of the project are the involvement of Board members, the strong support of the management and relevant staff at Lotus Glen Correctional Centre and of relevant groups in the local community, and the establishment of a local reference group consisting of community members and Lotus Glen staff representatives to shape the program. While the project is managed by the Children's Commission, it is felt that it is crucial that the community own the actual fathering program.

The Commission is also cognisant of the effects of incarceration of a parent on their children as discussed earlier. This will inform the program, help frame its evaluation and also point the way for future action. Two workshops have been held with key stakeholders, one in Brisbane to help initiate the issues paper, and one in Cairns with the local community, to scope the project and identify issues. These sessions immediately raised an important question of varying definitions of “father”. Given the brief explanation above of various constructions of Aboriginal and Torres Strait Islander families, Western definitions of father are inadequate to encompass the diversity of males who may take responsibility for aspects of raising a child.

Other key points raised in the discussions are briefly outlined here. The prisons that these men are sent to are usually a long way from their communities, and resource constraints mean that it is usually difficult, if not impossible, for their families to visit on a regular basis. When fathers and young single men are taken from their community and put in jail, the composition of the community changes, and the social dynamics are changed. This affects

all relationships and eventually impacts on community well-being as a whole. If a large proportion of the males from a community is absent, it seems even more likely that young Aboriginals and Torres Strait Islanders will not have a significant male figure in their lives. In these sessions, there was a concern expressed that having a father in prison creates a role model for young men which, it appears, they often emulate. The over-representation of Indigenous boys in youth detention centres is seen by some Elders as a new rite of passage that they have adopted, which culminates, when they reach 18, in a sentence to the “big house”. Other issues identified are not unique to Indigenous prisoners. From the father's point of view, he may feel shame because he cannot provide support (eg financial support) to his family. The inmate and the family both have a need for relevant information and for this to be presented in a manner and language that is accessible to them. Involvement of respected local Aboriginal and Torres Strait Islander men and women is seen as integral to the development of the program.

Invitations to the scoping meeting in Cairns and to participate in the Reference Group went as broadly as possible. From this scoping meeting, a Reference Group was established to advise a soon-to-be-appointed Project Officer. It is anticipated that this person will be a community member. The program will be developed and delivered over the next few months, under the direction of this Project Officer, with advice from the community Reference Group, with a report due to the Commission by the end of November.

There are many challenges in trying to develop an appropriate fathering program for this particular target group, especially if it is to address the issues in a holistic way, and not artificially separate out the fathers' skills in relating to their children from factors such as family violence and issues of substance abuse which may seriously affect an individual's control over their own behaviour. It is also apparent from a preliminary literature review and from discussions with Aboriginal and Torres Strait Islander leaders that the program must start with a recognition of the loss of identity and cultural fragmentation experienced by descendants of those who inhabited this land before the European settlers. Rebuilding culture and reestablishing pride may help lead to a new sense of identity which promotes a new form of Indigenous “family” to encompass supportive family relationships like those which existed then. This will help foster the positive growth and development of Aboriginal and Torres Strait Islander children and may be a small step towards breaking the cycle which leads to incarceration.

Conclusion

Only in recent years has the effect of incarceration of a parent on their children been recognised. In Australia, we have also increasingly become aware of the over-representation of Aboriginal and Torres Strait Islander men in our prisons. This, coupled with the large proportion of Indigenous children and young people, leaves many Indigenous youngsters missing out on ongoing contact with a number of significant family members on a regular basis. But rather than seeing imprisonment as the end of the line, for some offenders, it could provide a window of opportunity.





Individuals behave in the way they best know how to meet their needs, both material and emotional, for any given situation. When the repertoire of behaviours is limited through lack of understanding, limited skills including interpersonal skills, and particularly low self esteem, the responses are frequently maladaptive. Most dysfunctional behaviour, including criminal behaviour, has its cause in such deficits. When the situation is compounded by cultural fragmentation, poverty, substance abuse and violence, the responses become more maladaptive and the outcomes even more destructive. Any processes that increase understanding or improve skill levels, particularly interpersonal skills, decrease the likelihood of such destructive outcomes.

The time some offenders spend in prison is the longest period that they have ever spent in any one place. This time not only provides an opportunity for teaching them practical skills but also offers an opportunity to increase their understanding of communication and relationships, particularly with their family. This is not suggesting that all offenders are able to be rehabilitated, as that is clearly not the case, but that effective prison programs can provide an opportunity for change, and a new way of coping.

These sentiments are reflected in the following quotation:

Much deviance is expressive, a clumsy attempt to say something ... let the crime, then, become a starting point for a real dialogue, and not an equally clumsy answer in a spoonful of pain. (Christie, 1982, as cited in Healy et al. 2000)

Supporting incarcerated Indigenous males to build positive relationships with their children offers them and their children a new starting point. It could provide the children with the male support, role models and relationships they need, while increasing the fathers' sense of belonging and inclusion. Providing this support, while not an easy task to attempt, is an essential one, for the sake of these children.



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The Aboriginal Healing Foundation



Glen Vowell and Andimaul Day Schools *The Salvation Army and Indian Education*

There has been a relative abundance of information published about the boarding and residential schools operated by the Catholic, Anglican, and Presbyterian churches. Of less familiarity are the many more day schools operated by these groups and others, including the Salvation Army.



"Indian girl fishing, Skeena River, at Kitwanga, B.C." 1915. Source: National Archives PA-011213

The Glen Vowell Day School was located in the Babine & Upper Skeena Agency, on the "Sic-e-dash" (Sid-e-dakh) reserve in British Columbia.

Established February, 1901, the school was taught by an Officer of the Salvation Army, J.P. Thorkildson. 32 children were enrolled in 1906, 24 in 1909. Average attendance in 1906 was 21.

The Andimaul Day School was established in October, 1907 with 29 enrolled students. Located on the bank of the Skeena River, the school was taught until 1910 by Salvation Army officer Capt. Duncan Rankin.

At this time, the Salvation Army was generally viewed by the Department of Indian Affairs Agents as a "fanatical sect." Nonetheless, the Government provided funds for Glen Vowell and Andimaul and wrote favourably on their work.

Of the day school system overall, Deputy Superintendent General of Indian Affairs, Frank Pedley, wrote in 1910:

"White children do not find school life more attractive than days of liberty without intellectual effort, and the Indian children are, no exception to the rule. But in the former case, school life is made attractive by well-known means, and behind everything else is the interest or the authority of the parent. These pleasant features of school life, its rivalry and its rewards, have been heretofore most frequently lacking in the Indian schools, and the apathy if not the active hostility of the parent must be reckoned with. Moreover, the Indian child has to study in a foreign language, he leaves the home where an Indian language is spoken and comes to a schoolroom where English is spoken. His case can only be compared with that of an English child who pursues his studies in a German or French school."•

Sources: See ANNUAL REPORTS OF THE DEPARTMENT OF INDIAN AFFAIRS. Website: <http://www.nlc-bnc.ca/inianaffairs/index-e.html>



Suicide in The Northwest Territories: A Descriptive Review

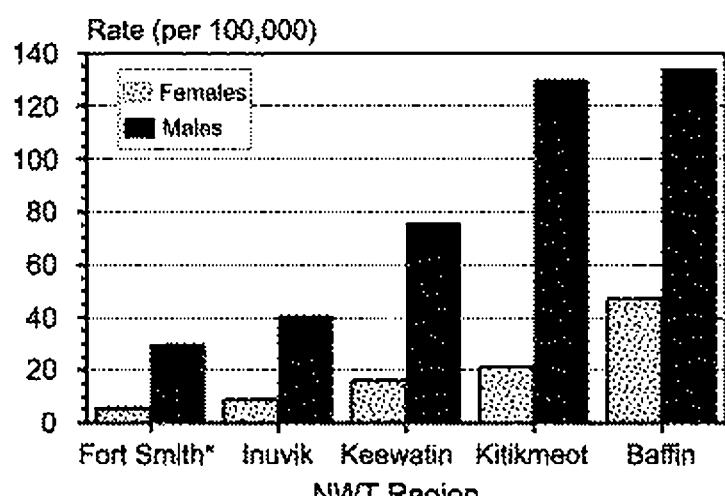
Sandy Isaacs, Susan Keogh, Cathy Menard and Jamie Hockin
Health Protection Branch - Laboratory Centre for Disease Control

http://www.hc-sc.gc.ca/hpb/lcdc/publicat/cdic/cdic194/cd194c_e.html

The incidence of suicide among the populations of the Northwest Territories (NWT) is notably higher than in the rest of Canada. A comparison of three five-year time periods between 1982 and 1996 reveals an increasing incidence rate, particularly for Nunavut, the eastern half of the NWT, occupied primarily by Inuit people. This is largely attributable to increased use of hanging as opposed to other methods of suicide. A coroner's record review of suicides occurring between 1994 and 1996 demonstrates the preponderance of young males and of Inuit among those who committed suicide, the majority of whom committed suicide in familiar settings, usually their own homes, and often while others were on the premises. Thirty-six percent of those who committed suicide had experienced a recent family or relationship breakup, and twenty-one percent were facing criminal proceedings. Understanding the impact of these and other reported circumstances on the imminent risk of suicide requires further investigation.

Over the 11 years from 1986 to 1996, there were 261 deaths due to suicide in the NWT. The average annual rate of suicide for the NWT was 41.3 per 100,000 population. The direct age-standardized rate was 36.7 per 100,000. The crude suicide rate for Nunavut (77.9 per 100,000) was almost four times the crude rate for Western NWT (19.9 per 100,000). Direct age-standardized rates were 67.4 per 100,000 and 18.9 per 100,000, respectively. On a regional basis, the further east the region is located, the higher the crude rate of suicide for both males and females.

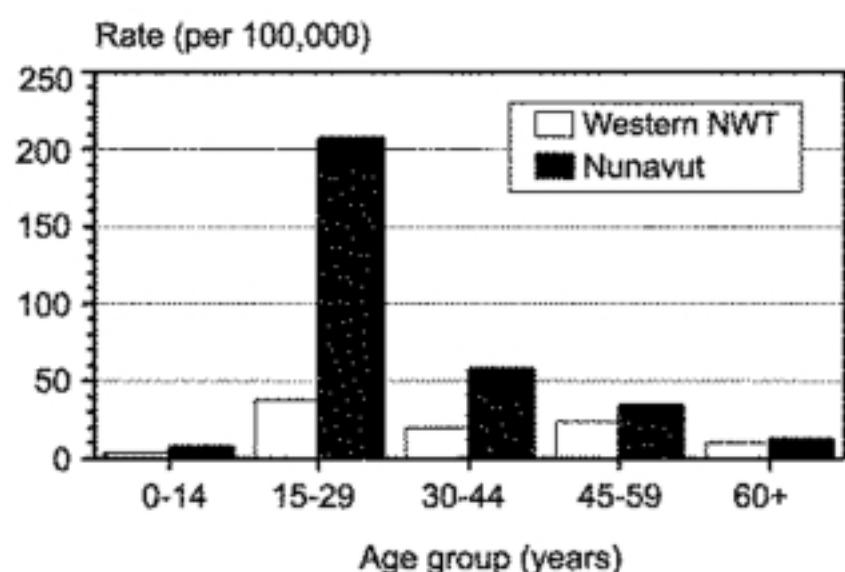
Average annual suicide rates (per 100,000) by NWT region, 1986-1996



A coroner's record review of suicides occurring between 1994 and 1996 demonstrates the preponderance of young males and of Inuit

The higher rate of suicide for Nunavut compared to Western NWT is maintained across age and sex groups. The average annual suicide rate for males is 119 per 100,000 in Nunavut and 34 per 100,000 in Western NWT, while the respective rates for females are 32 and 17 per 100,000. Those aged 15-29 are at highest risk. In our calculations of annual suicide rates by ethnic group, the highest rate occurred among the Inuit, at 79 per 100,000, compared with 29 per 100,000 for the Dene and 15 per 100,000 for all other ethnic groups in the NWT, primarily non-aboriginal.

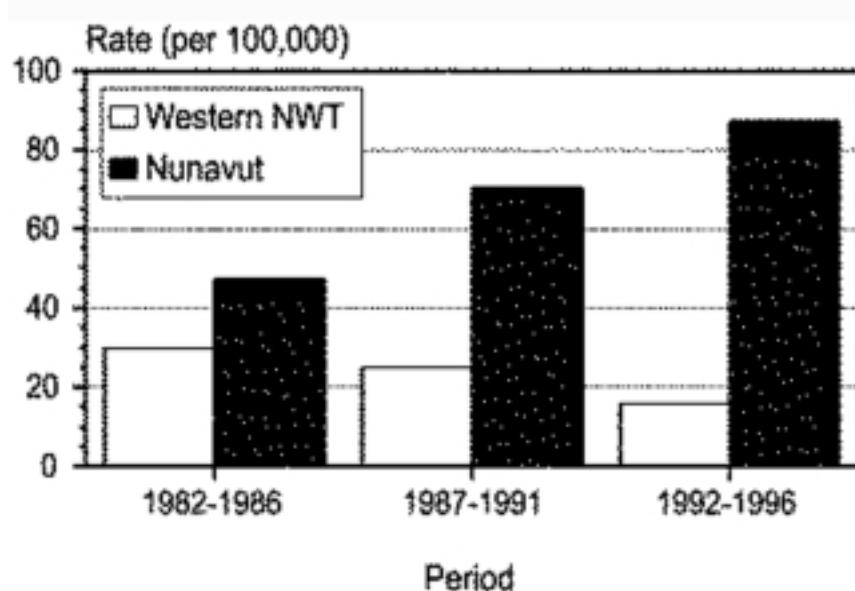
Average annual suicide rates (per 100,000) by age group, Western NWT and Nunavut, 1986-1996



Trends

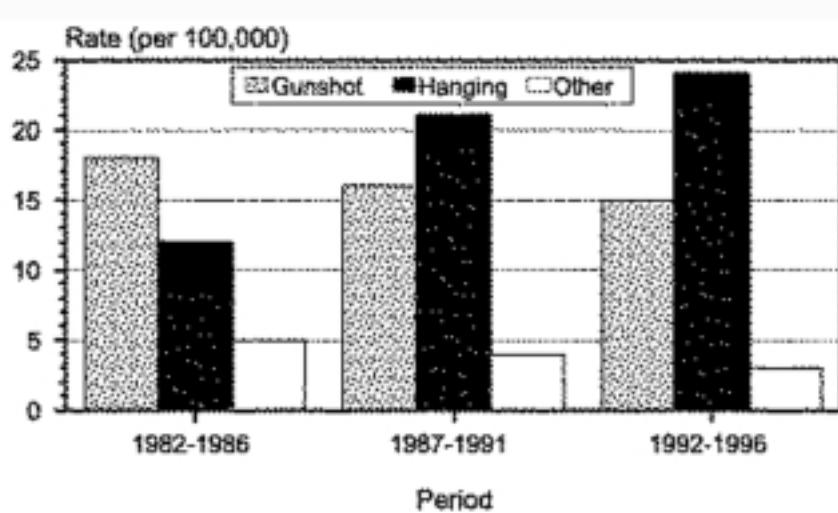
Figure 3 illustrates an increase in the suicide rate for Nunavut over three five-year periods from 1982 to 1996. The average annual rate for the most recent period (1992-1996) is almost twice that of the first period (1982-1986). Conversely, the rate of suicide for Western NWT declined over the same time span. ▶

Average annual suicide rates (per 100,000) by 5-year period, Western NWT and Nunavut, 1986-1996



For the nwt as a whole, the rate of suicide by hanging doubled over the three time periods while rates by other methods showed a moderate decline. In Nunavut alone, suicide by hanging jumped from 27 per 100,000 for the period 1982–1986 to 57 per 100,000 for the period 1992–1996; suicide by firearms also rose from 19 to 28 per 100,000, a 50% increase.

Annual method-specific suicide rates (per 100,000) by 5-year period, Northwest Territories, 1982-1996



Results of Coroner's Record Review

Demographic Profile

Of the 78 cases of suicide reviewed for the period 1994–1996 using coroner's reports, 61 (78%) were male, 56 (73%) were between 15 and 29 years of age, 68 (87%) were Inuit, 53 (68%) were single and never married, 41 (53%) were unemployed and 60 (77%) lived with family members.

Time of Occurrence

Suicide events were almost equally distributed across the three years with 26 in 1994, 24 in 1995 and 28 in 1996. A moderate peaking of events (26/78 or 33%) occurred during the third quarter of the year (summer), July to September. Most suicide acts (actions that led to death) were estimated to have occurred between evening (10 pm) and morning (10 am) [44/71 or 62%]. The length of time between the act and discovery averaged 8 hours, with a median of 2 hours, and ranged between 0 and 108 hours ($n=76$). The peak 4-hour period for committing the suicide act was between midnight and 4 am (20/71 or 28%).

Place of Occurrence

Thirteen suicides (17%) occurred among residents of Western nwt and sixty-five (83%) among residents of Nunavut. Among the three regions of Nunavut, Baffin Region had the highest number of suicides (36), representing 46% of all suicides in the nwt between 1994 and 1996. The suicide occurred most often near or in the home of the deceased (58/78 or 74%). Twenty-four suicides (31%) took place by hanging in a bedroom closet.

Method of Suicide

Our review of coroner's cases revealed hanging as the most frequent method of suicide used by both sexes (13 or 77% of females, and 36 or 59% of males). Among the 68 Inuit who committed suicide, 46 (68%) died by hanging and 20 (29%) died from a gunshot wound. Of the 10 non-Inuit suicide cases, 7 (70%) died from a gunshot.

Circumstances Surrounding the Suicide

The events most frequently identified as coincident with the suicide were a family or relationship breakup in the last year (28 or 36% of cases) or a pending criminal proceeding (16 or 21%). Ten of the sixteen individuals with pending criminal proceedings were facing charges of sexual or other assault.

Efforts to resuscitate the suicide victim occurred in 30 cases (39%). These resuscitation efforts occurred more often if the method of suicide was hanging (24/49 or 49%) as opposed to the use of a firearm (4/27 or 15%), or if the individual was discovered within the first hour following the suicide act (21/31 or 68% vs 7/35 or 16%). Attempts were made to resuscitate all 16 individuals who used hanging and who were discovered within the hour following their suicide act.

Alcohol and drug consumption

Blood alcohol results were available on 61 of the 78 cases (78%). Results were not available on others primarily because of an inability to take adequate samples of body fluids (blood or urine) from individuals discovered some time after death. Of those sampled, 35 (57%) had no alcohol detected in their blood, and another 6 (10%) had alcohol levels below the legal limit for impairment (17 mmol/L). Those considered impaired at the time of death numbered 20 (33%). Adults 25 years and older were more often intoxicated at the time of death than were youths aged 24 or less (12 of 24, or 50% vs 8 of 37, or 22%).

Drug screens based on urinalysis were available for 37 cases (47%). Of these, 8 tested positive for cannabinoids. No other illicit drugs were detected.

Events 24 hours preceding death

Almost all of the suicide victims (73 or 94%) were reported as being with others during the 24 hours prior to their death. Forty-six suicides (59%) were reported as occurring while others were on the same premises. In 68 (88%) of the 78 cases, one or more distressed or unusual behaviours were noted during the 24 hours before death, including 21 cases (31%) who made a statement of suicide intent. Attempts to assist the individual with his or her distressed state were reported in 14 cases (18%).

Social and mental health history

Thirty-one of the suicide victims (40%) had a history of previous suicide attempts, and forty-four cases (56%) were reported to have made a statement of suicide intent at some time in their past. More than one quarter of the victims (27%) had lost at least one friend or relative to suicide. The records showed that 22 of the suicide victims (28%) had sought help for



social or mental health problems, 10 (13%) had seen a professional caregiver in the week prior to the suicide and 50 (64%) had a history of emotional distress or depression. Thirty-six cases (46%) had a reported history of alcohol abuse, and 22 (28%) had a history of drug abuse. Nineteen suicide cases (24%) had a criminal and/or other conviction on record. All 16 individuals with criminal convictions were males (26% of the males).

Discussion and Conclusions

The upward trend in the suicide rate among residents of Nunavut over the last 15 years is striking, as is the difference in rates between Nunavut and Western nwt. This information implies a rising risk of suicide among the Inuit of Nunavut, who make up 85% of the population in this region. From 1986 to 1996, the direct age-standardized rate for Nunavut was 67.4 per 100,000 persons, five times the national rate reported in 1992 (13 per 100,000). The age-standardized rate for the nwt as a whole was 36.7 per 100,000, almost three times the national rate.

In both this review and another one involving the aboriginal people of British Columbia, homes were not safe havens for individuals at risk of suicide. Opportunities exist in the home; in the nwt, hanging was the suicide method most often used and is the primary method of recent years. The predominance of hanging, specifically among the Inuit, differs from other suicide studies in which the use of firearms ranks first. The most frequent method of suicide used by Manitoba aborigines was also identified as hanging.

This report does not offer an explanation as to why suicide rates in the nwt are so high. We do know that, as with other populations in Canada including aboriginal groups, those most at risk of suicide are males and persons 15–29 years of age. In addition, we observed some of the more prominent characteristics and circumstances of the individuals who committed suicide in this nwt population: 36% of the people who committed suicide between 1994 and 1996 had experienced a recent relationship breakup and 21% were facing criminal proceedings. Also in our study, alcohol intoxication at the time of suicide was observed in 33% of the cases. This differs from two other Canadian suicide studies involving aboriginal groups, where alcohol intoxication at time of death was noted in 60% and 65% of cases. In a study of Alaskan natives, 79% of suicide cases involved alcohol.

As reported in the literature, the causes of suicide are complex. There is a need to distinguish between the historic experiences and general characteristics of individuals that place them at higher risk of suicide (distal risk factors) and the more immediate risk factors or triggers (proximal risk factors), such as a family breakup or other stressful life event. In the North, distal risk factors may be systemic to the life experience of many communities – unemployment, poverty, poor education, lack of opportunity and loss of cultural identity. Dealing with the distal issues at a societal level may help to reduce the number of people vulnerable to committing suicide in the long term.

Of immediate need are tools, methodologies and training opportunities that will help to identify currently vulnerable individuals, the situations or conditions that heighten their vulnerability at any one time and their risk behaviours, so that professionals as well as immediate friends and family can be alerted to the imminent danger of suicide. Community members need to be empowered to act with the appropriate resources – within themselves or through access to emergency services – in order to avert future tragedies.

Limitations

The coroner's files consisted of the investigating RCMP officers' and coroner's written documentation of the behaviours and events surrounding each suicide. These were based on the accounts of other individuals who knew the deceased, primarily relatives and friends. Reports concerning the 24 hours preceding the suicide were the most detailed and, because of the immediacy to the event, the most reliable. However, the thoroughness of each investigation and/or completeness of the coroner's report did vary by case. Consequently, behaviours and events captured in this review are likely underreported.

Suicide rates for the Northwest Territories can vary dramatically from one year to the next due to the small size of the population (65,000) and any subgroup thereof. We tried to compensate for this instability by combining years of data in order to calculate rates and then estimate average annual rates. By inference, there is a need to continue long-term surveillance of the suicide phenomenon in Nunavut and Western NWT in order to detect true shifts in trends and the impact of any new or enhanced interventions that may be introduced.



I Have a Vision

I have vision
This vision is deep, deep inside of me

My vision is at times clouded by my fears and anxieties

So I go and seek a safe and caring place
To look deep, deep inside of me

Through tears and tears, a million tears
I see and I speak of my fears and anxieties
deep, deep inside of me

At times I've been called selfish and I just don't care?
I leave my home and family
Who at times don't seem to understand

I have this need, deep, deep inside of me
To see and think clearly
This vision inside of me

This vision is of me

- Anita Prince.

INTENTIONAL INJURY: SUICIDE

by Peter McFarlane

<http://www.niichro.com>



Q. Who is the most likely person to commit suicide in Canada?

A. Men between the ages of 30 and 45 have been the highest risk group in Alberta in recent years. Young males in general are high risk and young aboriginal males in some parts of Canada are at very high risk.

Q. How do male and female suicide rates compare?

A. In Canada there are approximately four male suicides for every female suicide.

http://www.canoe.ca/HealthReference/mentalhealth_5.html

The most significant difference in the nature of Aboriginal suicides from the Canadian average is the youth of its victims. Unlike in the general Canadian population, where suicides remain relatively stable or even increase with age, a very large proportion of Aboriginal suicides take the lives of Native teenagers and young adults. In the 15-19 year old age group, Aboriginal people have a suicide rate almost six times higher than the national average; in the 20-24 age group, it is more than five times higher.

Along with the differences in scope, there also appears to be significant differences in the leading causes of Aboriginal and Canadian suicides. In Canada as a whole, victims are twice as likely to have been diagnosed with a mental illness (clinical depression and schizophrenia) and much more likely to have a history of suicide in their family. In Aboriginal suicides, problems associated with community breakdown play a much more prominent role. According to one recent B.C. study, the main characteristics distinguishing Aboriginal from non-Aboriginal suicides were:

- a more powerful effect of adverse community conditions youth
- more family alcohol abuse, with accompanying violence
- more personal alcohol abuse, with accompanying violence
- lower levels of diagnosed mental illness
- more intoxication at the time of suicide
- more impulsive decisions to commit suicide

In narrowing the focus, the B.C. study determined the profile of a typical Aboriginal victim is an unmarried male in his late teens or early twenties. He is likely to have been separated from family members in childhood, often in foster care, or to have come from a family that was itself unstable. In a large number of these cases, physical or sexual abuse was also present. In a

THE WARNING SIGNS OF SUICIDE

Previous attempted suicide(s) - People who have made previous attempts at suicide are at high risk. Up to 50% of those who committed suicide had made previous attempts.

Suicide talk - Often the suicidal person makes either direct or indirect references to suicide by making such statements as "I'd be better off dead", "They'll be sorry when I'm gone," etc.

Personality or behavioral changes - A person's mood may change drastically for no apparent reason. He/she stops participating in activities, hobbies, etc. The person may also express feelings of hopelessness, and worthlessness.

Depression - Not all depressed people are suicidal but most suicidal people are depressed. Signs of depression include change in appetite or weight, change in sleeping patterns, change in pace of speaking or moving, loss of interest in activities, decreased sexual drive, fatigue, feelings of worthlessness.

Preparation for death - Making a will, putting affairs in order, giving away personal possessions, acquiring a gun or pills as a means of suicide and acting as if preparing for a trip.

Alcohol, drug and/or substance abuse - People who abuse alcohol or other substances have been repeatedly shown in studies to be at a higher risk of suicide than those who don't.

Loosening of social ties - A suicidal person may become withdrawn, uncommunicative and seek to be alone.

Recent loss or anniversary of the loss of a loved one - A suicidal person may appear to mourn a death much longer than most. Suicidal people often attempt suicide around the anniversary of the death of a loved one.

Polarized thinking - Suicidal people may become rigid in their thinking and tend to view everything as either "black or white", "life or death", or "yes or no". The person's thinking process may often seem bizarre or muddled with unreasonable generalizations.

Evidence of stress - A change in a person's life such as a recent death, change of job.

Sudden recovery or rebound from either depression or suicide warning signs - This behavior may indicate that the plans for suicide have been finalized and the person is more relaxed since the decision has been made. This may be the last warning sign of suicide before the act is committed.

Source: Your Life! Our Future! – Suicide Prevention Resource Kit.



majority (77%), alcohol or drug abuse was also an important factor. The study found that 90% of the victims were unemployed, even though they were slightly better educated than their peers.

It should also be noted that for every suicide that is actually carried out, there are an estimated 50 to 150 unsuccessful attempts. Most of these are "parasuicides," where the individual goes through with the act of suicide, but inflicts an injury that is not sufficient to end their life. Yet parasuicides, which are generally made by women, must be taken extremely seriously since they often precede a successful suicide attempt.

Parasuicides are rare in males because, as one study suggests, men fear ridicule if they survive a suicide attempt. In place of parasuicides, men find other sources of self-injurious and potentially suicidal behaviour that are considered more "masculine." These include excessive drinking or drug use, drinking and driving and impulsive criminal acts. These self-destructive behaviours are viewed as counterparts to parasuicides and individuals involved in them must be considered as high suicide risks.

The link between alcohol use and Aboriginal suicides is, as mentioned, a major and complex one. Alcohol is twice as likely to be a factor in Aboriginal suicides than in the general population, and appears to be both a major contributor to suicide and an indicator of the type of self-destructive behaviour and community breakdown that often precedes it.

Community Problems/Community Solutions

A Health and Welfare sponsored study observed that Aboriginal suicide is "the most convincing indicator of the effect of poor social conditions and cultural stress in First Nations, particularly among youth."

To be successful, a suicide prevention program should focus on the Aboriginal community as well as the individual. As in other areas of injury prevention, the community must be involved in setting up the program, and the program should also focus on the development of skills among Aboriginal people. Risk factors such as unemployment, community stress, and childhood abuse or neglect, can be reduced by programs to enhance job skills, life coping skills and parenting skills. Treatment for alcohol abuse is also a central part of any suicide prevention program.

The types of prevention projects in Aboriginal communities that have shown the most success are those that:

- a. provide education about feelings and depression

- b. attempt early detection of high risk youths so that they can be helped

- c. screen teens in school programs to identify at-risk youths

- d. develop crisis centres and hotlines

- e. improve training of health care professionals on suicide prevention issues

- f. As in the Big Cove example, suicides in the Aboriginal population also have a strong tendency to occur in clusters. This means suicide prevention measures should immediately be put into effect after a suicide

In his suicide prevention workshops, Clive Linklater urges interveners to be proactive, "to visit all the people who you even hear about that are thinking about suicide. Every person at risk should be put on a risk-scale and those who have gone as far as making a plan for their suicide need to be encouraged to talk about it."

One of the most innovative programs in getting the issue discussed among the young is the Deana Don't Do It project. It was developed through a partnership between the Peeikswetan "Let's Talk Society" and Desmarais, Alberta. Instead of simply presenting the facts on paper, they taped a call-in show where the topic of the day is teen suicide. The callers — all young Aboriginal performers — help to identify and explain youth suicide within the talk-show format.

Project coordinator, Simon Latcham, says the tape tries to increase awareness and understanding of the risk of teen suicide, help people recognize the warning signs and prepare people to offer help or to seek help for a teen who is suicidal. A version of the tape has also been made in the Bush Cree dialect. Virtually all studies of successful prevention programs in Aboriginal communities point to the importance of drawing on the strength and wisdom of elders in designing such programs. One B.C. study even found an inverse correlation between the number of teenage suicides in a community, with a high percentage of elders reflected in a lower suicide rate.

Studies also show that elders, particularly women, have a suicide rate below the national average. Because of their low suicide rate and the stability they offer to communities as a whole, elders can serve as the strong centrepole of a suicide prevention program, unemployment, retirement, illness, etc., may produce stress that promotes suicidal behavior.

Being a Father

Extracts from 10 + 1 Tips to Be an Involved Father
http://www.dadscan.org/fathering_tools.html

- 1. Support and respect the mother of your children.
- 2. Work together as a team, sharing equally in all childrearing tasks.
- 3. Spend time with your children.
- 4. Show love and affection toward your child.
- 5. Protect your family.
- 6. Spend time together as a family.
- 7. Tell your story.
- 8. Promote and encourage your place of work to be father-friendly.
- 9. Be an example.
- 10. Being an involved father is for life.
- 10+1. Dads can do it!
- Believe in yourself and your potential to be an active, caring father. Every child deserves a loving, involved father.

DISPATCH NO. 1 FROM THE DOWN UNDER FRONT LINES

INDIGENOUS MEN

by Craig Hammond

<http://www.newcastle.edu.au/centre/fac/efathers/indigenousmen.html>

ABORIGINAL FATHERS: ENGAGING FATHERS PROJECT

*Craig Hammond, Community Worker (Indigenous)
Engaging Fathers Project*

In my role with Engaging Fathers Project, I work with a great team of people but my main role is to work with Aboriginal Fathers (father figures-pops-uncles-brother). In the five schools that I work in we have about 80 Aboriginal students. The area I work in as a very high unemployment rate, so this could mean a good or a bad thing. (Not many of the dads work so this means they must be a lot at home) but a lot of them go to TAFE [Tertiary and Further Education in Australia] two or three days a week. One of the hardest things for me was to start work with a Non-

Aboriginal organization. I knew it would be a different place to work as I have always worked with Aboriginal organisations doing youth work, family work and sports development. I needed to find my feet first with "Men & Boys" program. It seemed to be the right move and as time went on I found out it was. For this project to be successful (Aboriginal Part) you need a good team around you, which I have. With that out of the way, the next thing was the teachers and the Non-Aboriginal parents.

In the area that we work it has a lot of racial problems to deal with. How was I going to be accepted by them and how would they expect me to be? I mean a black [Aboriginal] man talking to them about their children. At first I found it a bit frustrating because not a lot of dads didn't seem to be taking any interest in it. But I knew it would be hard to talk to dads about school involvement. The way that we were treated in the past as Aboriginal people at school and in society as a whole. I won't go into a History lesson with you, but that's Reality.

Some of the Barriers

The lack of education on the teacher's part on how important the fathers are in the child's life. The parents might have had bad time (as a child) at school and find it hard to get involved with it.

Drugs & Alcohol

This has been a problem for a long time with one or both parents drinking. This is not a good sign. As a child in this situation it would be hard to concentrate on anything around his/her life. With the drinking and drugs come other problems: 'Domestic Violence' and 'Gambling'. I think the parents don't understand or think about the effect they have on kids with the things they do or say. The kids do miss out on other things also when it comes to sporting or social activities where they need the parent to drive or pick up, the lack of money to support the activity. All this effects the children.

Home Environment

The Home Environment can be scary place for any one. When I started my home visits it was not too bad because of how I was raised. What I need to remember is that I am talking to them at a level that they can relate to, not down to them.

The Home Environment has an effect on the children at school also with all the issues that the children of today have to deal with: 'identity', drugs, alcohol, one parent family, and all the other things that go on with being a child in today's world.

Parenting Skills

If you as a father are raised by a mother, what fathering skills have you got? If you have only been raised by your mother, for you as a young man how were you going to learn to be a dad if you didn't have a dad? This makes it harder for young fathers to adjust because they have children at a very young age; this in turn effects your children. So this is why we focus on "Father Figures" also.

Identity

This is a problem on its own. I see a lot of Aboriginal people who will not identify at all outside school. There are a number of reasons for this. The area where they live (racism in the community) the lifestyle they live, friends. Or some think that they are better than some (Aboriginal) people. One of the problems that some Aboriginal people have is when a child is attending school they fill out a form. On this form they ask you, Are you Aboriginal? When people tick "yes" that's fine, but they would to know who is Aboriginal, "Mother or Father." They feel a bit more comfortable talking to the Aboriginal parent.

Community

Because the work is very community based you must be very community minded also. This means you must already know of the things that are happening in the community. For too long Aboriginal people who get Aboriginal (Community) Identify Jobs, they forget about the people they will be working for. Aboriginal people have been dealing with the issue "Parenting Rights" for so long. It is about time that we have a right to how children live. Because of that other problem in the past (the "Stolen Generation"), a lot of people are still very affected today. Because of this a lot of Aboriginal didn't get a chance to be a parent.

Strengths

For too long, Mainstream Australia has been looking at the negative issues that have been put on Aboriginal people by the Mainstream. So with "Engaging Fathers" we hope to find all the strengths in them. (For too long we have not been given the opportunity to do this.) We hope to break that same old cycle that they live in.

**Tip Sheet #2 for Aboriginal Healing Foundation Program Handbook—3rd Edition
(Updated November 4, 2002)**

Greetings:

As you know the Aboriginal Healing Foundation (AHF) was given a time-limited mandate to disburse a \$350 million Healing Fund to community-based healing projects designed to address the Legacy of Physical and Sexual Abuse Arising from the Residential School System, including its Intergenerational Impacts.

The Healing Fund is almost depleted and the end of the funding commitment phase of our mandate is fast approaching:

- Our last deadline, for receiving funding proposals, will be **February 28, 2003**. Your proposal must arrive in our office no later than 5:00 p.m. Eastern Standard Time;
- With the exception of some specialized funding (Healing Centres, Inuit and other hard to reach groups), our final funding commitments will be made by March 31, 2004;
- We will be focusing most of our commitments to renewing existing, multi-year projects with proven track records.

The AHF has commissioned a number of studies that are intended to help people design & develop effective & informed healing approaches. Our research is evaluating the impact of AHF-funded healing initiatives and documenting best healing practices. We hope this research and evaluation can inform government policies affecting Aboriginal people.

We will continue our efforts to seek the Government of Canada's commitment to a longer-term healing strategy, focusing on healing. We hope we can count on your support to complete our surveys, which provide valuable infor-

mation to our efforts at renewing our mandate. We support the growing call for an effective program that can address the loss of Aboriginal languages & cultures as a result of the Residential School Experience.

The AHF recognizes the good work that you are carrying out for the benefit of Survivors, their families, communities and nations. The Board and Staff of the Aboriginal Healing Foundation are pleased to have been able to support you on your healing journey and we are saddened that the end of our relationship is drawing near.

Please keep the following policy changes in mind while completing your proposal for submission:

1. **Projects must address the Legacy of Physical and Sexual Abuse.** In assessing new proposals, the Foundation will only consider funding projects that show a clear linkage to the healing needs of Aboriginal people affected by the Legacy of Physical and Sexual Abuse arising from the Residential School System.
2. **Limitation on Number of Projects Funded.** There is a limit of one funded project per community or organization. Please consult our website (www.ahf.ca) or contact the Foundation, to determine if your community or organization already has a funded project, before starting your proposal.
3. **Limitation on Number of Years and Funding Levels.** Multi-year project funding is limited to two years at a set level of funding per year. If you are currently seeking to renew your project, you may be eligible for 2 years of funding at existing levels. If you are submitting a new proposal and are accepted for funding, your annual funding level will remain the same for the duration of your project.
4. **Limitation on Number of New Projects.** We will be accepting a limited number of new proposals that seek to:

- pursue a more targeted focus;
- reach youth;
- create effective & unique strategies for men; and
- seek out hard-to-reach target groups (such as Inuit, Métis and remote communities).

Projects that will no longer be funded. With funds depleting, the Aboriginal Healing Foundation will no longer fund the following:

- **Project Design and Setup.** Projects which only address the startup and do not yet provide other services.
- **Needs Assessment.** Use for projects whose main focus is assessing the healing needs of the community or proposal development.
- **Curriculum Development.** Any new project applications submitted by academic institutions for curriculum development.

Please contact us to get the latest information before you begin working on your proposal
Aboriginal Healing Foundation
75 Albert Street, Suite 801, Ottawa, Ontario,
K1P 5E7
Telephone: (613) 237-4441
Toll-free: (888) 725-8886
E-mail: Programs@ahf.ca
Website: www.ahf.ca

Please ensure the necessary safety measures are in place when collecting data for your proposal. These measures are important to minimize the risk associated with triggering (trauma caused by remembering or reliving past abuse). Please ensure that adequate support is available to those who do trigger (fellow Survivors, counselors trained in trauma intervention, etc.)

2002 Regional Gathering notes



QUÉBEC CITY

Rae Ratsleff, AHF Minute Secretary

Following the offer of an Opening Prayer by Elder Raymond Gros-Louis, Director Richard Kistabish, Vice President of the Aboriginal Healing Foundation, opened the Regional Gathering at 9:35 a.m. Attendees were welcomed to the gathering and were introduced to AHF Director Elizebeth Hourie Palfrey, and AHF staff in attendance.

In discussing the AHF's current message, Vice President Kistabish noted that the AHF's last deadline would be February 28, 2003; that, with the exception of some specialized funding for healing centres and Inuit, final commitments would be made by March 31, 2004; and that most of the AHF's commitments would be focused on renewing existing projects with proven track records and on new projects addressing identified priority areas.

In his continued presentation of the AHF's current message, Vice President Kistabish advised that the AHF, effective immediately, would not fund projects focussing on needs assessment or proposal development that would extend beyond the February 28, 2003 deadline, or projects for curriculum development, and/or research. As well, he commented regarding the AHF's longer term strategy to seek the government's commitment to a longer-term healing strategy, and to support the growing call for addressing the loss of Aboriginal languages and cultures as a result of the Residential School experience.

Ernie Daniels, Director of Finance, presented the Audited Financial Report for 2001-2002 as included in the AHF Annual Report 2002. In reviewing the notes to the financial statements Mr. Daniels discussed the AHF's investment guidelines, and its creation of the Aboriginal Healing Charitable Association. Mr. Daniels also reviewed the AHF schedule of project commitments and expenditures, and advised of the expectation that the AHF's funds would be fully committed by August 2003 and that payments to projects would not be scheduled beyond 2007.

The rest of the morning and afternoon was dedicated to a dialogue. Several important questions were asked, regarding the upcoming changes in the funding process, new priorities, and limits of funding. Several questions were asked about Culture and Language and about the winding up of the AHF operations. Several participants shared their stories and experiences of Residential School and of being part of a funded project.

The Aboriginal Healing Foundation Regional Gathering, held Wednesday, October 30, 2002 in Quebec, QC, concluded at 1:30 p.m. following the offering of a Closing Prayer from Elder Raymond Gros-Louis.

KENORA

Joan Molloy, Saskatchewan & Manitoba Community Support Coordinator, Aboriginal Healing Foundation.

Following the Opening Prayer by Elder Joe Morrison, Georges Erasmus, President of the Aboriginal Healing Foundation, opened the Regional Gathering at 9:25 a.m. Attendees were welcomed and introduced to Board Members Garnet Angecone and Susan Hare.

Director Angecone welcomed attendees and expressed his gratitude to people for their attendance. Director Hare welcomed attendees to the meeting and commented regarding her two previous visits to the area. Mike DeGagné introduced the AHF staff in attendance and discussed the purpose of the gathering. In his continued presentation of the AHF's current message, President Erasmus advised that the AHF, immediately, would not fund projects focusing on needs assessment or proposal development that would extend beyond the February 28, 2003 deadline, or projects for curriculum development, and/or research. As well, he commented regarding the AHF's longer term strategy to seek the government's commitment to a longer-term healing strategy, and to support the growing call for addressing the loss of Aboriginal languages and cultures as a result of the Residential School experience.

President Erasmus referenced the distributed overhead presentation titled "Background Notes for the 2002 Regional Gatherings."

Ernie Daniels, Director of Finance, presented the Audited Financial Report for 2001-2002 as included in pages 39 to 50 of the AHF Annual Report 2002.

The remainder of the morning session and the entire afternoon was spent in dialogue between the participants and board members and staff. General questions were asked of President Erasmus, Mike DeGagné and Ernie Daniels. Individual questions on specific proposals were taken by one of the seven staff that were present. Daryle Gardipy had a printout of the current status of Ontario projects. Unfortunately, he didn't have the Manitoba printout. I would estimate that there were a majority of Manitoba projects coordinators, staff and community members present at the Kenora Regional Gathering.

Agenda packages were distributed that contained reference materials including copies of a proposed revised project reporting format.

The meeting concluded at 3:30 p.m. following the offering of a Closing Prayer by Elder Joe Morrison.

As a Community Support Coordinator present at the Regional Gathering, the experience was valuable for many reasons:

a chance to network with project staff

an occasion to hear how the Board and upper management respond to the same questions that we are asked while out in the communities

time to spend with AHF staff so that relationships can be fostered to receive the annual report and other materials

it's good to hear what communities are accomplishing in healing practices

to meet Board members

to receive encouragement and affirmation in the job that we do

to make valuable contacts with community members

to be available for those who want help with their proposals

to meet lots of good people



MONCTON

Karen Jacobs-William, Manager, Community Support

The meeting got under way around 9:15 a.m. Approximately 36 people attended the meeting throughout the day. Elder Isabelle Knockwood opened the meeting with a prayer and a teaching. Also present were AHF Board Members, Georges Erasmus, Viola Robinson and Grant Severeight. The AHF staff were: Mike DeGagné, Ernie Daniels, Ray Ratslaff (recorder), Giselle and myself. The three Board members all said a few words of welcome.

I met some participants that I had telephone conversations with in the past and they seemed genuinely happy to meet the person behind the telephone and the feeling was mutual. Some participants came from as far away as Six Nations ON. Once Mr. Erasmus' overhead presentation was finished, the floor was opened for comments.

In the morning all of the comments were positive. Then we had a delicious lunch of soup, sandwiches and dessert. The meeting reconvened around 1:00 p.m. and was closed about 3:30 p.m. by Elder Knockwood.

Questions & Concerns:

One late participant who worked with the office of Indian Residential School Unit at the National Level stated that she heard complaints across the country about the AHF concerning the lack of fairness and accountability. I could not understand exactly what she meant because she did not explain herself, and I was not in a position to ask her to clarify her concerns. Her main point of contention was that the money was not getting to the survivors. At this point, Georges Erasmus did ask her what she meant.

She explained that most of the AHF project money is funneled to Band Chiefs and Councils and not to the survivors. The participant then gave an example of how a Band Council gets an approved project and then the Chief hires his unqualified wife etc. etc. Mr. Erasmus then responded by saying that most complaints are about how hard it is to get funding and that we do have a complaints procedure. Should a complaint be lodged by a community, then it would be investigated. Another man wanted to know why his multi-year project did not get funded because of lack of insurance.

Another participant wondered why there was no CSC for the Atlantic if the region was still a priority. This gentleman was under the assumption that Kevin Barlow was laid off. Mike DeGagné explained that Kevin resigned to pursue other employment and that there were still CSC staff to respond to communities in this region. After the meeting was over, I approached the man and gave him my card stating that if he had any questions or needed the services of a CSC he could call me directly.

Other than a couple of individuals, the tone of the meeting was supportive. Giselle and I were complimented on our work and that was gratifying. The meeting ended about 3:30 p.m. and was again closed by Elder Knockwood.

Success Stories:

There were comments about the progress made in breaking the walls of community silence. Much work however remains to be done. The group felt that healing must continue along with the requisite funding.

PRINCE ALBERT

Joan Molloy, Saskatchewan & Manitoba Community Support Coordinator, Aboriginal Healing Foundation.

Following the Opening Prayer by Senator Nora Ritchie, Georges Erasmus, President of the Aboriginal Healing Foundation, opened the Regional Gathering at 9:00 a.m. Attendees were welcomed and introduced to AHF Director Elizabeth Hourie Palfrey.

Mike DeGagné, Executive Director, introduced the AHF staff in attendance and discussed the purpose of the gathering.

President Erasmus referenced the distributed overhead presentation titled "Background Notes for the 2002 Regional Gatherings." In his continued presentation of the AHF's current message, President Erasmus advised that the AHF, immediately, would not fund projects focusing on needs assessment or proposal development that would extend beyond the February 28, 2003 deadline, or projects for curriculum development, and/or research. As well, he commented regarding the AHF's longer term strategy to seek the government's commitment to a longer-term healing strategy, and to support the growing call for addressing the loss of Aboriginal languages and cultures as a result of the Residential School experience.

Ernie Daniels, Director of Finance, presented the Audited Financial Report for 2001-2002 as included in pages 39 to 50 of the AHF Annual Report 2002.

The remainder of the morning session and the entire afternoon was spent in dialogue between the participants, Board members, and staff. General questions were asked of President Erasmus, Mike DeGagné and Ernie Daniels. Individual questions on specific proposals were taken by one of the three staff that were present. The majority of the individual questions were regarding where their individual proposals were in the system.

The meeting concluded at 4:45 p.m. following the offering of a Closing Prayer.

General questions and concerns directed at the Board and staff from the open mikes were varied and interesting

The Prince Albert Gathering had the distinct flavour of many participants sharing their personal stories, taking affirmative action, moving beyond their hurt and wanting to make a positive impact in their lives and the next generations.

As a CSC present at the Regional Gathering, the experience was valuable for many reasons:

- a chance to network with project staff
- an occasion to hear how the Board and upper management respond to the same questions that we are asked while out in the communities
- time to spend with AHF staff so that relationships can be fostered
- to receive the Annual Report and other materials
- it's good to hear what communities are accomplishing in healing practices
- to meet Board members
- to receive encouragement and affirmation in the job that we do
- to make valuable contacts with community members
- to be available for those who want help with their proposals
- to meet lots of good people.



CALGARY

Dolorès Gadbois, Alberta Community Support Coordinator, Aboriginal Healing Foundation.

Most of the people at the Calgary Regional Gathering asked what they could do to support Aboriginal Healing Foundation, what steps they should take. There were other people who shared their experiences while in residential school and about their healing path.

Some of the stories were about the healing that is happening in communities that have AHF funding. One person told us about his experience. He was involved in Alcohol/Drugs, eventually he found his way to some Elders, who taught him how to do sweats and learn about traditions. Later, he entered a detox center and from there he went on to the Chief Mountain Healing Center, an AHF project, he said that he learned how to mend his ways and began to regain his strength and started to understand his life.

As he stood sharing his experience with the people, he turned and looked around at everyone with confidence. He gave me the impression that he regained his respect, strength, value and power. He stood and acknowledge everyone he is someone who is well on his way on the healing path.

PRINCE GEORGE

Dolorès Gadbois, Alberta Community Support Coordinator, Aboriginal Healing Foundation.

Members of the AHF's and board met and dialogued with Survivors of Residential schools and their family, Elders and other members of Prince George's community and organizations interested in the work of the Foundation and in obtaining funding information. The questions concerned what the people can do to give support to AHF programs. Some other people indicated that the healing has to continue. Their healing has begone and needs to continue.

Success Stories: A young man got up to say that he came from a big family and his brothers and sisters have big families too. He continued to say that his family is starting to go on their healing paths, and that AHF is needed to continue, many people depend on the funding.

The gathering was a success. The people were very pleased to meet the AHF staff. They were not too concerned that the members of the AHF's staff and board members were leaving early. They wanted to discuss healing in their communities and asked what kind of support AHF needed. Some people self disclosed, ending with the statement that they have started their way on the healing path.

The Networking meeting was announced in the morning and at 3:00 pm.

Below: staff of the Aboriginal Healing Foundation, December 2002.



Where Are The Children?

National Archives of Canada – Exhibition Room B
395 Wellington Street
Ottawa, Ontario
June 22, 2002 to February 2, 2003

For more information: Angie Bruce
Toll-free: (888) 725-8886
In Ottawa (613) 237-4441

The exhibition, Where Are The Children? Healing the Legacy of The Residential Schools, emerged from the silence and shame endured by former residential school children. As guest curator for the exhibition, I wanted to find a way to break the silence; to respond to the questions that today's Aboriginal youth are asking: What did these schools look like? What happened to our parents and grandparents there? Why is our generation still suffering from the inter-generational effects of these schools?

It was in these schools that an organized and systematic erasure of language and culture, including community role models, occurred. I believe that the exhibition photographs can begin the process of de-silencing the experiences of all Aboriginal peoples. Despite very public revelations of what took place in the schools, some people continue to insist that they were necessary and even beneficial for Aboriginal children. Yet one need only look at the statistics on substance abuse, suicide rates and prostitution; the disproportionate number of Aboriginal people in prisons; the higher-than-average high school drop-out rates; gang street culture; and the systemic racism that Aboriginal people deal with on a daily basis, to know that this is not true.

And one need only look at the faces of the children in the photographs to begin to imagine the horror that they endured. If you did not attend a residential school Imagine being one of these children: separated from your family, taught to be ashamed of your culture, and thrown into a new world where what you had learned and experienced in your own community is now vilified as 'pagan', 'savage' and 'uncivilized'.

Or imagine being a parent of these children, seeing them taken away and knowing that many of them never return. Perhaps you know another family whose child has run away from the school and returned home only to be taken back again. And the children that do return home are now foreigners to you – speaking another language, ashamed of their culture and community, with skills that have nothing in common with the traditional way of life.

And imagine knowing that these effects were intentional on the part of the government and churches. The following words of the Indian Commissioner in 1884 illustrate this program of ethnocide:

The Indians show a reluctance to have their children separated from them, but doubtless, time will overcome this obstacle, – and by commencing with orphans and children who have no natural protectors, a beginning can be made, and we must count upon the judicious treatment of these children by the principals and teachers of the institutions eventually to do away with the objection of the Indian parents to their children being placed under their charge.

- E. Dewney, *Indian Commissioner, 1884*

So how do we begin to heal? Photographs can provide a space to begin asking questions. Part of my research involved a visit to the Gordons reserve in Saskatchewan, where I met three generations of women. I asked the grandmother if she had any photos of herself while at residential school. Although she had been reluctant to talk about those days, once she opened her photo albums, the stories about her experiences emerged. Her granddaughter listened to many of these stories for the first time.

One thing I saw in the many of the archive photographs was a sense of resistance in the faces of the children. Their body language and eyes stood out like beacons of light. The legacy of this resistance continues in the exhibition with five portraits of contemporary Aboriginal people who not only survived their residential school experiences, but have made important contributions to the Aboriginal community. Without this resistance, how could we have made it this far?

Jeff Thomas,
Guest Curator.



a photographic history of residential schools across Canada. The images in the exhibition are drawn primarily from The National Archives of Canada as well as nine additional archival sources, including four church archives. The historical narrative begins with a photograph taken in 1884 and concludes with new photographic portraits of contemporary survivors of the residential schools who are positive figures in today's Aboriginal communities.

Aboriginal-based lawsuits have reframed the way the photographs are interpreted and used today. We look to the past to understand today's systemic problems. Why is the Aboriginal population's rate of drug and alcohol abuse, poverty and unemployment, sexual and physical abuse, suicide rates, and incarceration so much higher than the rest of the Canadian population? Canada's failed program of social engineering and the sexual, mental and physical abuse that took place in residential schools, have had devastating inter-generational consequences. The exhibition encourages Aboriginal youth to question and seek solutions. To see the past is to understand the present and to move towards a healthy future.

The traveling portion of this exhibition is now at the University of BC, Museum of Anthropology, 6393 Northwest Marine Drive, Vancouver, BC V6T 1Z2. The exhibition opened on July 4, 2002 and will remain there until February 1, 2003. From Vancouver it will move to Wanuskewin Heritage Park Authority, R.R. #4, Saskatoon, SK S7K 3J7.

The dates for this portion are February 14, 2003 until May 14, 2003. Other locations are currently being secured. For more information and/or updates, contact Laura Milonas or Angie Bruce at the Aboriginal Healing Foundation: (888) 725-8886 (In Ottawa 613 237-4806).