FCSS

Aboriginal brief

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Many thanks have to be given to everyone who contributed to this brief, and to the healing journey FCSS Calgary is embarking upon. As in any meaningful piece of work there needed to be many players who brought their unique skills and knowledge to the table. The role FCSS Calgary played in this work was not predominant but instead, could be best described as the role of helper.

First and foremost, we would like to thank the Elders who played a role in culturally defining our journey from one of programming to that of healing. The Elders I had the honour to speak with represented many different Nations in Calgary. Our main request to them was to assist us in defining this work from a more culturally appropriate place of healing vs. programming. Although I asked them to speak to me about the concept of a healing journey within their own language and cultural context, the similarities regardless of cultural group or language were remarkable. It is these commonalities and hopes for the community that drives the research brief.

For example a word I was given in Cree to describe this type of work was "Mio Miyowayawin", or being well or being in good health. As the English translation doesn't give the word justice, the Elder described a state where individuals, families and community were in harmony with everything else – where we were aware of our place in the world and of our skills. When we had confidence in our unique skills and in ourselves and as a result we sat in the circle with all the others – two legged, four legged, winged ones and those that swim and used all of our knowledge to ensure health for everyone. This Elder also spoke about a time when there was a sense of peace within each person, and in the community.

A second Elder from the Métis community also spoke about the healing journey as, "Miyoyawin" or healing or wellness in a holistic sense. What he spoke most about was a journey for the community to take and that we cannot act individually, or expect that we can heal one person at a time. Instead we have to act and work together as service agencies, combining all of our resources together and bringing people together to complete the healing journey as one. Finally an Elder from the local community of Siksika talked about "Natosii", or the Creator of life or medicine. Most predominant in his discussion was the need for our communities to return back to a sacred way of life – of not looking for healing from hospitals and doctors but from the traditional ways such as the Sundance and other ceremony. One story this Elder told was how he remembers being a boy and seeing row upon row of tipi's set up at the Sundance and that now each year he sees the numbers dwindle. At the same time however, the knowledge of the old ways of "healing." The medicine is still there, and we can still return to those teachings.

I would to also acknowledge the immense amount of work that was completed by a number of consultants who became the legs of this work, dredging through reams of academic literature to write the research brief and the FCSS FSII questionnaires. Joanne Pinnow acted as a consultant for FCSS and was able to successfully articulate not only a true account of the historical treatment of Aboriginal people in Canada, but some recognized elements of programming that attends to healing in the areas of social inclusion, identity and intergenerational trauma. We were also blessed to work with Dr. Leona Makokis, Dr. Ralph Bodor and their team who also searched numerous

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ABORIGINAL BRIEF

FCSS Calgary has adopted a social sustainability framework to serve as a blueprint for its social planning, investment decisions, and funding practices. Within this framework, FCSS has identified two investment priorities: strengthening neighbourhoods and increasing social inclusion.

This research brief is one of six originally commissioned by FCSS in 2009 and updated in 2013 to include advances in research. These research briefs are not intended to serve as program development toolkits. The purpose of the briefs is to provide guidance from the research, where it exists, to funders and organizations working to:

- Increase social inclusion among vulnerable Calgarians by increasing positive social ties, improving family functioning or parenting skills, improving adults' personal capacity and individual and family economic self-sufficiency, and/or improving positive child and youth development outcomes.

- Increase neighbourhood capacity and social and individual capital in focus neighbourhoods.

For more information on the purpose and context for these briefs, please visit calgary.ca/FCSS.

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literature sources and spent many hours interviewing the currently funded FCSS Calgary Aboriginal programs to gain their insight into this work. Many hours were spent developing the final questions and testing them with program participants to ensure they were not only relevant but also culturally safe to use.

Finally, we need to thank the agencies that gave of their time to work through all of this content, both individually and as a group. Early on there was some speculation as to whether this was even possible. At other times the path was unclear or it changed directions mid stream but in the end I believe that it is through working together that we can now move ahead as a community of service providers and funder. In the end, probably the best story I heard was from a service provider who relayed to me a story from a group of Elders. At some point the Elders became aware of what we were trying to accomplish and expressed their gratitude that finally, we were working with material that had both meaning and truth and that they were happy they could see it finally come to fruition.

As we embark on this new journey the road still remains a bit muddy. A bit uncertain. There is both fear and encouragement as we begin to understand what this means for Aboriginal programming. We offer this work to others, to share our knowledge, as it is not really our but belongs to the community.

All of my relations.

Introduction – The need for a new journey

In 2009, FCSS Calgary commissioned a research brief to highlight best or promising practices in preventative programs for Aboriginal people. Its intended focus was programs that measured success by the extent to which participants increased their social ties and decreased their social isolation. Finding examples of best or promising practices for these indicators of success proved challenging because there was very little research on programs for Aboriginal people that met FCSS Calgary's criteria for best or promising practices. Since then, FCSS Calgary has been working hard to develop appropriate and effective criteria for Aboriginal program funding – criteria based on an understanding of the unique history and experience of Aboriginal people in Canada.

FCSS Calgary hopes that as a result of this journey, Aboriginal people in Calgary will receive the best possible services, delivered in culturally respectful and appropriate ways. For this hope to be realized, it is critical that any programming offered to Aboriginal people be designed, implemented and evaluated with the unique needs and strengths of the program participants in mind. Moreover, not only must programming be culturally appropriate, it also must not ignore the historical and contemporary realities that impact Aboriginal people today.

Since 2012 FCSS Calgary and its funded agencies have been working with consultants from Indigenous Research Methodologies to develop culturally-appropriate indicators of programmatic success and accompanying pre and post-program questionnaires for program participants. The first two of five indicators, "Indigenous Identity" and "Social Inclusion", were introduced in September, 2013. As these indicators were being developed, FCSS Calgary recognized that they needed to revise the 2009 research brief to ensure it included the new criteria for success in working with Aboriginal people. They therefore commissioned this 2013 Aboriginal Research Brief. Its purpose is to present preventative programming for Aboriginal people from a new perspective. FCSS Calgary defines these preventative practices as programs that are:

- Clearly connected and intentional in reducing or addressing core issue such as the impacts of residential schools and intergenerational trauma of Aboriginal people.

- Can articulate and uses a healing lens.

- Are based in research as articulated in section four of this brief.

- Measurable using the culturally-appropriate indicators.

The most significant difference between the 2009 Research Brief and this one is a new contextual piece that places understanding the importance of the impacts of intergenerational trauma on Aboriginal people at the core of any future FCSS Calgary investments in programming. The purpose of this approach is to examine and highlight the complexity of needs of Aboriginal program participants, drive program design considering those unique impacts, and help FCSS Calgary and its partners understand, document and deliver effective healing practices. Emphasis on the concepts of Intergenerational Trauma, Aboriginal Identity and Social Inclusion in this 2013 Research Brief has led to additional programming recommendations.

The 2009 Research Brief outlined a set of concepts, processes and approaches, such as culture, language and spirituality, rather than intact program models deemed to be "best" or "promising" practices, (as defined by FCSS Calgary) This was because the literature included so few examples of program models with evaluation methodology that fit FCSS Calgary's definitions. When reviewing the literature for this brief, the writer again found repeated mention of *culture, language and spirituality.* Since these concepts still remain very valuable, they are included in this brief. The 2013 Research Brief also contains many other elements of the 2009 one, but in abridged form.

In cases where no or minimal best or promising practices (according to FCSS Calgary definitions), were found in the literature, the writer selected service delivery models that had been implemented with favourable results in real life practice. In such cases, the concepts of Intergenerational Trauma, Aboriginal Identity and Social Inclusion were examined in more detail or "unpacked" so that agencies could use these details or "components" to inform future program applications.

What sets Aboriginal programming apart?

Programming models that take into account the role that intergenerational trauma and residential schools have played in the lives of Aboriginal people in contemporary times can be referred to as "healing practices". The need to intentionally understand the meaning or impacts of these healing practices on program participants through the use of culturally-appropriate indicators, sets Aboriginal programming approaches apart from programming for other populations.

A key point is that the impacts of colonization on Aboriginal people in Canada, including individual and collective responses to cumulative historical and present-day traumas, needs to be kept top of mind and intentional in planning programming with and for Aboriginal people.

Setting the stage: Getting ready for a new journey

Another word on terminology

The 2009 Research Brief put forward the notion that some of the terms FCSS Calgary uses, such as "best practices", "resilience", "mentoring", and "evidence-based programs" are grounded in a Western worldview, and that many Aboriginal people would not find these terms relevant because they hold an entirely different worldview. FCSS was advised to exercise caution when using these terms in an Aboriginal context, and to ensure that when the terms are used, people communicate exactly what they mean.

The writer would like to begin with the same caution with regard to terminology in this research brief. In the literature reviewed this time, the terms "social inclusion" and "best

> "Concerns regarding its rigidity led to a search for a term more reflective of Aboriginal views of healing as a process. The word "promising" was chosen because it suggests movement along the healing path, and acknowledges progress and the likelihood of success without implying that only a particular practice or approach will succeed. Yet, like best practices, it encourages learning, information, sharing, innovation and adoptions in other settings."

practices" drew particular comment. Several authors not only explained why these terms and definitions were problematic for Aboriginal people, but they also offered alternatives that were more culturally appropriate.

In the literature search for this revised research brief, no examples were found of preventative Aboriginal programs that conformed to FCSS Calgary's definitions. The very notion of "best practices" for Aboriginal people in general was absent, whether in literature reviewed on Intergenerational Trauma or for the research on the indicators of Social Inclusion and Identity.

In fact, much of the research reviewed regarded the general idea of "best practices" with varying degrees of scepticism because the concept behind it is defined from the perspective of Western world view values rather than those of Indigenous peoples. The Aboriginal Healing Foundation states that various organizations, such as the Clarke Institute of Psychiatry and the National Aboriginal Health Organization, are increasingly recognizing the differences between theory and practice, and acknowledging that "best practices" is a moving target because standards and definitions will always change as more is learned and new innovations come forward.[1] In some cases, researchers did offer alternative proposals on definitions or perspectives that might be more applicable and relevant for Aboriginal programming and that consider the unique history of Aboriginal people in Canada, as well as their values.

The Aboriginal Healing Foundation was established in 1998 to support community-based healing initiatives. Among their reports was a research series that proved to be very useful in the creation of this brief. Their review of the projects from across Canada includes an explanation of why and how they used the term "promising practices" rather than the term "best practices". They define the term "best practices" as:

"…models, approaches, techniques and initiatives that are based on Aboriginal experiences; that feel right to Survivors and their families; and that result in positive changes in people's lives." (Archibald, 2006:7)

This research brief adopts the term "promising healing practices", as defined above, with the understanding that this definition includes the features of: innovation, learning, sharing and movement along a healing path. It seems to be a productive and practical place to land along the continuum between the FCSS Calgary definition and the values inherent in an Aboriginal worldview.

Reframing programs – A journey of healing practices towards decolonization

The term "promising healing practices" allows us to reframe our thinking about programming for Aboriginal people in a more holistic and culturally appropriate manner.

In this reframing, programs will not be proposed as sets of activities that are "done to" program participants in formulaic or linear way, or even necessarily applied in a consistent manner with the expectation of a prescribed outcome. People will not be "programmed". Rather, culturally recognizable and relevant program activities and services will be offered that are intended to re-build participants' lives. These program services and activities will be reframed as "promising healing practices".

These practices will move people along a path towards healing and well-being that contributes to building improved, personal, family and community social, economic and political conditions. They are not seen as a one-time cure or activity, because healing is seen in a more holistic way. Gone (2009) explains this holistic view well in his discussion of some of the projects he reviewed. He offers an alternative to the usual approach: creating programs with culturally-modified "evidence-based treatments" at the start. In his review, he found that participants and program staff view healing as a journey or a

path, understood not only to address an individual's problems but also involving a larger vision at the community and nation level, replete with a new, meaningful and reclaimed Indigenous identity. Barker, Dion (2012) and others echo a similar sentiment of this view of healing and wellness.

Gone (2009) says that decolonization is the *intentional, collective, and reflective self-examination undertaken by formerly colonized peoples that results in remedial action* (p. 759).

Investment in organizations and programs that engage in healing practices is a way to support Aboriginal community members to move towards healing and well-being. This will enable them to strengthen themselves

collectively. This in turn can empower them further to start to make changes over time at the community level on the journey towards decolonization. Working towards decolonization will lead to further decolonizing healing practices and ways of living, which in turn leads to a state of further decolonization and cultural renewal. This healing journey, then, may be viewed as a self-perpetuating cycle of healing and wellness towards community-driven decolonization over time. In designing and reframing programs, FCSS Calgary in partnership with its funded agencies, is also taking part in a healing journey. At right is a visual to depict this reframing, known as "Healing Practices".


The path: The emotional, spiritual, mental and physical dimensions

The majority of the information in this research brief is presented in the format of a Medicine Wheel, incorporating four dimensions: mental, spiritual, emotional and physical. Although specific teachings, presentations and dimensions of the Medicine Wheel vary from nation to nation and region to region, the general concept is commonly used in Aboriginal community life and by Aboriginal professionals in their work. The Medicine Wheel is an accepted, universal mode for presentation of

information. It also underpins a philosophy for living a good life. Its attributes are associated with common universal human values such as: wholeness, interdependence, balance and harmony. The Medicine Wheel provides a strong foundation from which to articulate this new journey for FCSS Calgary and its partners, as it conveys a broader picture of the issue, what the community knows, knowledge captured by the written word and healing practices in action.

"A spiritual revitalization of indigenous orientations and practices was necessary… for the entire tribal community… a robust post-colonial Aboriginal identity – attained in part through the contemporary reclamation of indigenous cultural and spiritual practices… was promoted… as the primary means to remedy the shared legacy of historical trauma… an unfolding process of self-transformation – characterized by an acknowledgement of past personal pain, dealing with one's problems through disclosure and catharsis, looking at oneself through consistent introspection, working on oneself toward improved self-understanding, and finding one's purpose as an Aboriginal person – that reorients and motivates… toward renewed and meaningful engagement in the world" (2009:758).
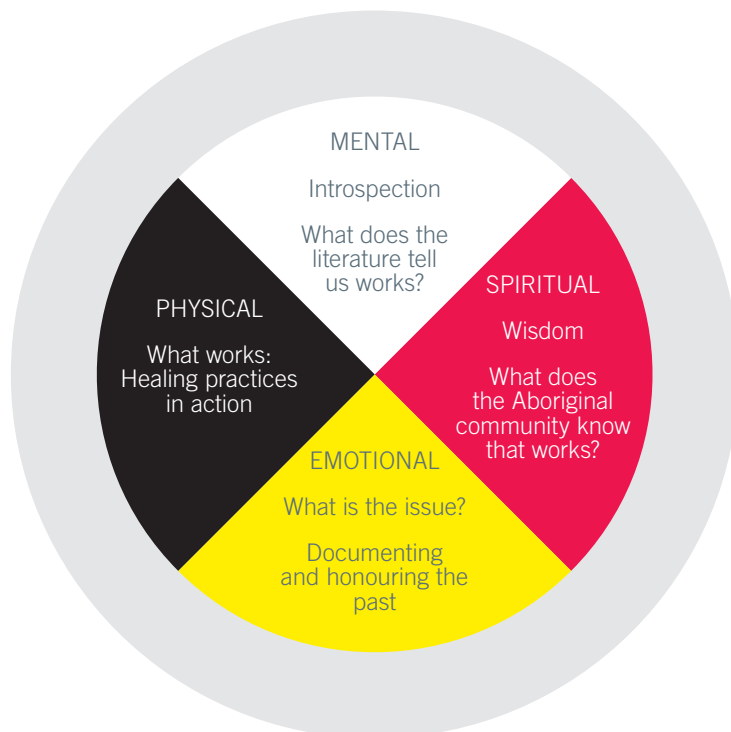
Emotional dimension – The issue
Foundational concepts of intergenerational trauma and its impacts – The literature

Defining intergenerational trauma

In 2011, FCSS Calgary partnered with the Urban Society for Aboriginal Youth, the YMCA of Calgary and the University of Calgary on a literature scoping review to identify programming models that address intergenerational trauma. In their report, they provide a definition of intergenerational trauma from Evans-Campbell (2008). This definition is cited below. This research brief will use this definition because it is comprehensive but clear, and it is consistent with the other features of definitions found in much of the research on intergenerational trauma:

"A collective complex trauma inflicted on a group of people who share a specific group identity or affiliation – ethnicity, nationality, and religious affiliation. It is the legacy of numerous traumatic events a community experiences over generations and encompasses the psychological and social responses to such events" (2011: Evans, p.320 cited in FCSS Calgary et al.).

The term "intergenerational trauma" is also used in the literature interchangeably with terms such as "historical trauma", "trans-generational grief", "historic grief", etc. (FCSS et al, 2011). The definitions of these terms have common elements such as collective loss, transmission across generations with a cumulative effect, and clusters of psycho-social negative trauma responses in individuals. For example, Maria Yellow Horse Brave Heart, a pioneer in the study of intergenerational trauma and its effects, defines historical trauma as "….cumulative emotional and psychological wounding across generations, including the lifespan, which emanates from massive group trauma" (definition by Yellow Horse Brave Heart in 2008, cited in Yellow Horse Brave Heart, Chase et al 2011, p. 283).

Brave Heart Yellow Horse goes on to explain that: "The historical trauma response (HTR) has been conceptualized as a constellation of features associated with a reaction to massive group trauma. Historical unresolved grief, a component of this response, is the profound unsettled bereavement resulting from cumulative devastating losses…" (2011:283).

The study by FCSS et al. provides observations and summations of the literature that that helps us further understand intergenerational trauma:

"*Intergenerational trauma can seem complicated and academics have developed sophisticated models to explain its transmission and consequences. However, there has been less of an effort to develop models of healing intergenerational trauma. It is acknowledged that the cumulative effects of trauma are passed down along generations and often are amplified or cause other unpredictable impacts. The knowledge and awareness of this trauma, allows for an understanding of why the residential school experience could have traumatic effects in the lives of children and grandchildren of Survivors*" (2012).

What happened: Trauma events and the transmission of trauma

There is no shortage of research that documents the massive negative impacts of intergenerational trauma on Aboriginal people and communities through generations to the current state. These range from various socio-psychological effects on individuals and families to broader societal impacts affecting not only Aboriginal people but all Canadians. In fact, as one person put it, the historical context in which this phenomenon occurred is not only Aboriginal history – it is in fact Canadian history.

The Aboriginal Healing Foundation research series presents extensive research on intergenerational trauma and healing, including an historical contextual discussion on how this trauma came to be inflicted on Aboriginal people in Canada. For those not familiar with the historical events and these chapters of Canadian history, it is important to note that residential schools is a significant event, but was certainly not the first one, nor the only one, that so detrimentally impacted Aboriginal people. To create a summary of chronological events, this brief will draw extensively from

a work in this research series entitled, "Historic Trauma and Aboriginal Healing" by Wesley-Esquimaux and Smolewski (2004) . Their report offers a model to describe the intergenerational transmission of historic trauma, and the implications for healing in a contemporary Aboriginal context. It develops a comprehensive historical framework of Aboriginal trauma from first contact to the 1950's. It also provides comprehensive contextual information to help the reader understand why this trauma is intergenerational in nature and why the impacts are so complex and profound.

In brief, intergenerational trauma is believed to be a direct impact of colonialism and resulting assimilative policies and practices imposed on Aboriginal people for decades, since European contact in North America. The authors state that the social conditions we see in Aboriginal communities today are the result of relentless trauma. This trauma occurred both at the individual level and the community level due to demographic collapse, from the many early infectious diseases and starvation to the

decimation of food (buffalo) sources. This resulted in a dramatically reduced and weakened population, left highly vulnerable to the assaults of colonization. Archibald, in another publication in the Aboriginal Healing Foundation series, states that the descriptions of this period of North American history include phrases such as "American Indian holocaust" and "legacy of genocide"[4].

Other traumas that Wesley-Esquimaux and Smolewski include in their historical context model are: conquest, warfare, slavery, colonization, proselytizing, famine, the 1892 to late 1960s residential school period and forced assimilation.[5] They take us on a journey through history that can only be described as horrific, in which they describe the devastation brought on with European arrival in the Americas. They analyze the trauma in stages and describe the areas of impact on Aboriginal people. The following sections provide highlights of their analysis. Please refer to pages 29 to 55 in their report for the fully detailed analysis.

Early period – Cultural transition – Physical area of impact

The timing of first contact with Europeans varied in North America. Fourteen eighty-two is a common date but this analysis suggests that eastern communities encountered it around 1500.

From 1500 to 1900, the decline of the Aboriginal population across the Americas is estimated to be 72 per cent, a decline of 1,364,000 people from 1,894,280 people, although they note some researchers suggest it was over 90 per cent.

This decline has been attributed to the introduction of infectious diseases including small pox, measles and influenza, for which Aboriginal people did not have immunity because these were foreign diseases. It is believed the animal hosts domesticated in Europe and brought over to the Americas introduced the diseases.

It is believed that food-foraging populations had relative low rates of infectious diseases due to their small population, size and mobility (Dunn, 1968, in Wesley-Esquimaux and Smolewski, 2004). The more nomadic tribes were not affected by the outbreaks

until later. The majority of the population was infected, leaving no one to care for the sick and dying. Several different infections were introduced at once or in quick succession. Traditional treatments did not work and there was no concept of quarantining people.

Famine often resulted from the diseases. No one was left to hunt, gather food or prepare it, leaving sick people unable to fight hunger. People lost faith in traditional healers because they were unable to help the multitudes of dying people. They did not know what to expect next and they did not know what was causing this to happen.

"It is well documented that when an entire population experiences such debilitating losses and if a balanced epidemiological, nutritional and reproductive system is not immediately restored, it is outside the limits of a population's tolerance: the cumulative effect of multiple stressors over a short period of time threatens a group, as it may become extinct or no longer existing as culturally distinct unit" (p. 30).

The phase of cultural transition began. Aboriginal people felt helpless, hopeless and began to "give up" – as they were losing their power and cultural authority. Many, by choice, withdrew socially, "thereby lessening their social and psychological investment in communal and societal relationships…" (p. 31). They began to engage in learned behaviours and re-enactments of conflict and psychological traumatic responses that, "can be directly related to upset cultural identity formation." With the government suppressing cultural and spiritual practices, the loss of story-telling as a traditional deterrent and other sources of social order, only deepened the damage.

Aboriginal people were not able reconstruct or re-populate because epidemics hit every seven to 14 years, not leaving enough breathing time in between epidemics and other colonizing practices to allow for a return to social order and healing. All possible forms of resistance and strength (normal community ties, relationships, etc.) were destroyed. There was no place of familiarity to which they could turn.

Early period – Cultural transition – Economic area of impact

Nature was of critical importance to peoples living on the land. Spiritual beliefs, physical survival, community relationships and growth, identity and well-being were inextricably tied to it. Settlers, with an entirely different worldview, used the land in an entirely different way and damaged it, amounting to cultural genocide or a destruction of a culture through physical extermination of Indigenous people (Chalk and Jonassohn, 1986, cited in Wesley et al., p. 34). New forms of exchange brought new products and new foods that were foreign to the traditional diet. They also brought food deprivation. This lowered disease resistance and resulted in poor health.

Alcohol was another product that the colonizers introduced. Although some forms of traditional use of alcohol existed before contact, alcohol now became used without due care, to numb pain and escape what was happening to the people and the land.

Wesley-Esquimaux et al. (2004, p. 36) write that: "Without access to economic resources, with a destroyed social structure stripped of their cultural mores that prohibited them from practicing their religions, Aboriginal people become marginalized group… any perception of control they had over their lives become reduced and badly undermined, ultimately placing perceptions of locus of control onto the colonizers...". Appaduri (1998 in Wesley-Esquimaux et al, p. 36) explains that for Aboriginal people, the fur

trade was not just an economic exchange but also that "exchange being a transfer of something (material or immaterial) between people always carries cultural meanings and has a social life of its own." The fur trade was never an equal exchange and Aboriginal people become dependent on it even for subsistence. The hunt, what used to be a community activity endowed with spiritual and social meaning, became individualized and for profit by the Europeans. Even if hunting was performed with due rituals grounded in time-honoured spiritual beliefs, a loss of faith or confusion was sure to result because living in this good way seemed to no longer have power - relatives and entire communities were still dying from the ever-present diseases.

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Middle period – Cultural transition – Cultural area of impact

Wesley-Esquimaux and Smolewski discuss the differences between European and Aboriginal worldviews, and the imposition of the former on a physically and culturally weakened Aboriginal people as a strong factor among the forces that so detrimentally affected Aboriginal people. Destruction of the physical sphere in early colonization damaged the bond of relatedness between the natural environment and social and spiritual practices.

This opened the door to "anomie" (Durkheim, cited in Wesley-Esquimaux and Smolewski, 2004), which means "without order" and to Durkheim means a crisis in the moral order of a social group. Spiritual beliefs function to protect from anomie. Anomie grew amongst Aboriginal people; missionaries had achieved spiritual dependence from Aboriginal people and Aboriginal community norms became open. Conditions had been set up for spiritual beliefs to be discredited and spiritual and cultural practices were also directly oppressed by laws and, if they were enacted, the practitioner was met with severe punishment.

Middle period – Cultural dispossession – Social area of impact

Again, the authors discuss the impacts of the imposition of a dominant and entirely different worldview in this period. Aboriginal people moved from a belief system where the group or community takes responsibility for every individual and intervenes with culturally appropriate ways of coping with problems, to a system where individual responsibility becomes the foundational philosophy for survival, and the individual assumes responsibility for all things good (or bad, in the case of individuals being blamed). This left Aboriginal people isolated to face the uncertainties of the new order.

"Citizenship was to replace kinship; and institutions, law and bureaucracy substituted for face-to-face communal relations… with the loss of moral values and a sense of heritage, social deterioration inevitably follows…Abstract notions, such as authority, law and order were brought to life within the conceptual realm and proclaimed as objectively existing…evident only through their representations: organized army, obedient citizens, churches…and economic structures. Once the existing Aboriginal social and cultural structures were rearranged and organized according to the new laws brought by the colonizers and once the other Indigenous culture was separated from its reality and incorporated into an abstract meta-reality of new European signs and representations, the process of colonization was complete…" (pp. 43-44).

New social norms were enforced. Social norms prescribe what is to be done in any situation and can guide the individual in how to deal with problems and adversity. Agreed upon action follows automatically. Social norms and their understood follow up actions in situations are "vital to social integration and to the integration of the social personality. If people pause to consider the meaning of every action, the ability to make decisions becomes compromised and an emotional crisis may ensue" (p. 44). Confusion and frustration and then the inability to act at all with any degree of confidence follows.

A new social hierarchy was also introduced, placing all people including women and children in a place of decreased power and respect. Many scholars believe that the

> "Spirituality was validated in a variety of social situations; thus, reinforcing its own stability in a continuous social process… in this biography… every Aboriginal person could locate (himself or herself) in relation to other members of the society or to the world outside, and could position (himself or herself) within the social order and in the sacred universe… However when the coherence of this is disturbed and destroyed, cultural and social transformation follow, the shared cultural reality is destroyed and people are no longer able to find their way in the forest of new cultural idioms and symbols…people's expert knowledge…is discredited…they stop participating in their own destiny, become marginalized…" (p 38).

reassignment of traditional gender roles in Aboriginal societies and the devaluing of women were a destructive turning point in the well-being of Aboriginal people (p. 47).

Changes in the social structure, coupled with past assaults described above, inevitably resulted in damaging psychological feelings and behaviours: social fatalism (the world was approached with distrust), and impoverishment of communication (no connection between Aboriginal people and the world outside). "Aboriginal people became objects on non-Aboriginal constructions of the otherness" (p 48). Severe stress caused by traumatic events resulted in dissociated states, with identity lost (or forgotten) and a new identity assumed or imposed: "the Aboriginal social self was forced into invisibility for generations to come". (p. 48)

Late period – Cultural oppression – Psychological area of impact

This section describes the psychological impacts when loss turns into absence, referring to absence of spirituality, hope, family, land, culture, language, any source of strength that Aboriginal people had before colonization. It describes symptoms of post-traumatic stress disorder, and what happens when entire populations experience this in addition to contemporary stressors.

Sooner or later, recurrent recollections of the trauma will enter into the social narrative of the group and become transmitted to subsequent generations. They will make their way into cultural collections of symbols and meanings, the group's shared cultural memory and behavioural patterns. Children who never lived past traumas gain their own and subsequent feelings of loneliness, helplessness, despair and disconnectedness from parents and grandparents through interactions with them. This often occurs inadvertently; the adults may not even realize what they are passing on, but for the children the terror is happening in the here and now, not in the past.

Historical trauma is not based solely on the events described above. It also came in the form of residential schools from the 1880s to the 1950's (although the last residential school was closed in 1996). The psychological impacts are described here and also summarized in the next section of this brief. The concept of "grieving" in contemporary times is discussed. Grieving has three broad stages: denial and anger, depression and acceptance and readjustment. Grieving is attached to the notion that colonization and the trauma that ensued are not widely known or discussed and are treated marginally in the contemporary Canadian context. It is as though what happened, and what continues to happen, is not fully understood or known, much less acknowledged. Therefore, no healing modality was designed to truly help Aboriginal people recognize what happened, understand the nature of trauma, or ways to work through their crises.

In summary, the loss of land, loss of population in the millions, the undermining and outlawing of the practice of culture, including Indigenous languages, the attempts to entirely eliminate the Aboriginal identity, the decimation of the family unit, the loss of independent economies and societies and nationhood, the loss and subjugation of spirituality and social norms, comprise the cumulative traumatic events resulting from colonization and oppression sustained over generations of Aboriginal people since first contact.

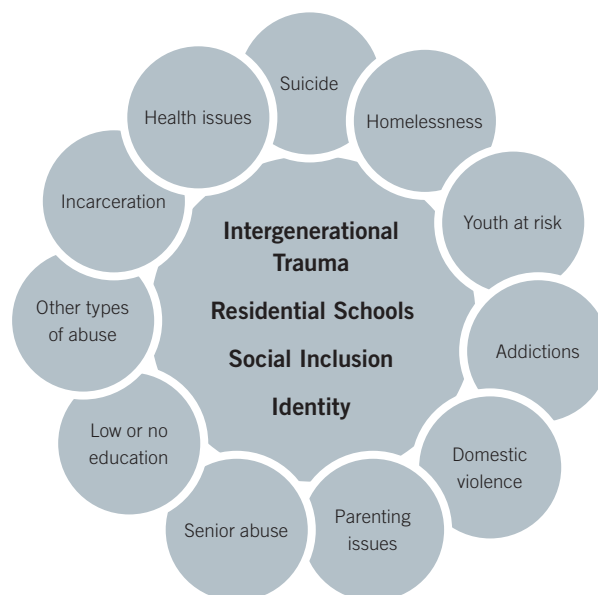## Socio-psychological impacts of intergenerational trauma and trauma responses

Services in Calgary for Aboriginal people often set up their programming to treat symptoms of intergenerational trauma. This is understandable because Aboriginal people often turn to them for help to treat symptoms, and this is what funders typically ask for. These symptoms may include: substance abuse, problems requiring family support, domestic violence, poverty, etc. However, when one examines the socio-psychological impacts of intergenerational trauma, one can better understand that trauma responses and coping mechanisms appear as symptoms.

These symptoms also present as a response to what was taken away from Aboriginal people through the processes of colonization since first contact - cultural assets such as Indigenous languages, cultural practices, governance systems and kinship ties, and spirituality as a source of strength. FCSS Calgary believes the agencies that provide services must understand the socio-psychological impacts of intergenerational trauma. To begin, at right is a graphic intended to emphasize that addressing the core issues through programming (shown in the middle of the graphic) is critical to dealing with negative trauma responses that often show up as symptoms (shown in the outside circles).

There is much literature on the impacts of intergenerational trauma. The table below is a short list of negative trauma responses to give the reader a flavour of the intensity of responses. The reader is encouraged to pursue additional sources in the literature, such as Duran and Duran (1995), for more in-depth explorations of the psychological impacts.

Aboriginal worldviews may frame these symptoms, or trauma responses, in more culturally appropriate terms and may have different ways to describe and understand them. For example, Spotted Eagle (2007) referred to the notion of "disassociation" as "leaving the spirit behind" and believed that there are ceremonies which help to call back the spirit to the person. This is a way of healing. It is also recommended that the reader also approach Elders and other community resource people to discuss and gain a richer understanding of spiritual, community and psychological impacts of trauma responses and impacts of trauma.

Intergenerational Trauma / Residential Schools / Social Inclusion / Identity — Suicide, Health issues, Incarceration, Other types of abuse, Low or no education, Senior abuse, Parenting issues, Domestic violence, Addictions, Youth at risk, Homelessness

Aboriginal brief

Source	Traumatic responses
Barker and Dion (2012, presentation at Trauma and First Nations Peoples, Legacy Education: Knowledge to Support Families A Symposium on Understanding the Impacts of Residential Schools on Families, Addictions and Violence, UpStart and FCSS)	• Psychic numbing, learned helplessness. • Spiritual trauma – questioning fundamental beliefs and assumptions about one's core beliefs related to one's and humankind's purpose in life and place in the cosmos; loss of hope, alienation and loss of connection to others and to any meaning larger than yourself. • Disassociation – feelings of disconnection from yourself (body or personality) or surroundings, losing time or experiencing incidents of amnesia, depersonalization (feeling as if you're losing your identity or adopting a new identity). • Extreme withdrawal. • Extreme hyper arousal – panic attacks, trouble with concentration, difficulty controlling violent impulses. • Severe depression. • Substance abuse – to numb the pain and use as a coping mechanism. • Impaired self-care – related to nourishment, hygiene and rest. • Clusters of intrusive symptoms. • Clusters of avoidance symptoms. • Clusters of arousal symptoms. • Lateral violence. • Normalization of harmful behaviours.
Spotted Eagle (2007, 2008 presentation to United Way Aboriginal Parent Group)	• "Red Rage" – the emotional "over reaction" that Native people have which has been perpetuated by the impact of generations of trauma, violence and oppression of (a) Nation. • Trauma response is discussed in terms of the shock and impact involved, specifically reactions such as: immobilization, self-doubt, anxiety, anger, depression, shame, jealousy, becoming a "chaos junkie" – "living for drama", survival guilt, self-doubt, oppression, lateral violence and normalization of harmful behaviours.
Wesley-Esquimaux & Smolewski, 2004, P. 65	The authors state there is no single historical trauma response but rather different social disorders with respective clusters of symptoms. They explain that social disorders are repetitive maladaptive social patterns that occur in a group of people and are associated with a significantly increased risk of suffering. The clusters of symptoms (ex, family violence, sexual abuse) may be passed onto next generations in a form of socially learned behavioural patterns. They explain that the symptoms exhibited by parents act as a trauma and disrupt adaptive social adjustments in their children, who in turn internalize these symptoms and learn these behaviours. The process perpetuates itself in the next generation.
Yellow Horse Brave Heart, Maria "From Intergenerational Trauma to Intergenerational Healing Five Annual White Bison Wellbriety Conference", 2005, pp. 4-6	• Depression and psychic numbing. • Fixation to trauma. • Hyper vigilance. • Compensatory fantasies. • Preoccupation with death, death identity, and loyalty to the ancestral suffering and to the deceased. • Internalization of ancestral suffering. • Internalized oppression.
Evans-Campbell (in Fast & Collin-Vézina), 2010, p. 131	Impacts at three levels; symptoms may include: 1. Individual level – mental and physical health problems – PTSD, anxiety, depression. 2. Family level – impaired communication and stress around parenting (or attachment problems seen in children). 3. Community level – the breakdown of traditional culture and values, the loss of traditional rites of passage, high rates of alcoholism, physical illness (obesity) and internalized racism (Duran and Duran 1995).
Common features drawn from these sources, summarized:	• **Originating from the constant succession of historical traumatic events, not a single traumatic event or series of traumatic events in a single individual, but rather over generations.** • **Clusters of symptoms.** • **Learned behaviours.** • **Normalization of behaviours and symptoms within families and communities.** • **Examples of symptoms, behaviours, coping mechanisms, feelings that may occur: distancing, numbing, lateral violence, helplessness, anger, shame, anxiety, spiritual trauma/disconnection, health issues, substance abuse.** • **Perpetuated in subsequent generations, cyclical in nature.**

Wesley-Esquimaux and Smolewski (2004) state that although much study has been devoted to the issues of *transmission* of traumatic memories, that there is no consensus on how to explain the phenomena in entire generations of people whose ancestors, not necessarily themselves, actually experienced the trauma. They cite researchers who call it "emotional contagion", discuss "peripheral victims", "vicarious traumatization" and "trans-generational effects of trauma", and discuss other related concepts such as secondary survivor effect, the ripple effect and trauma infection. Other researchers make a distinction between primary and secondary traumatic stress. Figley and Kleber, for example, discuss secondary traumatic stress, emphasizing that people do not having to witness the trauma personally – "it is enough to know about it…Aboriginal cultures are orally-based."[6]

Wesley-Esquimaux and Smolewdki propose that trauma transmission is so prevalent and so strong amongst Aboriginal people, compared to Europeans, because Europeans had time to reconstruct their memories of trauma after they experienced waves of epidemics in their homelands, whereas Aboriginal people did not. The epidemics themselves hit Aboriginal populations every seven to 14 years[7], along with waves of other traumatic events over a span of 500 years of colonization. Aboriginal people never had time to "regroup their coping strategies" and "with no access to resources to reformulate their culture and identity, the trauma became layered and cumulative, thus affect(ed) successive generation" (p. 76).

Given the complexities of this type of trauma (intergenerational in nature, the reach, scope, frequency, severity, etc.), it may be unrealistic to expect that one program can "cure all". On this new healing journey, the

> Trauma is transmitted from generation to generation through various channels, including: "biological (in hereditary predispositions to PTSD), cultural (through story-telling, culturally sanctioned behaviours), social (through inadequate parenting, lateral violence, acting out of abuse) and psychological (through (memory process) channels)" (2004:76).

writer suggests that FCSS Calgary might expect its funded programs to be able to provide participants with the best support possible to help them move along the path toward healing. It might take years for one person to heal; an individual may take part in more than one program and use several healing practices over time. That being said, agencies must still be able articulate the results their FCSS Calgary funded programs are achieving with their efforts. What is important is that these results show indications of progress along a path and movement towards improvement (recalling the use of the Aboriginal Healing Foundation's definition of "promising practices" involving elements of movement and learning). This progress should be able to be "measured" and articulated through the use of the culturally appropriate indicators that FCSS Calgary is developing.

So far, this section on the Emotional Dimension has focused on the issue of intergenerational trauma through the lens of scholarly research. However, it would be incomplete without the views of Elders. This is accomplished first by sharing the words of an Elder, and then by sharing a story about what an Elder's teachings to a group of Aboriginal youth meant to an individual who was on a learning path of his own.

The first quotation below is from an Elder who was interviewed for a United Way of Calgary and Area project. This Elder describes why things are the way they are. This first-hand personal perspective substantiates the truth of the scholarly research.

Rupert Ross tells the following story in one of his many writings reflecting on his work in law with Aboriginal people in Canada. It is included here and is relevant because of the discussion on what healing means in an Aboriginal context. He describes this story in his paper when he reflects on what it means to be healthy. He strives to gain a personal understanding of how cultural teachings and traditional ways work to strengthen and build resilience and survival in Aboriginal people.

"An Aboriginal man from northern Manitoba came to share traditional teachings with children in one of the more traumatized communities of my region. He spoke about the water drum he carried, how the ties that stretched the drumhead each signified a

> Barker and Dion (2012) discuss the difference between healing and treatment as follows: "Treatment is defined as an attempted remediation of a health problem usually following a 'diagnosis' or definition of the problem and (it) often involves the use of medication in an effort to 'fix' or 'cure' the identified target problem. Treatment tends to focus on individuals and specific problems….Healing is defined as the 'restoration' of damaged parts of a body and generally is a process that takes place over time…is only one part of the process required when moving towards health. Healing is an ongoing active process rather than a task… tends to start with an individual, but can expand into family and then community… the more individuals involved in a process of healing, the greater the opportunity for creating an atmosphere of unity and growth. Healing is an interdependent process and the more persons involved the greater the opportunities for change. One important implication of this aspect…is that to be effective, a community healing process cannot come from outside the community…at the very least, a program must have adapted to the realities of the community…ideally however, a program grows out of the community itself and the processes which are already at work there" (slide 27).

different teaching, and so on. He then told the girls about their special power as women to give new life, a power confirmed at the moment when their waters broke. Those events showed their intimate connection with water everywhere, including the oceans, the tides and Grandmother Moon who controlled those tides, just as she regulated the menstrual cycles of their 'Moon Times'. All of those connections, he told them, meant that it was their responsibility to ensure the purity of water for future generations. He then spoke to the boys about their connections to fire and the capacity of fire to confer powerful benefits as well as inflict powerful harm. It was thus their responsibility to be guardians of that power. As he talked to those children about responsibilities, I thought his message

was bound to be a failure: after all, most were notoriously free to run around at all hours doing exactly as they pleased. I could not have been more wrong, and I think I know why: no one had ever told those children they were important to anything at all, much less something huge and magical as the universe. If they had responsibilities, that meant they had an identity as an important part of something much larger than themselves, and their lives had meaning within that larger whole. The teachings were, in essence, the exact opposite of the "disempowerment and disconnection" they lived within every

day, and exactly what they needed to hear" (2009:19).

Like all good stories, this is one is open to interpretation. One interpretation is that it illustrates Ross's realization that cultural practices and beliefs are extraordinary healing practices for the very complex issue of intergenerational trauma. They not only offered hope to these youth, but did so in a way that was exactly what they needed. It is also a fitting segue into the realm of the next section on the Spiritual Dimension to bring forward "what the community knows".

Spiritual dimension – Wisdom

What does the community know that works, or "wise practices"

Presenting a more holistic conception of healing practices requires acknowledgement of "what the community knows". For the purposes of this brief, "What the community knows" refers to Aboriginal people's tacit or "intuitive" knowledge and understanding of what works well for the healing and well being of Aboriginal people both in pre-contact times and in contemporary times. A similar concept termed "local knowledge" is also discussed in Morgan and Abdul-Bazzoq.[8]

The concept of "what the community knows" pertains to the realms in human life of cultural wisdom, and ways of knowing. It stems from the age-old cultural practices, traditional knowledge held by the Elders, belief systems, language and spirituality. This concept is so broad, deep and complex (and sometimes sacred) that it is important to state that a fulsome discussion of it is well outside the scope of this brief. Nonetheless, the next part of the journey acknowledges its reality, and its importance in holistic healing practices, whether documentable or not.

These are things that are difficult to "measure" in measurement frameworks based on Western worldview paradigms. From a cultural perspective, it is not appropriate or even desirable to apply this type of measurement to some aspects of a concept such as spirituality. They are profound, time-honoured ways of knowing and teachings that, although they defy Western ways of "measurement," are chockfull of meaning to community members and program participants. Gone articulates

this well in his studies of four programs funded by the Aboriginal Healing Foundation.

Although one cannot always document these understandings in a way that fully captures their essence, sometimes a glimmer of their profound meaning is described in research and in the writings of articulate Aboriginal writers. Much of this knowledge is found only though speaking with Elders and cultural people.

The first example of this comes from Wesley-Esquimaux and Calliou's discussion on why they chose the term "wise practices" for their research on best practices in community development. In their report, they write that wise practices are defined as "locally appropriate actions, tools, principles or decisions that contribute significantly to the development of sustainable and equitable social conditions"[9]. They say they understand that the definition, conceptualization and implementation of wise practices will continually evolve and be subject to refinement, as individual and community experience and knowledge expand.

Other aspects of "what the community knows" include traditional knowledge, language, culture and the land. A second example can be found in the work of Aboriginal Healing Foundation. Their authors also write about wise practices in a respectful manner and explain their importance. For example, they include them as critical components under the broad category of "cultural interventions" in their healing practices framework[10]. In fact, many scholars

"But there is a concept of trauma, and Aboriginal people have a severe history of trauma. That trauma has come from generation to generation. What happened 100 years ago we are still experiencing today and we are being re-traumatized over and over again, because we are isolated and that becomes normal to us. So, the concept of not asking for help or not believing people, has become a normalized belief, until you say that is not true. Another concept that people get because of the trauma we have experienced is that separations are a huge thing. We have great separation complexes as Aboriginal people. [For example] our experiences of doctors is that if you go into a hospital you never come out; one of the reasons is we wait until it is too late" (Elder cited in Hoffart, 2011:24).

emphasize the importance of incorporating traditional knowledge and cultural practices.

The Aboriginal Healing Foundation describes traditional knowledge as being culture-specific and tied to the local land, resources and environment of a people. That is, sometimes traditional knowledge that belongs to a specific individual and family is sacred to them, and it comes with a history. Marlene Brant Castellano speaks of the components of traditional knowledge as historical knowledge, practice, common sense knowledge and spiritual knowledge. The Aboriginal Healing and Wellness Strategy in Ontario offers another definition of traditional knowledge:

"*practical common sense; teachings and experience passed through generations; knowing the country; rooted in spiritual health; a way of life; an authority system of rules for resource use; respect; obligation to share wisdom in using knowledge; using heart and head together*"[12].

McGuire-Kishebakabaykwe discusses Indigenous knowledge in terms of its substantive differences from Western knowledge and refers to it as a diverse and elusive term; it is not only a body of knowledge but also:

"*a relationship with and way of life… combined with thought of the land, the people, and metaphysics, that is dreams, vision, spirit and the emotive (Atleo, 2004; Barnes, 2003; Bastien, 2004; Cajete, 1994; Castellano, 2000)….'refers to traditional norms and values, as well as the mental constructs that guide, organize and regulate people's ways of making sense of their worlds' (Dei et al., 2000, p. 6)*" (2010:126).

Knowledge may also be passed on through teachings and story-telling. The keepers of traditional knowledge are usually Elders, and others who share teaching stories in an oral tradition. Elders are commonly referred to in the community as the "Aboriginal community's Ph.D.'s" because they embody a wealth of life-long cultural teachings, practices and ways of knowing.

The Aboriginal Healing Foundation also highlights Leroy Little Bear's assertion that language reflects how a society thinks, and that learning and speaking a particular language allows the individual to absorb the collective thought processes of a people[13]. About a quarter of the funded programs reviewed by the Aboriginal Healing Foundation used Indigenous language and this was identified as directly contributing to a program's success. One project used it as the central component of their project. The project team viewed its use as a gentle form of healing that did not re-traumatize survivors. They believed the language inherently contained many cultural teachings that helped program participants heal from the trauma, and noted the program participants' own culture and language healed them because it honoured their age, their experience and the culture they were forbidden to practice in residential schools[14].

Finally, the Aboriginal Healing Foundation discusses how and why some projects used

"…there exist enduring traditions that (situate) epistemological authority within firsthand experience, alongside much greater openness to explanatory accounts that invoke the numinous (Darnell, 1991). The result is a complex set of epistemological divergences concerning how one knows whether therapeutic interventions have worked" (2009:759).

the development of traditional land-based skills as a healing practice. The hands-on nature of these projects allowed participants to learn specific skills and replace their feelings of victimization with feelings of accomplishment and empowerment, thereby contributing to recovery and pride in culture[15].

It is interesting to note that what the community knows is shown to significantly shield individuals and families against harmful trauma responses. What the community knows has a preventative as well as a healing effect. The literature stressed that research needs to describe the incidents and events of intergenerational trauma *separately* from trauma response. The research distinguished among trauma responses, asserting that some were harmful to individuals, while others were more along the lines of resilience. Wesley-Esquimaux and Smolewski (2004) seem to be proponents of such a separation. They state that in their model, intergenerational trauma (or historic trauma) is understood as "cluster of traumatic events and as a causal factor operating in many different areas of impact; not a disease itself… historic trauma causes deep breakdowns in social function that may last for many years, decades or even generations. The clusters of symptoms associated with specific disorders that manifest themselves as a result of historic trauma may be passed to next generations in a form of socially learned behavioural patterns."[16]

Other research gives specific examples that suggest that not all responses to historic trauma have been negative and that traditional knowledge and cultural worldviews shielded some people from the worst of the impacts of traumatic events in their families. Denham's (2008) ethnographic study of a four-generation family in the United States is an example of this. His work describes how in this family, narrative story telling of the trauma took place, but the family added elements of their own to the stories to give them meaning and a place in their personal cosmological order. Denham (2008) argues that the active emplotment[17] (the assembly of a series of historical events into a narrative with a plot), the telling and interpretation of narratives illustrate how personal situations or experiences are given meaning and often interpreted in relation to a specific narrative or an ancestor with whom the individual closely

"According to Davis (1997:4), "wise practice, by its very nature, is idiosyncratic, contextual, textured and probably inconsistent. It not standardized, not off-the shelf, and not a one-size-fits-all concept.' Wise practices reflect the richness of relationships, respect for uniqueness and the contextual nature of community and leadership development where nothing is static, as people bring in and send out different experiences, views and energies…wise practises always are situated thoroughly in their context, and recognizable.. commonly, ordinary individual use them in real, specific life circumstances….when one explores the term "best", one question that arises is by whose standard" (2010:19-20).

identifies. Denham writes that he found that connecting one's experience with or in reference to other family members, alive or not, generated shared space for the creation and interpretation of new narratives that do not even have to occur within or coincide with a shared physical location or time[18]. This is crucial because the nature of traumatic events are such that they often happen unexpectedly, without making any sense or having an apparent explanation, and with an overwhelming sense of loss of control; they cause great shock. Denham suggests that the memories around them are often scattered, fragmented, may result in a fragmentation of one's sense of self or identity and may require organization and sense-making to rebuild a sense of identity. They make no sense or experienced in a sensory fashion rather than as an actual narrative.

He goes on to write that it is important to shape the narrative within a social context and that others discuss how narrative can order, situate and provide meaning for troubling experiences. Narrative provides a historical perspective that facilitates the control and integration of experiences or events[19]. This family re-told their stories, creating new narratives of tragic events with full utilization of their "rock culture". Rock culture is a term the family used to describe the process of passing down to

family members their prized traditions and teachings, which in turn confirms identity and creates strong memories for members of new generations. The author says the term also is used as a metaphor for the strong, solidifying and cohesive nature of their family culture and provides a strong foundation for them. Their rock culture infuses their stories with images of strength, survival, and what was learned. Each new generation strives to teach and learn, to "give and take" to this "circle" of "learning and teaching". The patriarch of the family asked Denham to relay in his study what his family knew about

"circles" to help others. The patriarch told Denham that even if someone does not have family or cultural continuity, one can create this to turn life around.

The making of a new family circle involves deciding what to talk about with one's own children regarding values and stories. These children would then pass down those values and stories and these in turn will be passed down to future generations.[21] Denham does not see this emphasis on resilience as weakening the historical trauma complex as a construct. Rather, he sees the importance of more exploration of it as a way of supporting

> "Each individual and family has a circle waiting to be filled…if a person does not immediately have the teachings to connect with, they can begin their own circle by starting with their own stories" (2008:409).

culturally appropriate responses[21]. Denham's study validates in practical application, the effectiveness of using "what the community knows" as a healing practice.

Mental dimension – Introspection

The mental dimension considers what the literature has contributed to an understanding of promising healing practices specifically as they relate to social inclusion and identity practices.

What does social inclusion mean? A scan of the literature for healing practices

It is critical to consider the concept of *social inclusion* from an Aboriginal perspective. The reader should note that in using the term "Aboriginal perspective," the writer does not intend to imply that Aboriginal people are a homogenous group with a single perspective. Rather, the term refers to broad commonalities in perspectives amongst Aboriginal people from various cultures that arise from shared histories pertaining to colonization and inherently shared values tied to traditions of living in a land-based communal social order.

It is important not to assume that the term "social inclusion" means the same thing for Aboriginal people as it may for other people,

> The Native Mental Health Association of Canada and Mood Disorders Society of Canada (2010) discuss social inclusion as a "path to belonging." "Rooted in recovery with establishing personal physical, relational and emotional safety aided by finding safe places to belong such as peer support, the psychiatric survivor movement, or through mechanisms of cultural safety. From this platform of personal safety, people can venture out into the community to establish (or re-establish) meaningful social roles."[27]

or that it is the frame in which Aboriginal people view their work. An example of this is demonstrated in the previous FCSS Calgary research brief by well-known Aboriginal child advocate and member of the Gitxsan Nation, Cindy Blackstock and by other sources reviewed for this revised research brief. As described in the 2009 research brief, Ms. Blackstock responded to an interview question that she "never conceptualized her work within a social inclusion framework but within reconciliation and social justice". When asked, she said the idea of social inclusion has not helped her because neither she nor her colleagues have received information or been invited to dialogue about social inclusion.[22] She does feel that the spirit of social inclusion shapes our persistent efforts but not the terminology. "I am not sure to what degree the social inclusion movement has reached out to First Nations service providers or leadership." She mentioned its helpfulness in drawing investment in First Nations language and cultural programs and sees it as a concept that government recognizes and therefore a way to dialogue on issues. However, she felt what is needed is "greater education on First Nations history and collaboration and a sustained, focused effort, and action needs to be taken in addition to the acknowledgement that First Nation people are socially and economically excluded."[23]

Hunter (2008) wrote about the challenges that the concept of social inclusion presents for the Indigenous peoples of Australia. He notes that the concepts of social exclusion and social inclusion were largely developed in a European context and were intended to provide a contrast to the notion of poverty that focused excessively on the lack of money at a particular point in time rather than on dynamic social processes that perpetuate the lack of social participation of the poor.[24] However, he notes that each nation can have its own view about what constitutes a good society and what constitutes poverty. He says the term "social inclusion" was intended to move away from a deficit focuses towards a greater range on behaviours and outcomes that were consistent with social participation.[25] He notes that a definition of social inclusion that

> Bodor et al (2010) understand social inclusion to be "an indicator of social cohesion as it measures the level 'of access to and participation in various networks of emotional, social and material support' (Phipps, 1998) as wells the types of support which are accessed (e.g. government based or family based)' (Duhaime et al, 2002, p. 304 cited in Bodor et al.)."[28]

includes local decision-making has not been implemented in Australia, and that it is hard to achieve this when there is a wide cultural gap between Indigenous and non-Indigenous perspectives on the issues involved.[26]

This may be a useful perspective on social inclusion for this brief as it is clearly tied to a shared Aboriginal history and values in regards to the notions of a path to belonging, safety in the personal, physical, relational, emotional and cultural realms, and its

reference to social roles, all of which were critical to maintaining harmonious social order in traditional Aboriginal life.

They discuss the importance of considering that participation rates may be lower for Aboriginal people because of challenges stemming from historic inequalities such as being deprived of their land, cultural traditions and unique ways of life, not to mention the division of families and the impacts of residential school experiences. They also

note that the validity of indicators of social inclusion in an Aboriginal context needs to be considered – "All too often Western measures and models are applied to non-Western populations without questioning whether they are valid, reliable or useful" (Weaver, 2002, p.14 in Bodor et al.).[29] This latter observation is significant in that it resonates through the research reviewed for this brief, primarily the research by Aboriginal scholars.

What does identity mean? A scan of the literature for healing practices

The literature in brief

It is not difficult to find a wide variety of definitions, perspectives and theories on human identity and identity formation in the research; this is a very widely studied topic. For example, identity can be framed as personal identity, ethnic identity, cultural identity and of course, Aboriginal identity, and through different perspectives of various disciplines such as psychology. Presenting all of these is outside the scope of this research brief. Fortunately for the purposes here, research specifically on Aboriginal identity formation exists, though even within this specification the writer found a range of perspectives and theories. However, a commonality in this range of perspectives is acknowledgement of the impact (of an interruptive nature) of European contact and colonialist practices and policies on Aboriginal identity formation and identity maintenance in Canada. Another commonality is a desire and search by Aboriginal people for Aboriginal identity in their lives in contemporary Canadian society.

Bodor et al. (2012) highlight many pertinent influences on Aboriginal identity, stating that the "complex history and current scope of political, cultural, economic and social influences on Aboriginal communities results in a spectrum of Aboriginal identity at both

the individual and community levels."[30] They add discussion on Good Track's (1973) notion that respect for the realities of power differentials between Indigenous people and colonial structures and systems and the search for post-colonial alternatives is essential to understanding the construction of Aboriginal identity.

These post-colonial alternatives may be found in expressions of Aboriginal culture. As mentioned in the 2009 FCSS Calgary Aboriginal Research Brief, although Little Bear asserts that some Aboriginal people may experience "jagged" or fragmented worldviews because of colonization and assimilation's effects on their psyches (a view that may well be true), Peters suggests that aspects of culture in an urban setting is still recognized to those who share it and can still be a powerful influence on norms. She suggests that there is still much reason for hope.

Additionally, other authors who wrote about Aboriginal identity (Bodor et al. 2013, Frideres, 2008) echo that individuals need space for autonomy and decision-making around identity that is appropriate for them, that identity may change to reflect the context in which the individual exists, and that "expressions of Indigeneity may occur in less traditional forms."[32] Therefore, we see that Aboriginal identity is complex because of historical factors. In contemporary times, as it did historically, identity can shift to adapt to the context in which the individual lives.

The writer would be remiss if the concept of "status Indians" were overlooked in this section on Indigenous identity. Some people refer to some Aboriginal people in this way as a categorization and may even believe

this to be a way to identify them. Authors such as Pam Palmater,[33] Taiaiake Alfred and Jeff Corntassel[34] present the position that the concept of "status" in Canada is a legal, abstract, man-made construct created by and defined by others such as the government (e.g., "Status Indian") whose authority is questionable. Palmater argues that it has led to exclusion of treaty rights in Canada and other problems for some Aboriginal people.[35] While it is outside the scope of this research brief to examine such issues, it is still important to note that these types of terms are a part of our popular discourse today. Internalizing this concept as personal Indigenous identity may harm Aboriginal individuals. This is because it is limited to an artificial, imposed construct that is historically foreign to Aboriginal people, rather than a personal view of oneself, one's relationship with others and one's sense of belonging in a cosmological order of things. So, one may ask, what *does* constitute Indigenous identity?

Components of identity

Goodwill and McCormick (2012) conducted a study of Aboriginal residents from diverse cultures in B.C. to explore *critical incidents* in their lives that hindered or facilitated their cultural identity. They felt that Aboriginal identity is important in counselling and healing settings and that educators, counsellors and other helpers need to appreciate the connection of identity with nature, ceremony and other aspects of Aboriginal culture. The authors acknowledge some limitations to the study, such as the small sample size of 12 participants, the limited geographic area, and the fact that the participants did not share details of their experiences on how spirituality strengthened

> "Aboriginal cultures and communities are not transplanted intact to a new environment, and in this way urban life presents a loss. At the same time, there is resilience and creativeness in the creation of new expressions of Aboriginal culture and community in urban areas."[31]

Aboriginal identity, perhaps out of their sense of protectiveness (because this is sacred territory). However, the study's validity is strengthened by the support of other studies and research, and gender distribution amongst the participants was split evenly. The distribution of residency varied amongst participants living in an urban area within and outside of their traditional territories.

The participants were able to identify 157 critical incidents. Many of the themes for the facilitation of identity are transferable to program content. Therefore, they are presented below for considerations as components from which program activities could be designed. It is interesting that many of the themes seem, at least on the surface, to be related to the idea of social inclusion, or sense of belonging in community because they do or can potentially require involvement or participation with a group, and relating to members of that group:

1. Participating in a cultural gathering.
2. Participating in a group of Aboriginal people.
3. Connecting with family.
4. Changing self-perception.
5. Helping other Aboriginal people.
6. Verbalizing your experiences as an Aboriginal person.
7. Spiritual experience.
8. Getting support from parents.
9. Being influenced by a grandparent.
10. Personal accomplishment.
11. Experiencing positive representations of Aboriginal people.

Three themes emerged that participants said hindered the support for or formation of their Aboriginal identity: living with separation from Aboriginal culture/people; experiencing racism and prejudice; and experiencing negative portrayals of Aboriginal people.

Another researcher, Berry (1999), writes that 116 study participants across Canada associated certain events and experiences they had with positive cultural identity. Events and experiences are central to one of the components he cites in Aboriginal identity formation. He calls this component "Behavioural Expressions" of identity.

The study participants discussed, among other topics, factors that diminished or strengthened one's cultural identity, and factors that deprived or denied one's cultural identity. Themed under this Behavioural Expression component, the participants felt the most positive influencers on Aboriginal identity were the activities that involved experiences with the land, traditional culture, social relations and family. Following are descriptions of each influencing factor:

Land and Environment – many participants felt that living on the land and feeling a close connection to traditional cultural activities strengthened Aboriginal identity. Being able to hunt, trap, fish and go berry picking were examples that were cited as being important to the study's participants.

Traditional culture - a return to traditional values and culture including language, Elders, spirituality, arts and the community.

Social relations – bringing communities together with traditional activities such as storytelling, dancing, singing, sweats, feasts and sports days.

Family – a presence or lack of a loving family; sense of belonging stems from a secure place within the family and from shared goals within the community.

Berry discusses the components of identity within the context of key questions that the individual may ask herself or himself:

1. Perception – Do I see myself as an Aboriginal person?
2. Importance – Is it important or not to be an Aboriginal person?
3. Esteem – Do I like being an Aboriginal person?
4. Maintenance – Do I want to remain an Aboriginal person?
5. Behavioural Expression – Do I express my Aboriginal identity in my daily behaviour?

Berry discusses a sixth factor: *the relationship among these components, which could result either in identity confusion or identity consolidation.* A confused identity may occur if and individual has "a negative orientation to any of the five components of identity, or when there is inconsistency among, or uncertainty about,

one's orientation to the five components." A consolidated cultural identity exists when the individual experiences the components to be consistent.[36]

Aboriginal cultural identity can also be viewed as:

• An internal (symbolic) state.
• External behavioural expressions of being an Aboriginal person.
• Feeling that one is a member of an Aboriginal community (social emphasis).

Given the significant impact of colonialism on Aboriginal identity historically and today, it is important to highlight a point this study makes. Although participants' expressions of the desire to regain and maintain important aspects of their cultural identity were genuine in the context of the study's learning circles, regaining and maintaining it may not be a realistic possibility outside of the learning circle's supported environment. This is because many aspects of the participants' lives have been influenced by non-Aboriginal experiences (e.g., residential schools, prejudice, etc.) and by non-Aboriginal institutions and agencies presently.[37] If this is true, programming for Aboriginal people definitely needs to include aspects of "staying power" for positive identity-building work; it must have long-term rather than short-term effects and result in skills, knowledge or capacities that the program

"A positive cultural identity is (composed) of a number of interrelated features, including the perception of oneself as Aboriginal, considering this to be important, and having positive feelings about being Aboriginal, wanting to remain an Aboriginal person, and expression (of these features) in one's daily behaviour. Various degrees of a negative Aboriginal cultural identity are (composed) of: not seeing oneself as Aboriginal; but if so, not considering it to be important; but if important, not liking or enjoying it; but if so, not wanting to maintain it; but if so, not being able to express it in daily life. A consolidated cultural identity exists when there is consistency among components; a confused identity is present when there is inconsistency or uncertainty" (1999:6).

participants can apply to their lives and in interactions with mainstream society.

Berry's work and his review of other studies also discusses four acculturation strategies based on an individual's orientation to two issues: placing value on maintaining one's identity and characteristics, and placing value on maintaining relationships with the larger society. The acculturation strategies are: bi-culturation, assimilation, separation/segregation and marginalization. Berry explains that the bi-culturation option implies a positive orientation towards maintaining cultural integrity of the non-dominant group while placing value on becoming an integral part of a larger societal framework.

He writes that research shows that those who prefer and are able to achieve bi-culturation[38] are generally those who have good mental health and a positive cultural identity.[39] This notion also supports Bodor et al. (2012) and Frideres' (2009) idea that Aboriginal people have in fact had to adapt, and do adapt, to the contextual situation or environment in which they live ("walking in two worlds"). Based on studies with a number of Aboriginal people in Canada from 1970 to 1988, he says the strategy most of the participants generally preferred is the bicultural strategy of acculturation, that is, showing attachment to both their Indigenous cultural group and Canadian society.[40] Their next preference was the separation strategy,

along with particular cultural identity ("Cree") with a significant sense of attachment to a particular Aboriginal culture and little, if any, attachment to Canadian society. He suggests these earlier studies show that most Aboriginal adults in Canada know very well who they are; however, there are still threats to cultural Aboriginal identity, (RCAP in Berry, p. 10).

Fortunately, FCSS Calgary funded programs have much potential to ease these threat by employing healing practices aimed at restoring and strengthening the Indigenous identity of their participants.

Physical dimension – Healing practices in action

This leg of the journey turns to a presentation on "promising healing practices", which ultimately represent the Physical Dimension through their implementation, or putting them into action in FCSS Calgary funded programs. These healing practices draw from the other three dimensions of the Medicine Wheel. They consider the impacts of intergenerational trauma and trauma responses (emotional quadrant), weave in healing practices from the community's wisdom and way of knowing (spiritual quadrant), and draw from insights in the literature (mental quadrant).

The writer notes that although all of these have been categorized into themes to create an order for the reader, the practices overlap or can be accurately placed into a different category. Admittedly, conceptualizing them separately and then categorizing them in this way was a challenge. This is because the writer had a tacit sense of their interrelatedness based on the literature.

For example, "attending a cultural gathering" can both create a sense of Aboriginal identity and create a sense of belonging or facilitate social inclusion because it involves

group interaction with others who may share a similar sense of Indigenous history and community. The visual at right is just one example of how the impact of just one program activity can potentially ripple out and meet more than one social indicator.

Fortunately, overlap of social indicators is not a bad thing as it might benefit program participants. It also may benefit service providers who provide comprehensive cultural programming. Healing practices are presented in the following categories:

1. Practices focusing specifically on healing from residential school trauma – a framework for healing for all, and healing practices for people living in urban centers, the Métis, women, and youth.

2. Practices that facilitate social inclusion or a sense of belonging – healing practices for all with a focus on men.

3. Practices that facilitate Indigenous identity – healing practices for all.

Additional decolonizing healing practices that contribute to improved overall quality of life.

Social inclusion or a sense of belonging.

Indigenous identity.

Attending a cultural activity.

Aboriginal brief

1. Practices focusing specifically on healing from residential school trauma
A general framework for promising practices

As previously mentioned the Aboriginal Healing Foundation has published an extensive research series on intergenerational trauma and promising practices for healing. Their work is relevant because of the scope of its researched topics, the diversity of its programs' locations across Canada, the diversity of program participants, which include men, women, youth, urban, rural, and its unique, intentional focus on intergenerational trauma as well as trauma responses.

It is recommended that FCSS Calgary programs consider including some healing aspects in their content even if the central focus is not healing, because research suggests that those people and younger generations who did not attend residential schools themselves still experience the impacts, since the trauma is intergenerational. In its final report, "Promising Healing Practices in Aboriginal Communities" Volume III, the Aboriginal Healing Foundation reports its findings on 103 healing projects funded throughout its tenure. Archibald, who prepared the report, acknowledges some limitations to the evaluation data on many of the projects because most didn't use formal evaluation reports. Rather, they based their conclusions on qualitative data. Still, these data do constitute what project implementers learned about what worked best in their projects to heal intergenerational trauma and those who are inadvertently affected by it. From those data, the Aboriginal Healing Foundation was able to create a comprehensive framework or model of healing practices. This framework has identifiable program elements and pillars of healing that can be operationalized as healing practices in programs.

This framework includes three elements required to achieve promising healing practices and three pillars of healing:(1) reclaiming history, (2) cultural interventions and (3) therapeutic healing. For example, providing program participants with a history of intergenerational trauma so that they know historical facts seems to be a key component of healing. It can help participants understand that things like family dysfunction may be trauma responses learned throughout generations of families and generated by outside forces and historical events. They learn that negative trauma responses do not arise because of an individual deficit that comes from being Aboriginal. Experts such as Maria Yellow Horse Brave Heart (2005) and the research done by the Aboriginal Healing Foundation suggest that this, as well as other elements, is part of the healing journey. Refer to their report, pages 15 – 18, for more detail.

The following discussion points on the framework table on the next page should also be kept in mind:

1. The framework described is multi-tiered, with historic trauma at the top since it provides the context of understanding. Situated below historic trauma are the program elements pertaining to effective healing programs and the components of a holistic healing strategy.

2. The healing methods and approaches found in the evaluation reports from the projects they reviewed were diverse; however they shared these elements:
   - Values and guiding principles that reflect an Aboriginal worldview.
   - A healing environment that is culturally and personally safe.
   - A capacity to heal represented by skilled healers, healing teams, therapists, Elders, volunteers.
   - A historical component, including education about residential schools and their impacts.
   - Cultural interventions and activities.
   - A diverse range and combination of traditional and contemporary therapeutic interventions.

3. Cultural activities are not seen as stand-alone promising healing practices. They work in tandem with the other two pillars of healing, legacy education and therapeutic interventions. Cultural activities specifically help program participants relax, feel grounded, feel connected to culture to build a stronger emotional foundation and create readiness for healing interventions. Legacy education also complements the healing interventions by providing an understanding contextually, and answers to the question of "why" these things happened historically to families. Therapeutic healing practices are direct, intentional, hands-on strategies that address the trauma. They are done individually or in groups.

4. The holistic healing strategies are part of a suggested three-pronged process; participants can move across all three pillars, concentrate more so in one pillar, or participate in more than one at the same time. The writer notes that offering a broad range of options, Western and alternative, as well as traditional, would acknowledge the diversity of Aboriginal cultural backgrounds and respect individual choice.

This comprehensive, general framework is offered as a guide for designing and implementing healing practices. It applies to all Aboriginal people, regardless of gender, cultural grouping, and other characteristics.

In addition to this, the Aboriginal Healing Foundation presents some promising healing practices and lessons learned for specific groups. This includes healing practices offered in the city, and healing practices for Métis people, for women and for youth. Healing practices and lessons learned for men will be captured in the next section, "Practices that Facilitate Social Inclusion or a Sense of Belonging." Men's healing practices seemed well placed there, in part because many men seem reluctant to engage in practices that are labelled as healing as they often report a sense of social exclusion and disconnection when they participate in programs (Manahan and Ball, 2007). This may be linked to the changes in the traditional roles of men in their communities as a result of colonialization.

Aboriginal brief

"A FRAMEWORK FOR UNDERSTANDING TRAUMA AND HEALING RELATED TO RESIDENTIAL SCHOOL ABUSE"
by the Aboriginal Healing Foundation, 2006

Historic trauma

PROMISING HEALING ELEMENTS

Aboriginal values/worldview
- Values and guiding principles that reflect an Aboriginal worldview.
- Programs reflect Aboriginal values of wholeness, balance, harmony, relationship, connection to the land and the environment and a view of healing as a lifelong journey.

Personal and cultural safety
- A healing environment that is personally and culturally safe.
- Establishing safety is a pre-requisite to healing from trauma. This includes ensuring physical and emotional security and providing services in a setting that reflects participants' culture and traditions.

Capacity to heal
- Represented by skilled healers and healing teams.
- Promising healing practices are guided by skilled healers, therapists, Elders and volunteers who are non-judgemental, know their own strengths and limitations and are well-respected in the community.

THREE PILLARS OF HEALING

Reclaiming history
Learning about the residential school system and its impacts on individuals, families and communities, as well as family, community and Canadian history from an Indigenous worldview.The point of this is to understand personal trauma within a social and historical context and to reduce individualized, internalized blame, shame and guilt and isolation. This step can be a catalyst for healing in addition to understanding what was lost to Aboriginal peoples.

Cultural interventions
Activities can be quite powerful in reconnecting the individual to their culture, language, history, spirituality, traditions, and ceremonies. This can rebuild self-esteem and a positive Aboriginal identity, build a stronger foundation for healing, and offer a sense of belonging that also facilitates healing.

Therapeutic healing
Therapies and interventions that facilitate recovery from trauma. A broad range of traditional healing methods are used, often in combination with western or alternative therapies. Through these approaches, healing can be a long-term undertaking.

Healing practices in urban centers

Thirty-seven projects reported their promising healing practices in urban centers to the Aboriginal Healing Foundation. In summary, programs in urban centers reported facing these challenges:[43]

- Addressing the range of needs because of diverse Aboriginal cultures. They reported that cultural diversity can create barriers to social cohesion, community development and cultural retention,[44] however, cultural diversity was also seen as a strength.

- Working with clients who were far away from their families.

- Cultural adaptation between a rural and urban setting.

Many programs used resource people and Elders from a variety of cultural backgrounds.

Many reported using pan-Aboriginal approaches to help address the cultural diversity, including medicine wheel teachings, healing circles, smudging and sweat lodges. Land-based programs were seen as helpful. Language revitalization was noted to be to beneficial for seniors who were hard to reach. Cultural interventions such as dream therapy (because dream life is important to Indigenous people) feasts and food, and art therapy that uses traditional and contemporary Aboriginal arts activities were consistently noted to be beneficial.

In regards to *therapeutic approaches*, 86.4 per cent of urban projects used traditional approaches, followed by Western approaches at 54 per cent. Close behind that was a combination of traditional and Western or alternative approaches at 51.4 per cent. Other approaches were alternative and

"other" (research, workshops, community development).[45]

A very high percentage (81.1 per cent) of projects provided traditional healing methods with a spirituality component. This included smudges and prayers, ceremonies (pipe, naming, and purification) and some of these were implemented based on the client's needs and wants. Many also used counselling by Elders (54.1 per cent), circles (healing, sharing, other) (48.9 per cent), sweat lodges (45.9 per cent). Other programs used the medicine wheel (29.7 per cent) and traditional healers (5.4 per cent).

Finally, the Aboriginal Healing Foundation looked at particular types of intervention strategies and combinations of them that the projects used in urban centers and compiled the numbers. The results were as follows (p. 90).

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INTERVENTIONS AND COMBINATIONS IN URBAN CENTERS Aboriginal Healing Foundation funded and reviewed projects	URBAN PROJECTS N=37
Legacy education only	–
Cultural intervention only	2.7%
Therapy only (traditional/western/alternative)	5.4%
Research only	–
Legacy education and cultural intervention	2.7%
Legacy education and therapy (tradition/western/alternative)	8.1%
Cultural intervention and therapy (tradition/western/alternative)	54.1%
Legacy education and cultural intervention and therapy	27%
Total	**100%**

The overall trends for programming in urban centres include:

• Offering holistic healing programs in terms of approach, components of healing and delivery of services.

• Offering a wide range of traditional healing services, especially ceremonies, other spiritual work and counselling by Elders. Programs respect the wide range of cultural diversity and attempt to meet their spiritual needs in culturally appropriate ways. Many cultural activities and ceremonies are pan-Aboriginal or borrowed from other Aboriginal cultures and traditions.

• Cultural interventions are almost always included in the intervention strategy. Sometimes this means forming connections with the people and Elders on whose territory the urban centre sits. It might also mean honouring differences by inviting Elders from different nations to oversee ceremonies.

Healing practices for Métis people

Archibald (2006) also writes that although the 1991 Aboriginal Peoples Survey report that nine per cent of Métis attended residential schools, some researchers conclude that the percentage is much higher because historical records do not distinguish Métis from First Nations children and many survivors do not speak of their experiences.[46] However, she says that Métis researcher Larry Chartrand believes that the Métis students experience the same loss of language (Michif) and culture as the First Nations students and that these students stopped speaking Michif in favour of "pure French" demanded in residential schools. They were also constantly subjected to the church officials' views on Métis history. She reports that children who looked more like their First Nations relatives than their European ones were more targeted to attend residential school and that many Métis survivors recall being viewed as outsiders by staff at the schools and by the First Nations students.[47] She suggests that documentation of Métis experiences with the residential school systems and the intergenerational trauma is only at the beginning of being written perhaps for the reasons just discussed, but breaking the silence is an evident theme. She suggests that the healing journey for Métis may begin with Legacy education, including reclaiming the Métis history and experiences in the residential school system, and that this may to lead to opportunities for survivors to acknowledge and voice their own experiences and trauma responses.

Archibald concludes that there is no single approach to traditional healing that is acceptable to all Métis. Healing strategies for the Métis are as diverse as the people. Some prefer traditional First Nations ceremonies while others prefer Elders, church or mainstream counsellors; some prefer using traditional cleansing practices such as sweet grass whiles others prefer not to. Some prefer group or family sessions while others prefer one to one counselling. Establishing safety to disclose stories is important. Some people prefer to share their stories orally and others prefer written means. In some instances, support groups have emerged. The projects recognize this diversity and support individual and community preferences.

Distinct patterns have been identified. Reclaiming history and a proud Métis identity can be powerful. Examples of activities:

• Working with schools and museums to promote positive and historically accurate representations of Métis history.

• Supporting provincial education policy to encourage the inclusion of Aboriginal/Métis history in school curriculum.

Cultural reclamation and cultural celebration is also effective. Examples of activities: fiddling, dancing, flying the Métis flag, singing, sash-making, showcasing the Red River Cart.

There are also projects that use a variety of healing strategies that encompass both traditional and Western practices. Many use a menu of services from which participants can choose. Many involve Métis-specific cultural activities along with a combination of First Nation and Western therapies.

In regards to promising practices for the Métis, Archibald writes that:

"Tricia Logan points out that First Nation communities have traditional and cultural resources to draw upon when creating healing programs, whereas Métis resources and traditional knowledge on healing methods are more difficult to find in recorded literature. However, Métis have social devices to deal with community and individual healing needs but these are somewhat unique to the regions and communities where the Métis reside" (2006:82).

Healing Practices for Youth

Resiliency

Healing practices for youth tend to start with focusing on the issues youth face, from a resiliency perspective. The Center for Suicide Prevention in Alberta, cited in the Aboriginal Healing Foundation's (2006) promising practices review, stressed that programs should support protective factors in youth, noting that doing so may be more effective at reducing the probability of suicide attempts than decreasing risk factors. The protective factors included:

- Good physical and mental health.
- Creative problem-solving.
- Strong spiritual or religious faith.
- Optimistic outlook.
- Warm family relations.
- Strong traditional culture.
- Adults modelling a healthy lifestyle.
- Healthy peer modelling.
- Community self-determination and solidarity.
- Opportunities for participation.

Mentoring

Mentoring has long been seen as an effective approach to foster positive development in youth. Some interesting studies have looked at mentoring from an Aboriginal perspective. In one study, Klink et al. (2005) compared concepts of mentoring from both mainstream and Aboriginal perspectives. The researchers found that mentoring programs designed for Aboriginal youth and children are rare, as is the literature in this area.[48] Mainstream mentoring programs have tended to focus on the end goals of career advancement, academic achievement and personal development.

Klinck et al. also discuss peer mentoring and group mentoring as more culturally appropriate forms of mentoring to consider in addition to one to one youth-adult pairings seen in Western society. They also stress the importance of the mentor getting to know the family of the mentee. Aboriginal models have a more informal atmosphere; there is less distinction between who is teaching and who is being taught.[49] Ideally the mentor is Aboriginal to convey traditional values and common experiences, but in cases where Aboriginal mentors are not available, Klinck et al.'s study showed some support for cross-cultural mentoring and suggested following

the route of peer or group mentoring as an alternative. Finally, respondents in this study suggested that mentoring be interwoven with other programmatic activities rather than be a stand-alone program, to help address issues of funding.

Gang prevention for Aboriginal young men

As Duran noted, the far-reaching impacts of colonization leave young Aboriginal men vulnerable to the same alienation and non-attachment to their communities and cultures as Aboriginal males in general. Trotten (2008) was part of the implementing Preventing Youth Gang Violence in BC: A Comprehensive and Coordinated Provincial Action Plan. This was a four year strategy that provided support for youth gang prevention initiatives at the community and provincial levels. He reviewed promising practices for preventing youth involvement in gangs, focusing on young people aged 12 to 20 years. He cautions that what works for male youth cannot possibly work for females as they have unique risks and protective factors compared to boys and young men. For example, women are at risk of prolonged sexual abuse by men; this can become young women's main pathway into gang involvement.

Gang involvement is not necessarily a foregone conclusion for Aboriginal young people. That being said, Trotten shows that Aboriginal youth represent the second largest demographic group in Canadian gangs (22 per cent). Almost all are male and almost half are 17 years old or younger. He states that Aboriginal people fare amongst the worst compared to other groups on various social indicators. For example, suicide as a cause of death amongst Aboriginal youth under 25 years old may be the highest in the world, compared to other ethno-cultural groups[50]—

> "School bonding and family attachment (alone) cannot prevent gang involvement for these youth…in a cruel twist of irony, they become alienated from their communities and lose their identity as a Cree, Blackfoot, Lakota, Dene, or Métis, for example. This is the modern version of forced assimilation – only the gangs are doing the removal instead of the Canadian government" (2008:19-20).

a very grim sign that harshly illustrates the depth of the issue.

Furthermore, conditions that increase the likelihood of gang involvement should not be ignored. Many males are recruited while in institutions; those who have experienced out of home care are also often recruited. Unfortunately, these are common experiences for Aboriginal youth as evidenced by the high rates of gang involvement among young men who have been incarcerated and among children who have been in the welfare system.[51]

Trotten (2008) also mentions the loss of identity of Aboriginal males and the deterioration of the role of males in Aboriginal culture as possible contributing factors. Blagg (2000, in Trotten) also suggests that a hyper-masculine exertion of power and control over women and children may compensate for the elimination of traditional means of achieving masculinity.

Trotten cautions against youth and ethno-cultural stereotyping. He states that most gangs in Canada are adult, not youth, and the majority of youth involvement in anti-social behaviours is not gang-related. However, anti-gang strategies are still important and may be part of programming for youth. Although framed as anti-gang strategies, it is important to be aware that the activities within the strategies may be reframed and reformatted as promising healing practices that build resiliency, identity and a sense of belonging (e.g., mentoring, community involvement, leadership development, etc.). In this way, Trotten's work in general aligns with the promising healing practices found in other sources.

He states that Canadian initiatives in this area have not been rigorously evaluated, but four key approaches to Indigenous crime prevention are evident in countries around the world. These evidence based strategies are founded on a holistic approach, where solutions to crime prevention are conditional on improving the overall quality of life in these communities; therefore they are included as healing practices for youth. These are listed below, with example interventions; please refer to his full report for a list of specific programs in Canada and around the world.

Aboriginal brief

Below is a table that summarizes healing practices for youth from various sources, as described above. The writer has provided themes that group the reported activities for ease of reading.

HEALING PRACTICES FOR YOUTH

SOURCE	HEALING PRACTICE THEME FOR YOUTH AND CORRESPONDING ACTIVITIES CITED AS PROMISING PRACTICES
Aboriginal Healing Foundation's Review of Funded Programs (page 107-114)	**Peer support or "peer modelling" of various forms** • Hiring youth outreach workers and group therapy and sharing circles. • Young women's groups are also listed in which discussion takes place amongst peers on topics chosen by the girls. **Cultural interventions or activities** • Outdoor experiences such as cultural camps where the youth also actively learn cultural activities, often under the guidance of Elders: canoeing, fire keeping, arts and crafts, music, traditional food preparation, cooking, drumming, games, songs, helping with sweat ceremonies. • Linking youth with Elders. **Healthy family and adult role models** • Engaging the whole family in programs (such as art programs), including extended families. • Parenting classes. • Group family sessions. • Sharing knowledge of traditional ceremonies and healing practices with youth. • Role modeling positive adult behaviour for youth such as Elders guiding circles, some with parent participation who will share their experiences to help the youth learn. Sometimes male/female dyads of Elders are leading these since there are a number of single parents in the group. **Opportunities for participation – Sports, crafts, nonverbal activities** • These are sometimes used to draw youth into programs. • Social and recreational activities to address physical and mental needs of the youth; one project indicated this helped the youth shift from crisis management to long-term planning and community development. • Examples: dancing, crafts, movie nights and sharing circles. • Research in Australia suggests that a high level of sport activities is correlated with declined rates of Aboriginal youth suicide and delinquency. • Other examples include traditional food cooking classes (separated by gender), basketball camps for girl, hockey teams, all night hockey tournament. **Reclaiming history** • Aboriginal history and cultural awareness programs included learning the history and impact of the legacy of residential schools and relating this contemporary life, alongside other mini-university classes such as fine arts, humanities and physical education. • Viewing the original site of the communities, recording stories. • Connecting with Elders – bannock and tea gatherings, sharing stories including experiences of residential school, inviting a keynote speaker to the gathering. **Connecting with schools** • Developing partnerships with schools and providing in-school programs. Examples cited were counselling sessions alongside the school's guidance counsellors, traditional circles with students suspended from school for engaging in violent behaviours which involves inviting the student, his or her parents, community resource people, Elders and school personnel; this is followed by a feast. • Sometimes the circle is used to recognize academic or sports accomplishments. • Creating a sense of belonging at the school; forming positive relationships with school staff (did not cite specific examples of how to do this but talked about accessibility of services and youth having a place of their own to have some quiet and a place to express themselves).

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SOURCE	HEALING PRACTICE THEME FOR YOUTH AND CORRESPONDING ACTIVITIES CITED AS PROMISING PRACTICES
Trotten (2008) – Preventing Male Youth Gang	**Community Involvement** Mentoring, night patrols, culture and recreational programs, youth organizations and centers, cultural camps.
Violence	**Self-determination** Social and economic measures such as Aboriginal schools, employment training, Aboriginal community policing (lists examples similar to Chandler etc. work). Note: this may apply more to on-reserve communities than urban centers. *Note:* Programmers would have to find ways to activate models of "self-determination" in an urban setting. An example may be leadership activities. **Empowerment** Capacity building, leadership development, positive youth development programs. **Restorative justice** Aboriginal justice groups/youth justice groups, healing circles – p. 20.
Klinck et al. (2005)	**Mentoring** • Mentors should get to know the family of the mentee • Mentors who are Aboriginal are seen to have some advantages. Where this is not possible, non-Aboriginal mentors should educate themselves about Aboriginal history (including intergenerational trauma) and the mentee's Aboriginal culture. • Peer mentoring or group mentoring is an option with advantages of building capacity and leadership within young people and learning in groups works also has its advantages as a traditional learning style for Aboriginal people.
OVERALL THEMES for youth:	• **Peer support through mentoring, peer groups, utilizing youthful, accomplished staff.** • **Mentoring.** • **Building resiliency in youth, a sense of identity and belonging.** • **Offering opportunities for empowerment.** • **Connection to community and community participation.** • **Self-determination, reclaiming history.** • **Cultural/traditional activities.** • **Connections to Elders.** • **Connections to other adults as role models.** • **Contemporary activities to draw in the youth and engage them.**

Healing practices for women

Archibald (2006) emphasizes that since women participated at high levels in the 103 projects they reviewed, the Aboriginal Healing Foundation's promising healing practices framework is based predominantly on what works for women. Archibald says the largest gaps in women's healing exist in communities that do not provide healing services, and where women's communities include many determinants of family violence

"culture of violence" meaning the lived patterns of human interactions, as well as the belief and values that support them, are infused with violence to such a degree that violence has become a distinguishing characteristic of community life" (2006:94). This may include determinants such as the absence of consequences and personal immunity for the abusers; prevailing male beliefs and attitudes regarding women; past history of domestic abuse, etc.[52]

Safety

Safety is seen as a vital element in healing and women engaged in healing are often those who give back, keeping healing alive and well in their communities (Archibald, 2006). Projects described various activities and approaches that were offered to build a feeling of safety and trust, including:

• Healing and fasting retreats, healing circles, annual gatherings.
• Training sessions for services providers who work with Aboriginal women.

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- A high level of professionalism and respectful, non-judgemental attitudes of the healing teams.
- Elders' involvement.
- One to one attention.
- Sharing with others, supporting and nurturing other women.
- Knowledge and use of traditional values, customs and medicines.
- Knowing confidentiality is respected.
- The presence of love and laughter.
- Women often expressed feeling safest in female-only groups and having the right to

know if there are any offenders present if the group is mixed.

Some groups, however, are separated by gender because traditionally that is the route to follow. In one project, couples at a retreat were separated during the day and then came back to an evening meal that the men prepared. There may be other culturally-specific ways of handling gender interactions in programs as well.[53]

Bringing in men and other family members

Other projects for women said they expanded to include men. The idea here was

to ensure men are included so that the whole family and eventually whole community is included in making changes and everyone heals. Some believe this is about the reunification of the family unit, whereas mainstream programs may keep men away from the family. Archibald (2006) noted that from a woman's perspective, healing for men is a logical next step in the evolution of holistic healing after they themselves are well on their way to recovery.[54]

2. Practices that facilitate social inclusion or a sense of belonging

In the literature reviewed, healing practices are couched within various spheres of activity for Aboriginal men. The writer decided to position healing practices for men under this indicator, as previously stated. Although social inclusion can be used as an indicator to assess the effectiveness of healing practices for all Aboriginal people, in the literature men's issues are often discussed in the context of a lack of belonging and a separation of from traditional male roles, internalization of oppression and identification with the aggressor.[55] Men have been alienated from their communities due to the impacts of colonization and sometimes feel excluded or disconnected from programs or are reluctant to utilize healing practices. As previously stated in the 2009 FCSS Research Brief for Aboriginal programming, if the strength of a community is built on the strength of its families, the well-being of men needs to be assured.

Duran and Duran (1995) do an excellent job of analyzing how the changing role of men in Aboriginal society due to colonization has impacted the functionality of families and communities.[56] Men's traditional roles of protector and provider of their families and communities were usurped by the European institutions and systems, such as welfare, and their communities were fragmented and destabilized by assimilative practices. It is not surprising that many Aboriginal men feel disconnected, lost and dishonoured. Duran and Duran argue that the psyches of men have been especially damaged in the process of assimilation. As a result, some men (and women) have

taken a destructive path in their lives. Their human need for connection and nurturance has taken on destructive expression or been denied and suppressed.

Community development and the opportunity of mentorship amongst Aboriginal men have emerged in some of P.R. Krech's (2002) work. He writes about how undertaking and sharing in specific cultural activities can bond community members and, in the process, promote healing. He recommends embedding these activities in specific programs that he believes have seen success. For example, he sees the practice of oral tradition, in various forms such as story-telling and talking circles, as extremely effective.

He also discusses other celebratory practices to revitalize the spirit, "helping the intertribal community come together and rebuild itself, after five hundred years of being driven apart" (A. Roberts, personal interview, May 21, 2001).[57] Krech concludes that when a man sees another man risk sharing from the soul and is not repulsed or afraid of this act, it can have profound effects.[58]

Another way of connecting male community members with each other and with family is by focusing on their desire to be good fathers though programming and specifically, father support groups. Manahan and Ball (2005) write of their participation in the Aboriginal Fathers Project in British Columbia. This project looked at low father participation family-centered services, which are becoming more available because it is believed that a family-centered approach

to Aboriginal childcare is more culturally appropriate.[59] Eighty fathers from various urban communities, reserves, rural areas in and around British Columbia, and First Nations and Métis men who self-identified as fathers of at least one child under the age of seven years of age were recruited to participate in the study.[60]

Discussions with the fathers revealed much useful information. Men tended not to participate in the programs because they felt excluded by mothers not including them in conversations and service providers

Krech describes the benefits of story-telling as follows: "Oral tradition and experiential activity were and still are touchstones of identity and history, functioning as major pathways in regeneration of cultural mores. Story-telling, talking circle, journaling, and a safe grounding in private and community-based spiritual ceremony are ways this effort has been moving forward. These approaches in the therapeutic context have begun to find inroads into the process of 're-storying' one's life, thereby bringing about a reframed sense of 'self' as a part of the environment … This shared solution-making tends to further foster an ironclad sense of connectedness in struggle (Iron Moccasin, 2000) … [and], especially when integrated with elements of Native spirituality, tends to be a powerful tool for helping to create meaning and in offering the support of others who have successfully navigated a similar journey" (Coyhis, 1995) (2002:90).

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making no effort to ensure they felt part of the programs.[61] They recommended the implementation of Aboriginal father support groups. Many felt that their negative experiences with their own fathers, or lack of that experience, had not given them any indication of the importance of the father role or helped them believe in their own abilities to be good fathers. They felt that an Aboriginal fathers' support group could fulfill their desire to find, or at least have the opportunity to watch a positive father role model in a positive environment.[62] Men who did not have access to a positive father figure or Elder often looked to their peers. It is crucial to keep in mind that nearly one-third of the fathers in the study looked to their community for parenting role models,[63] so this approach may be an opportunity to build on the strengths of community and again, support a natural process of mentoring within community.

Recommendations from these studies to facilitate Aboriginal men's well-being and sense of belonging are provided in the table below.

HEALING PRACTICES THAT FACILITATE SOCIAL INCLUSION / A SENSE OF BELONGING	
SOURCE	**HEALING PRACTICE AND COMMENTS FROM THE SOURCES**
Krech – Community Development and Mentoring Amongst Men	• Celebratory activities such as drumming, singing, powwow, potlatch, and other traditions. • Using the oral tradition and experiential activities. Story-telling, talking circle, journaling, and a safe grounding in private and community-based spiritual ceremony.
Manahan and Ball – Fathers' Support Groups	• Recognize the variations across Aboriginal family systems when developing community programs. Ensure that family workers know all of the family members and friends who are involved in parenting the child. • Fathers need to be given the opportunity to shape the group, and influence the decisions about the activities that will occur in the group. • Ask one of the fathers in your program or a male family worker to help create a father support group alongside the family-centered services. Create a safe, father-friendly environment with several father resource materials available and a relaxed atmosphere. • Promote spirituality and traditional practices within your community organization, but do not assume everyone is the same. • Educate all staff, although not all staff may be in direct contact with fathers. Ensure that all staff members are familiar with the importance of father involvement, the variation in Aboriginal family system and culture, their historical experiences and what that can mean to Aboriginal people today.
Aboriginal Healing Foundation – Promising Healing Practices for Men (p. 97-107)	• Men heal differently than women. Providing a male-friendly environment and male-centered approach is important. Framing the healing as an act of courage rather than treating victimization is important. • Using physical activities as an initial approach to attract men rather than a "healing program." Examples cited were: ceremonies, drumming and dancing, on-the-land activities, traditional teachings, access to traditional resource people, creating a culturally positive environment to help them begin to work on other issues. • Provide access to male healers, Elders and counsellors. Positive male role models include men who have addressed their own issues including abuse and addictions. • Offer a choice of traditional or Western therapies or both, depending on the man's comfort levels with each. • Group healing processes work well; helps build relationships with other men and reduces isolation, however individual support should still be offered. In addition to this, offering other support services such as advocacy, informal drop-ins and social gatherings are cited. • Parenting programs should try to engage fathers; men with children often have better outcomes than those without family responsibilities. • Healing strategies involving men, families, the community and Elders helps men to see healthy male and female/family relationships in action. • Psycho-educational approaches involving exploring gender roles, concepts of masculinity in traditional and Western cultures and men's roles as father, uncle, brother, husband, grandfather, uncle.
Theme areas and healing practices common to these sources	• Generally men are harder to recruit and/or use healing practices less frequently than women do. • Men may be more drawn to healing programs that offer physical activities, cultural activities and traditional teachings rather than those framed as therapeutic or healing. • Men need to feel as included as possible; healing practices should be male-friendly and male centered. • Men often look to other males as role models or behaviour change, whether it is other fathers in groups, Elders, program staff, other community resource people, or their peers. Therefore it is essential to include them, or provide access to the, in the healing practice.

3. Practices that facilitate Indigenous identity

Two studies were especially relevant on the subject of healing practices that facilitate a positive experience in developing positive Aboriginal identity: the Berry study and the Goodwill and McCormack study. They came to common conclusions about experiences that facilitate the development of Indigenous identity in a positive way. The Chart below combines the finding of these two studies. These identified practices can be included in a design of strategies to facilitate Indigenous identity and then can be operationalized as activities.

Berry's study also identified components of indigenous identity that help create a model upon which service providers can build to increase their own and others' knowledge about promising healing practices.

HEALING PRACTICES THAT FACILIATE INDIGENOUS IDENTITY FOR ALL ABORIGINAL PEOPLE	
Berry – Behavioural expressions from components of cultural identity	**Goodwill and McCormick (2012) Critical Incidents that Facilitated Cultural Identity grouped into Berry's themes and other "themes"**
Traditional culture – A return to traditional values and culture including language, Elders, spirituality, arts and the community.	• Participating in a cultural gathering. • Spiritual experience.
Social relations – Bringing communities together with traditional activities such as storytelling, dancing, singing, sweats, feasts and sports days.	• Participating in a group of Aboriginal people. • Helping other Aboriginal people. • Attending a cultural gathering.
Family – A presence or lack of a loving family; sense of belonging stems from a secure place within the family and from shared goals within the community.	• Being influenced by a grandparent. • Connecting with family. • Getting support from parents.
Land and environment – Many participants felt that living on the land and feeling a close connection to traditional cultural activities strengthened Aboriginal identity. Being able to hunt, trap, fish and go berry picking were examples that were cited as being important to the study's participants.	• Personal accomplishment.
Proposed theme (not Berry's themes but suggested by the writer) – acknowledgement or giving voice to positive perceptions and experiences of yourself and to that of other Aboriginal people.	• Experiencing positive representations of Aboriginal people. • Changing self-perception. • Verbalizing your experiences as an Aboriginal person.

Additional comments on healing practices that facilitate Indigenous identity

Healing practices that facilitate Indigenous identity for Aboriginal people need to build in measures or approaches that will increase the "staying power". Ideally, the practices offered or implemented should be chosen for their long-term effects of identity building and maintenance rather than short-term results. Program participants need to have internalized them and be "practiced" enough with them to enable them to apply their use or the knowledge and skills they have gained from in their everyday interactions with mainstream society and other Aboriginal people for a long time to come.

Home: Making meaning of the journey

FCSS Calgary and its funded agencies' journey towards decolonization of the Aboriginal community through the elevation of healing practices are in progress. This research brief represents a significant part of this journey. It is one means to reframe the approach FCSS Calgary and its funded agencies take to support Aboriginal people on their healing path. It is intended to be a foundation to guide future action. It presents theories, findings, data, community knowledge and concepts by many Indigenous researchers and writers that were found to be effective in supporting the well-being of Aboriginal people. These are the "thoughts and words" preceding the action, as one Elder put it in Hoffart's report.

This same Elder said that: "thoughts, words and actions are sisters, and action is the oldest sister, the wisest sister," (2011:28). Action, the wisest sister, is given voice in this research brief in the form of promising healing practices. Now with the completion of this research brief, the next step on the journey is for FCSS Calgary funded agencies to put the healing practices into motion, and let the wisest sister sing her song of healing and renewal. It is an exciting opportunity to use old knowledge and assets that were always within the Aboriginal community, in a new way. Making meaning of this journey will come in good time for each individual involved in the journey.

While FCSS Calgary's funded agencies make differences for individuals, families and communities, it is important to be aware of other change initiatives going on in contemporary times. Although not the focus here, healing practices may also extend to include individual involvement with larger scale change initiatives in addition to local FCSS Calgary funded programs. For example, sharing knowledge with participants about the work of the Truth and Reconciliation Commission, or supporting participants to participate in it, may bring about positive Indigenous identity experiences and increase feelings of inclusion in a group. Another possibility is the Legacy of Hope Foundation. Involvement with these initiatives, however, are at the discretion of service providers who should make the decision with their program participants on whether or not this involvement would be beneficial to them at the particular stage of their healing journey.

Besides potentially healing the individual, do these types of initiatives make broader scale change in the world? Guerin (2010) found that the broader impact of the ten large scale change initiatives he reviewed is difficult to measure due to lack of data and the complexity of environmental conditions that are present (or absent) when the large scale initiative is occurring. Nonetheless, he encourages the people behind these initiatives to continue to be brave and still do the work even in the face of strong opposition; he also encourages those who are conducting small and local interventions to continue their work because it is part of much larger change processes (around the world) that will help millions. This is indeed encouraging at the local level where FCSS Calgary and its funded agencies are working towards change and decolonization in their everyday work with individuals.

In spite of tremendous odds, Aboriginal people as Nations have survived generations of suffering and despair. There is still much hope and strength in the community.

The straightforward and powerful words of an Elder from Hoffart's report are offered to close this discussion in the spirit of hope and faith in the Aboriginal community.

"So, think about the old people's words. They said, 'We have to encompass the child with these practices of validation and let the child bloom from there and grow from there. And you will learn from the child also as they grow up and we will live in a happy world. Nobody will be sick; no one will have hard times. We will look after each other'" (2011:7).

FCSS Calgary FSII – Aboriginal identity questions

Outcome #1 – Indigenous identity

For the purposes of this document, Aboriginal refers to not only the legal definition contained in Section 35 of the Canadian Constitution (First Nations, Métis and Inuit), but also the historic – individual, familial and communal definitions of what it means to be an Aboriginal, or Indigenous person in Canada. The complex history and current scope of political, cultural, economic and social influences on Aboriginal communities results in a spectrum of Indigenous identity at both the individual and community levels. Good Tracks (1973) suggests the spectrum of individual and collective Indigenous identity ranges from assimilated to traditional. This is further explored by Gone (2006) as he discusses the process of constructing identity as shaped, "by the forces of history, power, and tradition" (p.65); these forces include the particular cultural histories, community traditions and institutional relations, among other relationships (Gone, 2006, p. 65).

In review of the different forces influencing the construction of identity, it is important to consider that too often, Aboriginal identities, "were cemented in the context of a brutal Euro-American colonialism" (Gone, 2006, p.57). As such, respect for the power differentials and pursuit for post-colonial alternatives is an essential part in understanding the construction of Aboriginal identity. Good Tracks (1973) further highlights the need for this in his discussion of individual and collective Indigenous autonomy and decision-making. This autonomy provides the space for each individual to determine his or her self-defined sense of identity that may change over time to reflect the context in which he or she exists.

This context is shaped by the individual and community experience of healing.

The process of healing helps recover one's sense of self and community as, "wellness reinforces and is reinforced by a sense of cultural identity" (Weaver, 2002, p.7). For Aboriginal people and community, this identity is connected with teachings related to blood memory and cellular memory. There is an inherent blood and cellular memory associated with all Aboriginal peoples, but this memory was interrupted by the process of colonization and the corresponding intergenerational trauma that continues to exist in Aboriginal communities today. The process of reconnecting to blood and cellular memory is part of reconnecting to an Indigenous identity. It is important to acknowledge that this process respects individual and collective autonomy in the formation of identity, meaning expressions of Indigeneity may occur in less traditional forms.

SURVEY 47: CULTURAL SAFETY AND CULTURAL PROGRAMMING

1.	I understand the importance of Aboriginal language. For example, I have been involved in learning Aboriginal language such as taking Aboriginal language classes, hearing or speaking with Elders or cultural people who speak their own language, or storytelling in an Aboriginal language.	No involvement	Limited involvement	Moderate involvement	Extensive involvement
2.	I have been involved in traditional cultural social events and ceremonies such as pow wow, smudging, pipe ceremonies, sweat lodge ceremonies, and Inuit or Métis ceremonies.	No involvement	Limited involvement	Moderate involvement	Extensive involvement
3.	I understand traditional Aboriginal protocols and how they are used when approaching Elders or cultural people for things like asking Elders for guidance or healing, making offerings, and using a Circle Process.	No understanding	Limited understanding	Moderate understanding	Extensive understanding
4.	I understand my own traditional Aboriginal teachings such as morals and values, caring for sacred items, sacred self-care, sacred teachings, relational accountability, and creation stories.	No understanding	Limited understanding	Moderate understanding	Extensive understanding
5.	I understand cultural teachings and practices and how to use them to help me make choices if I am faced with a problem or feel troubled.	No understanding	Limited understanding	Moderate understanding	Extensive understanding
6.	I understand traditional kinship concepts and practices such as kinship mapping (family history), traditional parenting practices, traditional knowledge of child and family teachings, and extended family relational accountability.	No understanding	Limited understanding	Moderate understanding	Extensive understanding

SURVEY 48: CULTURAL ROLE MODELLING AND MENTORING

1.	I use traditional Aboriginal practices or approaches that have been taught or modelled to me for things like traditional conflict resolution, traditional child-rearing, and traditional gender roles.	Never	Seldom	Often	Always
2.	I have been involved in traditional Aboriginal cultural teachings and ceremony that were led by a traditional Aboriginal mentor or role model.	No involvement	Limited involvement	Moderate involvement	Extensive involvement

SURVEY 49: HISTORICAL ABORIGINAL KNOWLEDGE

1.	I have an understanding of the history of Aboriginal people in the world, for example, pre/post European contact, Residential Schools, "the 60's scoop," and local history.	No understanding	Limited understanding	Moderate understanding	Extensive understanding
2.	I have an understanding of how I am affected by the impacts of inter-generational trauma as well as how inter-generational trauma affects Residential School survivors, other individuals, families, and communities.	No understanding	Limited understanding	Moderate understanding	Extensive understanding
3.	I have an understanding of the resources and supports available to me (such as Elders or agencies) to process any impact of inter-generational trauma on myself, my family, or my community.	No understanding	Limited understanding	Moderate understanding	Extensive understanding

Outcome #2 – Social inclusion

The Social Cohesion Indicators Project assembled in June of 2000 to discuss possible indicators of social inclusion and cohesion (Jackson et al., 2000). Their working definition of social cohesion is that it is "manifested directly in socially cohesive activities and practices: such as participation in formal and informal social networks, group activities and associations, and participation in civic life" (p.3). This participation extends into the areas of education, access to healthcare and wellness programs, economic wellbeing, labour force participation, access to information technology, political participation, mobility and so on (Duhaime et al., 2002, p. 303; Gauthier & Goulet, 2011, p.3).

Social inclusion is understood as an indicator of social cohesion as it measures the level "of access to and participation in various networks of emotional, social and material support (Phipps, 1998) as well as the types of support which are accessed (e.g. government-based or family-based)" (Duhaime et al, 2002, p.304). It is important to consider that these networks are products of the history of Aboriginal peoples in Canada.

Historic inequalities have left First Nations children, youth, and families without much-needed supports and services. Aboriginal people in Canada were deprived of their land, their cultural traditions, and their unique way of life. Children were removed from their families and sent away to residential schools – where many were abused – with well-documented inter-generational effects. Societal prejudices and discrimination against Aboriginal people have created additional challenges (Canadian Council on Social Development, 1996, p.1).

As a result, it is important to consider the indicators of social inclusion in an Aboriginal context. "All too often Western measures and models are applied to non-Western populations without questioning whether they are valid, reliable or useful" (Weaver, 2002, p.14). Participation rates may be lower for Aboriginal peoples because of these challenges; therefore there is a current gap with the indicators of social inclusion as they fail to acknowledge the socio-economic and structural barriers that face Aboriginal communities. This gap may also exist as a result of the definition of community used as part of the measurement process.

SURVEY 50: SENSE OF CULTURAL BELONGING AND FEELING SUPPORTED

1.	When I am successful, I am acknowledged and celebrated for my accomplishment.	Never	Seldom	Often	Always
2.	I feel that I can participate and solve problems in traditional or other supportive ways such as through sharing circles or traditional approaches to conflict resolution or mediation.	Never	Seldom	Often	Always
3.	I can access culturally appropriate and knowledgeable resources such as Elders, speakers, or traditional people who will listen to me and help me solve my problems.	Never	Seldom	Often	Always
4.	I feel I have access to traditional supportive practices such as smudging or ceremony where I feel like I belong and am supported.	Never	Seldom	Often	Always
5.	I feel included in the Aboriginal community.	Never	Seldom	Often	Always

SURVEY 51: PERSONAL ADVOCACY AND A SENSE OF EMPOWERMENT

1.	I have someone I can talk to about finding a way to address specific problems or concerns such as resolving conflicts in the community (e.g., when shopping or renting an apartment).	Never	Seldom	Often	Always
2.	I am able to live in the Aboriginal and non-Aboriginal world, and I have the skills to address any issues I may come up against in either world.	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
3.	I am able to handle any problems that keep me from feeling included in the Aboriginal or non-Aboriginal community.	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
4.	I spend time helping others learn about who they are as Aboriginal people.	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
5.	I am able to understand and address issues I may face in the community such as when going to the doctor or speaking to teachers at my or my child's school.	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree

In this document:

• "Evidence-based" means that a program or practice has been tested in a well-designed and methodologically sound experimental (randomized controlled trial (RCT)) or quasi-experimental study (and, ideally, multiple studies and replicated in more than one site), and has been shown to produce significant reductions in poor outcomes or associated risk factors or significant increases in positive outcomes or associated protective factors.

• "Best practices" refer to programs or components of programs or delivery methods that have been identified as effective (i.e., produce significant reductions in poor outcomes or associated risk factors or significant increases in positive outcomes or associated protective factors) by repeated methodologically sound studies using an experimental (RCT) or quasi-experimental design.

• "Promising practices" refer to programs or components of programs or delivery methods that have been identified as effective ("effective" as defined above) in at least one well-designed and methodologically sound study using at least a pre-post design with a large sample of participants that has been subject to peer review.

• "Prevention" means creating conditions or personal attributes that strengthen the healthy development, well-being, and safety of individuals across the lifespan and/or communities, and prevent the onset or further development of problems in each of these domains. In the research-based risk and protection prevention paradigm, prevention occurs by reducing risk factors and increasing protective factors.

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