

## Walk Proud, Dance Proud: Footprints on a Healing Journey

A Discussion Guide to Walking the Path Together to Reclaim the Teachings of our First Nations Children 2014





### **NOTE TO READERS**

This Guide is organic and the content within will continue to evolve as we learn more about Walking the Path Together. If readers wish to follow the evolution of The Guide, please contact ACWS to inquire about updates or watch our website (www.acws.ca).

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#### CHARTING OUR COURSE TOGETHER: WHERE THE PATH LEADS

Everyone has an adequate livelihood • Everyone is guided by the principle of "love thy neighbour" • There is equality for everyone • World leadership is caring and works for people

#### **OUR SHARED BELIEFS ABOUT ENDING FAMILY VIOLENCE**

Family violence in First Nations communities is a painful legacy of colonization • Family violence concerns us all • Children can thrive when their home is happy and peaceful • Seeing and experiencing violence hurts a child's body, emotions, mind, and spirit • In WTPT, we seek to break the cycles of violence by focusing on children • We also help children when we help the people who take care of them • A healing journey helps people become the parents they want to be

#### WHAT WE EXPECT OF OURSELVES

Listen well to what families want and need; respect their choices and their privacy • Want good things for them and believe they can do it • Partner with them to create a good life for their children • Be brave, bold and patient with ourselves; have reasonable expectations of what we can accomplish • Support each other and take care of ourselves • Be healthy role models in our communities and with families and colleagues • Acknowledge and celebrate our successes

#### AN OPPORTUNITY TO WORK DIFFERENTLY

Focused effort with a few families • Longer contact • Work with everyone in the family who is willing • Reach out proactively • Be available where and when the families need us • Broadly define "help" • Link our good minds across shelters

#### THE F.E.A.T.H.E.R. APPROACH

<u>FOLLOW</u> the family out of the shelter and into (and around) the community • <u>EARN</u> trust and respect by demonstrating commitment • <u>ADAPT</u> to what a family wants and needs (today and as it changes) • Be <u>THERE</u> when and where they need us, for as long as they need us • Use a <u>HOLISTIC</u> understanding of gifts and needs • <u>EMPOWER</u> adults to advocate for themselves • Have <u>REALISTIC</u> expectations of ourselves and the families we work with

### SUPPORTS TO HAVE IN PLACE BEFORE BEGINNING A WTPT PROGRAMME

Access to transportation • Ability to stay in touch with the families (and visa versa) • Flexibility in work hours • Integration of WTPT with other shelter programmes • A Training Plan • Plans for continuity of service • A different model of supervision • Have a healthy agency

## TAKING CARE OF OURSELVES AND EACH OTHER

Choose people who are well-suited to this work • Provide (or require) training in the full range of issues families need support with • Keep the caseload reasonable • Monitor ourselves (and each other) for signs we are struggling • Recognize that we are all on healing journeys • Link EFWs with others doing similar work • Have realistic expectations vis-à-vis resources available

#### **OUR SHARED BELIEFS ABOUT PARTNERING WITH FAMILIES**

Partnering comes before healing begins • Partnering is about building a bond of trust and respect • Partnership is a goal, not a given • Everyone has a different pace • Partnering can be a lengthy process • People must meet their basic needs before they can contemplate healing • Finding how to build a partnership is our responsibility as helpers, not the family's

#### LINKING WITH PARTNER FAMILIES

Children of what age? • Shelter residents? • Child struggling with what issues? • Living where? • Consent of both parents? • Safety of children is possible? • A note on "readiness"

#### WHAT CAN DELAY OR PREVENT PARTNERING?

Shame and self-blame • Helper Fatigue • Fear of bad consequences and concerns about confidentiality • Can "yes" really mean "yes?" • Change is scary • Being overwhelmed and pulled in multiple directions • Perception of a power imbalance between the "helpers" and the "helped"

#### STRATEGIES TO FOSTER PARTNERING

Public presentations, workshops and promotional material • Counter the barriers to partnering head on • Create opportunities for WTPT families to come together as a group • Work with children, and bring adults in slowly... or the other way around • Help people meet their basic needs • Be patient: one day you'll be the right person in the right place at the right time • Talk about 'protection mode' and develop a plan to leave quickly

### LISTENING WELL

Suspend assumptions • Stay quiet • Let emotions drain off if needed • Use open questions to encourage (more) sharing • Echo back what they said • Don't rush ahead to solve the problem • Agree on a plan for what to do next

#### LISTENING AND TALKING ABOUT SUBSTANCE ABUSE

Understand the power of addiction • Understand the power of toxic shame • Understand the stages people go through in deciding to quit • Some people are not ready to quit • Some people are thinking about quitting • Some people are ready to quit but need help with the first step • Some people have quit but need support to stay clean

#### **WELCOMING MEN**

Men want to be nurturing fathers and good husbands • We can see the boys they used to be • We must partner with men to meet our goal • Acknowledge, understand and believe why welcoming men is important • There are a lot of reasons that men are reluctant to partner with us • We can ask men how to be more welcoming • We can learn more about men's needs and healing resources



#### **OUR SHARED BELIEFS ABOUT NEEDS AND GIFTS**

Use a holistic lens to see needs and gifts • Needs are requirements for survival, personal growth and happiness • We all have physical needs • We all have emotional needs • We all have mental needs • We all have spiritual needs • Family violence compromises our ability to have balance among the four realms

#### **SEEING TRAUMA**

Trauma can result from one sudden bad thing • Trauma can result from lots and lots of bad things • The effects of trauma can echo across generations • The effects of trauma can be seen when you know what to look for • You might also see the effects of trauma in coping styles over time • It's easier to prevent trauma than fix its effects • The first step in healing is to have a place to feel safe (physically and emotionally)

#### **SEEING PHYSICAL NEEDS**

Some forms of family violence injure a child physically • Some injuries are on the outside • Some injuries are more difficult to see • Some injuries are deep inside the brain • Adults may use coping strategies that impair or neglect a child's health • Children may adopt worrisome coping strategies as well • Family violence affects a child's health today, and also maybe in the years to come

#### **SEEING EMOTIONAL NEEDS**

Family violence teaches children distorted lessons about emotions • Watching and experiencing family violence is itself a toxic emotional experience • Watching and experiencing violence changes the way children feel emotions • Some children learn to fear their own feelings, especially anger • Some children try to control the emotions of other people • Some children can't read the emotions of others • Some children stop feeling at all, because it's too painful

## **SEEING MENTAL NEEDS**

Words can be medicine • Words can be weapons • Words can injure a child's bond with people they love and trust • Words used to justify violence teach bad lessons • A child may learn that it's better to be male than to be female • A child may believe the violence would stop if they were better or more loveable • Some children learn to see violent adults as powerful and want to be like them

#### **SEEING SPIRITUAL NEEDS**

Family violence injures a child's spirit • A child may feel unconnected and isolated from his or her community • A child may see their entire world as unsafe and dangerous • A child may not trust adults • A child may not learn healthy, traditional gender roles • A child's childhood may be stolen • A child may internalize the racism of stereotypes about First Nations people

#### **SEEING GIFTS**

Each child is born with gifts from the Creator • Each person has gifts in the physical realm • Each person has gifts in the emotional realm • Each person has gifts in the mental realm • Each person has gifts in the spiritual realm • Some gifts are hidden • Help each person get in touch with their gifts

#### **OUR SHARED BELIEFS ABOUT HELPING AND HEALING**

Healing is achieved through balancing the body, emotions, mind, and spirit • A healing journey is not always a straight line • Families are the experts on what they need: follow their lead • Safety is the priority: abusers must be accountable and children must be safe • Encourage people to find their power and advocate for themselves • Look for each person's gifts from the Creator and help them grow • An EFW needs to be healthy before she can help others become healthy

#### WALKING OUR TALK: CORE SKILLS FOR EAGLE FEATHER WORKERS

Approach all people in a trauma-sensitive way • First step: establish a base of emotional and physical safety • Be the change you want to see in families • Draw on the power of the circle • Use stories as teaching • Develop healing plans for each person and family • Stay grounded in your own healing

#### **HEALING STRATEGIES FOR THE PHYSICAL REALM**

Physical safety is needed before healing can begin • People must meet their survival needs before healing can begin • Foster development of adult life skills • Foster development of traditional parenting skills • Support parents to see "discipline" as teaching • Organize healthy recreational activities • Promote good nutrition and health

#### HEALING STRATEGIES FOR THE EMOTIONAL REALM

Encourage children to recognize and talk about their feelings • Talk about anger • Teach and model peaceful conflict resolution • Help caregivers see the emotional coping of their children • Help caregivers think about how they cope emotionally with stress • Emphasize the joy of play, stories, humour, reading • Process grief and loss

#### **HEALING STRATEGIES FOR THE MENTAL REALM**

Help children learn about respect, for themselves and others
 Promote success at school for children
 Promote self-care for adults
 Find ways for children to spend time with positive, optimistic and healthy adults
 Picture a future of happiness and hope
 Use words as medicine (and help caregivers to do the same)
 Help children know they can keep themselves safe

## **HEALING STRATEGIES FOR THE SPIRITUAL REALM**

Help people position today's issues in historical context • Organize cultural activities for children and adults • Encourage the whole family to explore ways to engage in traditional activities • Facilitate ways for children and families to engage in social activities • Organize family group conferences to create family plans for children • Work locally to promote community healing and health • Invite families to join the shelter's work to address attitudes condoning violence

#### THE JOURNEY CONTINUES

The families valued the support they received • We saw growing strength in adults • We saw the blossoming of children • We felt changes in ourselves • Some families needed more than we could give • We see a future with many paths • We continue the walk in Fort Chipewyan, Hobbema, Morley, Sucker Creek and Wabasca



## **WELCOME**

Walking the Path Together (WTPT) is a shelter-based programme developed collaboratively by a Project Guidance Circle and delivered initially in five Alberta First Nations communities, in partnership with families who use shelter services. It is a voluntary programme developed in a First Nations context to be in harmony with the gifts, history and vision of First Nations peoples.

The goal of WTPT is to partner with families as they walk away from violence and abuse and walk towards peace, harmony and balance in their lives. We collectively developed the F.E.A.T.H.E.R. approach and brought this model to life through the role of Eagle Feather Worker. We connected with families, earned their trust through demonstrating a commitment to them, adapted to what they needed as it changed over time, were there for them when and where they needed support, used a holistic understanding of their gifts and needs, empowered them to advocate for themselves, and had realistic expectations of them and of us.

This guide was written to document the interventions developed in collaboration with the five participating on-reserve shelters and the Centre for Children and Families in the Justice System. Other documents describing the process, the use of the Danger Assessment and other related project documents, are part of the Walk Proud, Dance Proud suite of tools developed for this project. We developed these tools for shelter staff, on or off the reserve, rural or urban, looking for ways to best serve the needs of violence-exposed First Nations children and their families.

This guide has four sections. The section called DREAMING describes how we collaborated to develop WTPT, including our shared dream for children, families and communities.

An overview of the FEATHER approach and its principles is provided along with a discussion of how best to support the women (and maybe men) who take on the challenging role of Eagle Feather Worker. This information can guide shelters and their community partners in a discussion about how WTPT might be used in their communities.

The section called PARTNERING describes the process of bringing families onto the team of support offered by the Eagle Feather Worker and shelter colleagues. We learned that many families carry a heavy burden of distrust and suspicion about service providers and they want to be convinced that this type of support is different. We examine these and other barriers to the partnering process and offer strategies to build trust and mutual respect with families.

The section called LEARNING is about frameworks for "seeing" and understanding the unique gifts and needs of each child. Essentially, we learn about the families through listening carefully and with respect, to understand accurately what they need from us. The four quadrants of the Circle provides a framework for understanding how children are changed by violence in their homes: physically, emotionally, mentally and spiritually. This understanding is the first step to healing. In addition, understanding the gifts and needs of the WTPT families as a group helps us choose and develop individual and group activities to build on strengths and bolster skills to match their needs and preferences.



The section called HEALING describes strategies for building on each child's gifts and strengths to help him or her overcome the influences of violence and abuse in their lives, often by helping the people who take care of them. Healing plans based on the four quadrants help us to develop holistic approaches to supporting families.

## FEATURES YOU WILL SEE IN THIS GUIDE....



Quotations from Project Guidance Circle members are found next to an icon like this.



We put quotations from other people and sources of insight here.



Here you will find comments and guidance from the five Eagle Feather Workers.



We include the words of WTPT families here.



Recommended resources are listed in boxes like these, most of which are available at no cost on the Internet. Some may be purchased.



Words and stories of the WTPT children are in boxes like these.

## **ACKNOWLEDGING THOSE WHO WALKED WITH US**

We dreamed together for almost five years before we were ready to invite families along on our journey late in 2009. The following organizations supported and empowered their staff to lay the foundation and then participate in Walking the Path Together:

## **Bigstone Cree Nation Women's Emergency Shelter**

Bigstone Cree Nation Women's Emergency Shelter is operated by the Bigstone Cree Nation in Wabasca, 125 kilometers northwest of Slave Lake. Opened in 1992, it has 16 emergency beds and four second stage housing units. A Community Support Services building is next door to the shelter.

## **Eagle's Nest Stoney Family Shelter**

Eagle's Nest is owned and operated by the Stoney First Nation, which consists of three bands: Bearspaw First Nation, Chiniki First Nations and Wesley First Nation. The shelter also serves the satellite communities of Big Horn and Eden Valley and is located in Morley, approximately 65 kilometres west of Calgary. It opened in January 1992 and is a 20 bed shelter.

#### **Ermineskin Women's Shelter Society**

The Ermineskin Women's Shelter is operated by the Ermineskin Cree Nation in Hobbema, Alberta. The shelter opened March 6, 2000, It is a 4 bedroom facility with 16 emergency beds. The shelter provides safety, protection and emergency care to abused women and children in crisis to the surrounding areas: Ermineskin, Samson Cree Nation, Louis Bull Tribe; Montana Cree Nation and any other women and their children where there are no other services available.

## **Paspew House**

Paspew House is a women's emergency shelter owned and operated by the Mikisew Cree First Nation. "Paspew" is a Cree word that loosely translates as "you made it." This small shelter is located in the hamlet of Fort Chipewyan on the western tip of Lake Athabasca. The local population is made up of Cree, Dene and Métis peoples. Besides the Mikisew Cree, the area is home to the Athabasca Chipewyan First Nation, the Chipewyan Prairie First Nations and the Fort McKay First Nation. Fort Chipewyan is accessible only by air except when the winter roads link it to Fort McMurray in the south and Fort Smith to the north. The shelter opened in 1992.

#### **Sucker Creek Women's Emergency Shelter**

This shelter is owned and operated by the Sucker Creek First Nation. The Sucker Creek shelter is 24 kilometers from High Prairie, and 100 kilometers west of Slave Lake, Alberta. It opened in 1992 and is a 16 bed emergency shelter with a four unit second step housing complex.

#### **Alberta Council of Women's Shelters**

ACWS is the collective voice of 43 member shelter organizations, which include all on-reserve shelters in Alberta. ACWS fosters networking and information sharing; assists shelters in acquiring adequate resources; undertakes research to influence social change to reduce and prevent family violence; increases public awareness; and creates professional development opportunities for shelter staff. ACWS plays a key role in studying trends and usage patterns of shelters in Alberta by coordinating

standardized data collection. It sponsors media and public education campaigns and creates cross-sectoral training opportunities. In 2008, ACWS hosted the First World Conference on Women's Shelters. ACWS was the Walking the Path project sponsor. They have developed a train the trainer model and curriculum on use of the Danger Assessment in Alberta shelters. Recent publications include: Assessing the Danger (a collaborative research project with nine Alberta shelters and Dr. Jacquelyn Campbell to examine the utilization of the Danger Assessment tool), Abuse Of Older Adults: Guidelines For Developing Coordinated Community Response Models and Practical Frameworks for Change: Supporting Women and Children in Alberta's Emergency Shelters.

## Centre for Children & Families in the Justice System

Formerly known as the London Family Court Clinic, this children's mental health centre opened in 1974 in London, Ontario. The Centre brings experience in children's services, child development, writing programme and training manuals, and a desire to improve the lives of children affected by family violence by helping us understand their perspectives and needs. In 2007, they co-hosted the Third International Conference on Children Exposed to Domestic Violence and they have produced a number of training resources including *Helping Children Thrive* (2004) and *Little Eyes, Little Ears* (2007).

Thanks to the support of the organizations above, Alberta's on-reserve Shelter Directors were able to work towards their dream: to reclaim the teachings for First Nations children. We formed a Project Guidance Circle to help steer our work and we would like to acknowledge their individual contributions:

Sandra G. Ermineskin, Executive Director, Ermineskin Women's Shelter

Janet Gladue, Executive Director, Bigstone Cree Women's Emergency Shelter

Darlene Lightning-Mattson, Executive Director, Sucker Creek Women's Emergency Shelter

Nora-Lee Rear, Executive Director, Eagle's Nest Stoney Family Shelter

Mary Simpson, Director Community Services, Mikisew Cree First Nation

Dr. Linda Baker, Executive Director, Centre for Children and Families in the Justice System

Alison Cunningham, Director of Research & Planning, Centre for Children and Families in the Justice System

Dr. Jacquelyn Campbell, PhD, RN is the Anna D. Wolf Chair and a Professor in the Johns Hopkins
University School of Nursing and the creator of the Danger Assessment Tool
Dorothy Sam, Project Manager, Alberta Council of Women's Shelters
Carolyn Goard, Director, Member Programs & Services, Alberta Council of Women's Shelters
Jan Reimer, Executive Director, Alberta Council of Women's Shelters

Project Guidance Circle meetings were facilitated by:

Roxanna Stumbur, Strumbur Consulting, using an Appreciative Inquiry Approach.

While the Project Guidance Circle steered the project, it was the Eagle Feather Workers whose creativity, dedication and commitment inspired us all and brought the project to life:

Teresa Snow and Heather Poucette, Eagle's Nest Stoney Family Shelter
Lillian Bigstone, Bigstone Cree Nation Women's Emergency Shelter
Joan Wolfe, Michelle Littlechild and Stephanie Littlechild, Ermineskin Women's Shelter Society
Melanie Heroux, Sucker Creek Women's Emergency Shelter
Rita Marten Vermillion, Paspew House

Our work was supported by an Evaluation Team consisting of Dorothy Sam and Carolyn Goard of ACWS, Alison Cunningham from the Centre for Children and Families in the Justice System, Irene Hoffart of Synergy Research, Sandra Ermineskin of Ermineskin Women's Shelter Society and ably facilitated by Roxanna Stumbur.

As funding paused and changed, so did the makeup of our team. In 2012, Dorothy Sam, our project manager, along with Dr. Linda Baker and Alison Cunningham said their good-byes to the Walking the Path Together team. This ended Phase I of the project. We entered Phase II when the National Crime Prevention Centre announced an additional 21 months of funding. With this project extension, Sharon Meredith provided clinical consultation for part of Phase II and we worked to use existing supports (both in the communities and with ACWS) to assist Walking the Path Together participants.

We would like to express our appreciation to Susan Plesuk for her assistance with everything from Danger Assessment support and evaluation interviews to data collection and forms.

We would like to voice our gratitude to the staff who helped support the project:

Karen Rhiger and her colleagues at the Centre for Children and Families in the Justice System during the first phase of the project.

From ACWS, Ken Seto, who helped us manage and report on all financial aspects of this project; Christie Lavan, whose communication skills helped us with all our information needs; Charlene Shaw, Jennifer Ness and Kati Nurminen who arranged meetings and made travel arrangements.

And where would we be without those who were with us as we dreamed of our project? Jackie Lauck, former Executive Director of Sucker Creek Women's Shelter, Jean Lepine, former Executive Director of Paspew House as well as former ACWS Researcher Kate Woodman, who helped with the dream and then the proposal development, and Elizabeth Mallard, ACWS Director of Finance and Administration who was able to translate the dreams into a project budget. Dorothy Sam began the dream as the Executive Director of Eagle's Nest Stoney Family Shelter and then joined ACWS as our Project Manager. Delia Poucette was Acting Director for Eagle's

Nest for part of this project.

Finally, we would like to thank those who walked with us for part of the journey: Helen Flamand, former Shelter Director with Stoney Family Shelter and ACWS summer students Randi Candline, Cheryl Melanson, Tasha Olivieri and Heidi Eger.

The Project Guidance Circle met at least twice a year. Here they are pictured with the Eagle Feather Workers in the first phase of the project: BACK ROW: Melanie Heroux (EFW, Sucker Creek); Darlene Lightning-Mattson, Sucker Creek Women's Emergency Shelter; Alison Cunningham, Centre for Children & Families



in the Justice System; Sandra Ermineskin, Ermineskin Women's Shelter Society; Carolyn Goard, Alberta Council of Women's Shelters; Nora-Lee Rear, Eagle's Nest Stoney Family Shelter; Jan Reimer, Alberta Council of Women's Shelters; Mary "Cookie" Simpson, Paspew House; Dorothy Sam, WTPT Project Manager; Janet Gladue, Bigstone Cree Nation Emergency Shelter; Lillian Bigstone (EFW, Bigstone); Linda Baker, Centre for Children & Families in the Justice System. FRONT ROW: Joan Wolfe (EFW, Ermineskin); Teresa Snow (EFW, Eagle's Nest); Rita Vermillion (EFW, Paspew House). MISSING: Jacquelyn Campbell, Johns Hopkins University. Meetings were facilitated by Roxanna Stumbur.

## THE FIRST STEPS OF THE JOURNEY

In 2004, the ACWS Board dedicated two board positions for the on-reserve shelters and formed the On-Reserve Shelter Committee. They drew public attention to a number of systemic challenges and unacceptable inequities faced by the federally funded shelters. For example, compared with provincially funded shelters, on-reserve shelters received lower per diem funding for clients, had no funding for child support or outreach workers, and staff salaries were capped at unreasonably low levels (leading predictably to staff burnout and turnover). Shelter staff were bringing food from home to supplement shelter resources. ACWS supported the on-reserve shelters in a long but ultimately successful campaign to achieve funding parity with provincial shelters in 2007. That success was short lived as the federal government has not increased funding since that time.

ACWS obtained funding from the Government of Alberta's Community Incentive Fund for the Pathways Study in 2005. An environmental scan was conducted which highlighted unique and specific needs of children who live, if only briefly, in on-reserve shelters. It was apparent that the training and resources now available in Canada would not adequately address the circumstances of these children and their families. The lack of culturally relevant programme resources for child residents of on-reserve shelters was identified as a priority area for collaborative efforts. There was a need to create interventions for these children grounded in the cultural and historical context of the communities. So we united our efforts to make this happen.



"Aboriginal children's needs are different from mainstream children's needs."

Ending Violence in Aboriginal Communities: Best Practices in Aboriginal Shelters and Communities (2006: 34)

Given their knowledge and commitment to better the lives of children who live with violence, the Centre for Children and Families in the Justice System (CCFJS) was invited to meet ACWS and the five on-reserve Shelter Directors in August of 2006. Centre representatives were eager to learn how their knowledge was relevant or inappropriate for a First Nations, on-reserve context. Several ideas were discussed and a Working Group formed to develop a funding proposal. We knew what we created together would have relevance for both on-reserve and urban-based shelters and allied services, in Alberta and elsewhere in Canada.

Between 2006 and 2009, several funding proposals were submitted. The Shelter Directors sought the support of Boards of Directors, Band Councils, community leadership and other key players such as the police, educators and child protection agencies. Letters of support reflected community endorsement of our shared goals. Enthusiasm for the project grew as people came to recognize the opportunity this collaboration represented to better the lives of families struggling to break free of cycles of violence.

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After much dialogue and many revisions, the National Crime Prevention Centre (NCPC) expressed an interest. Dianne MacDonald and then Renée Delorme at NCPC helped us develop a proposal that was true to our dream and also fell within the parameters of NCPC funding. The National Crime Prevention Strategy of Public Safety Canada funds selected projects to prevent crime and increase knowledge about what works in crime prevention. To match the NCPC's mandate, we focused on young children, specifically a group of seven-year-old children (and their families). The Government of Alberta subsequently matched the federal dollars from the Safe Communities Innovation Fund (SCIF). We thank Doug Darwish and Bev Sohatsky at SCIF for their encouragement and guidance. The funding also permitted an opportunity to partner with Jacquelyn Campbell at Johns Hopkins University in the United States to create a culturally appropriate risk assessment instrument for women, based on her Danger Assessment.



"Together, we will make strides towards ensuring our children live happy, productive and fulfilling lives. [The RCMP in Wabasca-Desmarais] look forward to enhancing our community through participation in this project."

Sgt. K.N. Morton, Royal Canadian Mounted Police



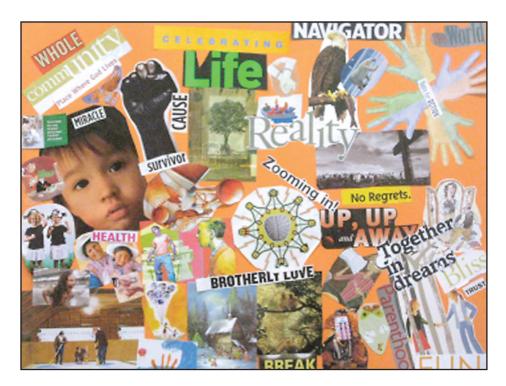
"We've worked on this program for so long, and [this funding] means so much."

Jan Reimer, Alberta Council of Women's Shelters

In 2007, the five Shelter Directors finalized a Framework to Heal Aboriginal Children Exposed to Family Violence to define the outcomes for this project. The main goal was that Aboriginal women and children have increased capacity to interrupt the cycle of violence and live thriving lives. It was also considered important that the on-reserve shelters contribute to building up healthy communities, in part by creating stable and adequate funding for shelters through joint action. A key assumption was that families, children, and communities can live in happiness if:

- Everyone has an adequate livelihood (physical)
- Everyone is guided by "love thy neighbor" (spiritual)
- There is equality for everyone (social/emotional)
- World leadership is caring and works for people (social/mental)

This vision was shown in graphic form using a collage with images to communicate integral aspects of the framework in a non-verbal and non-linear way.



In August 2009, Dorothy Sam, then the Director at Eagle's Nest Stoney Family Shelter in Morley, was hired as Project Manager and we started to move forward in the summer of 2009. In August, we convened the **Inaugural Project Guidance Circle Meeting** in Edmonton. Our time together was facilitated by Roxanna Stumbur. Present were Jan Reimer and Dorothy Sam of ACWS, the five Shelter Directors (Sandra Ermineskin, Helen Flamand, Janet Gladue, Darlene Lightning-Mattson, Mary "Cookie" Simpson), Delia Poucette (Acting Director at Eagle's Nest), and Dr. Linda Baker and Alison Cunningham of CCFJS. On the first and second day, we were joined by Dr. Jacquelyn Campbell. Over three days, we committed to stand together, dream together and walk together for a three-year project. We chose the name Eagle Feather Worker for the five women who would join us on the front-line.

On the second day, the meeting continued in a tepee at the Ermineskin Women's Shelter in Maskwaci. Elder Lillian Gladue passed along the tepee teachings of her Nation.

Each director returned to their communities and found the perfect woman for the role of **Eagle Feather Worker**. We came back together as a group in November of 2009 to meet them, discuss what we wanted to accomplish and how to make the first steps.

Elders Michael Merrier and Linda Oldpan met with the Eagle Feathers to ground the project in First Nations teachings; while Rosa Medicine Traveller taught them self care.

And then we took out first step on the path by inviting families to join us.



In November 2010, we welcomed a new on-reserve shelter, Kainai Women's Wellness Lodge, in southern Alberta but to this point we have been unable to obtain additional funding to include them in the Walking the Path Together project. Having all on-reserve shelters funded to provide an ongoing Walking the Path Together programme is our dream for the future.

#### THE NEXT STEPS ON THE JOURNEY

Originally a three-year project, in August, 2012, we learned that Walking the Path Together received a 21 month project extension, albeit with less funding available. We knew through our journey together that it takes time to build trust and relationships – and the extension was most welcome – although our hope was that Walking the Path Together would become an ongoing program.

We examined how we could integrate Walking the Path Together into shelter practice, shelters, who were already stretched due to lack of resources. How could we continue to best serve the families in the program, and support staff with the role they had taken on in their communities?

Our next steps included a greater understanding – and for some, a refresher - of intergenerational trauma. Shelter Directors and Eagle Feather Workers alike identified how important this was to them, and recommended that this foundational knowledge be part of the journey's preparation, before you take your very first step.

The following backgrounder outlines what we learned from Kathleen Gorman, who conducted several workshops on intergenerational trauma with both Eagle Feather Workers and shelter directors. It is beyond the scope of this backgrounder to speak in any depth about the diverse Aboriginal cultures, worldviews and pre-contact ways of living and knowing. It is equally impossible to do justice to the historical and contemporary events that have deeply touched Aboriginal peoples emotionally, mentally, physically and spiritually since contact with European settlers. We trust that you will find this as helpful as we did.

# THE IMPACT OF COLONIALISM AND ASSIMILATION PRACTICES ON INDIGENOUS PEOPLES



"The legacy of history is the poverty, powerlessness, and breakdown of social cohesion that plague so many Aboriginal families and communities. These conditions did not come about by chance, or through a failure to modernize, or through some moral deficiency on the part of Aboriginal people. They were created by past policies that systematically dispossessed Aboriginal peoples of their lands and economic resources, their cultures and languages, and the social and political institutions through which they took care of their own."

Brant Castellano, 1999i

## Introduction

The intent of this backgrounder is to support shelter staff's understanding and awareness on how colonial and assimilation practices impact Indigenous individuals, families, communities and nations today, always in the spirit of honouring and acknowledging the diversity, resiliency and strengths of

Aboriginal peoples<sup>III</sup> here on Turtle Island. The story is not a balanced one but needs to be told in order to understand how the past influences the present and how this understanding will support the healing journey for both Aboriginal and non-Aboriginal peoples today and for the generations to come. In the words of Harold Johnson in his book Two Families: Treaties and Government "It is not my intention to make you feel badly about what happened to our two families. There is nothing you or I can do to change the past. People made choices and we live with the consequences. They were not our choices. There is nothing we should feel badly about".<sup>III</sup>

#### Colonization

The history of Euro-Canadian colonialism and assimilation practices has had profound effects on Aboriginal peoples of Turtle Island (North America). Since first contact between Indigenous peoples and European explorers and settlers, Euro-Canadian legislation and policies have attempted to eradicate Aboriginal ways of knowing and being and assimilate Native people into a Euro-Canadian worldview. It is important to understand history as it relates to contemporary community realities. The impacts of this history are numerous, complex and inter-related. There is also a need to understand the ongoing influence of the dominant worldview on individual and collective Indigenous healing.

As of the 2011 census, Aboriginal peoples totaled 1,400,685 people, or 4.3% of the national population. Aboriginal peoples have diverse cultures and histories and include, among others, the Cree, Blackfoot, Coast Salish, Algonquin, Dene, Haudenosaunee, Métis and Inuit. Historically, as the original occupants of Turtle Island, Indigenous peoples had their own forms of government, family, social and political organization, economies, and traditions, as well as practices regarding the distribution of tasks and sharing of territories. Societies were well structured and every person young and old was valued as a member of their community. These traditional systems of governing and societal norms have essentially been transmitted through oral tradition and ceremonies. However, some nations have also documented their governance and norms in writing such as the Haudenosanee (Iroquois Confederacy) and the Inuit. Traditional forms of governance and ways of life are derived from Aboriginal peoples' relationship with the Creator in harmony with the natural world and their peoples, not from the laws of Canada.

With the arrival of Europeans, Indigenous peoples were subjected to colonizing foreign legislation and eventually were placed under the protection of the British Crown supposedly so that their lands, culture and way of life would be safeguarded. What happened instead was that Canada took increasing control over the lives of Aboriginal peoples through paternalistic, patriarchal, and racist government legislation and policies that served primarily to oppress, assimilate and eventually integrate Aboriginal people into Euro-Canadian society. This process of colonization has resulted in the structural and systemic oppression that continues to impact many Aboriginal individuals, families, communities, and nations today.

#### Legislation

Indigenous peoples insist, as they always have since the arrival of Europeans, that they were never conquered and have never given up their right to self-government. In fact, the notion of Aboriginal rights is not inherent in traditional Aboriginal cultures; it emerged in response to colonial oppression. For First Nations, these rights are grounded in the Royal Proclamation of 1763 (which recognized Aboriginal peoples as a distinct political unit within the colonial system), oral tradition

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and wampums, treaties, the Constitution of Canada (which includes the Constitution Acts of 1867 and 1982), and case law. For example, Section 35 of the Constitution Act, 1982 "recognizes and affirms" the "existing" aboriginal and treaty rights in Canada but does not define what these rights are. It also defines "the aboriginal peoples of Canada" as the Indian, Inuit and Métis peoples.

Treaty relationships between Aboriginal peoples and European colonizers and later, the Canadian Crown have been entered into since time of contact. A treaty is the principle form in which the terms of nation-to-nation relationships are expressed and are considered international agreements confirming status as a sovereign group. Historical treaties made between First Nations and settlers were peace and friendship treaties. Later treaties deal with land cession. Treaties are constitutionally recognized agreements between the Crown and Aboriginal peoples. Throughout history since contact, the Canadian government and Aboriginal nations have had different understandings of the treaties. For the government, the treaties have been viewed as contracts that provided title and political control over Aboriginal nations and their traditional lands. In contrast, Aboriginal peoples have consistently held the treaties as agreements to establish a relationship, overseen by the Creator, in which Aboriginal peoples would share the land with settlers and both groups would live together cooperatively.

Canadian laws such as the Constitution Act, 1867 and the Indian Act, R.S.C 1985, c. I-7, vest the responsibility for Aboriginal peoples with the federal government. No other group of people are listed in the Constitution Act as the exclusive object of special laws of Parliament. In fact, Aboriginal peoples are listed in the same way as property or marriage in the division of constitutional powers. Prior to confederation and the first Indian Act, the province of Canada adopted legislation in 1857 entitled: An Act to Encourage the Gradual Civilization of Indian Tribes in this Province, and to Amend the Laws Relating to Indians. The title alone speaks to a colonizing and assimilation worldview. This legislation encouraged Aboriginal men who met legislative criteria to forgo their Indian status through the process of enfranchisement. The colonial government viewed enfranchisement as a privilege for Aboriginals, a way they could gain their freedom from the protected Indian status and gain the rights of full colonial citizenship (as such, become "civilized"). This Act also demonstrated the patriarchal worldview of the Euro-Canadian colonizing authorities. Enfranchisement was to be fully voluntary by the man seeking it. However, an enfranchised man's wife and children automatically lost their Indian status, regardless of whether or not they so desired.<sup>IV</sup>

Within the Indian Act legislation, the Canadian government has exerted extensive authority and control over Aboriginal peoples, their relationship with the land and natural world, culture, monies, businesses, health and programs and services for over a century. The Act, in its paternalistic approach, treated Aboriginal peoples as wards, or legally as children, and established the government as their guardian. The Indian Act imposed oppressive changes to the traditional ways of Aboriginal peoples. For example, the Act prohibited Indigenous healing and spiritual ceremonies, prevented Aboriginal people from voting or leaving their reserves without permission from the Indian agent assigned to their reserve, and forced Aboriginal children into residential school. The Act also grants different protections and privileges to women and men and has done so since it was first enacted in 1876. It is guided by patriarchal and racist assumptions and placed men (father/husband) in the role of family authority with women and children as dependants. Traditionally many Aboriginal nations, clans and certain family customs follow matrilineal lines. The Indian Act, with its gendered discrimination, privileged men within their First Nation and denied women the same rights in areas such as community governance (women were denied full participation in band democracy until the Act was amended in 1951). Of particular importance when considering impacts of colonialism on Aboriginal women,

was the practice of compulsory enfranchisement for Aboriginal women who married non-status or non-Aboriginal men, forcing them to lose their status, while Aboriginal men marrying non-Aboriginal women could retain their Indian status. In fact, their non-Aboriginal wives gained status under the Act.

Since its introduction in 1876, the Indian Act has undergone several amendments and reforms. Of note, in 1985 the Indian Act was amended to address the gender discrimination outlined above and to bring the act in line with the equality provisions of the Constitution Act, 1982. The Indian Act, 1985 removed discrimination by asserting that women could no longer gain or lose Indian status as a result of marriage. Moreover, the new Act permitted the restoration of Indian status to several groups that had been forcefully enfranchised in the past. While the Act may have removed certain discriminatory provisions, discrimination has not necessarily disappeared. Many who have had to apply for restoration of status have undergone discrimination in their own home communities. Further, the mere fact that someone has to 'apply' to the Canadian government in order to be recognized as an Aboriginal person continues the colonizing oppression that has existed since contact. Bill C-31, (as the 1985 amendments are known), in and of itself created challenges that still exist in many communities although its legal intent was to remove discrimination from the Act. In many ways Bill C-31 has added to the complexities of cultural identity and band membership under the Act.

The oppression built into the legislation continues today in the current Indian Act which continues to define such matters as who is Indian and what are Indian reserves for the purposes of the Act. This legislation alone provides a clear illustration of how oppression of Aboriginal peoples is linked to colonization both historically and currently. The fact that Euro-Canadian legislation created the term "Indian" to represent First Nations peoples and inscribed in legislation who can claim "Indian" status in Canada under the Act is undeniably an oppressive practice that continues to cause ripple effects today. Think about how being told who you are, where you can call home, and what you can do impacts self, family and community. Being stripped of your way of life in every possible way in order to be 'civilized' and forced-assimilated into the colonizer's world has had huge consequences. Policy flows from legislation and in the case of the Indian Act, the residential school policy is considered as the most ambitious forced-assimilation policy of the Canadian government.

## **Canada's Indian Residential School Policy**

Residential schooling for Aboriginal children has its origins in the 1600s with the development of boarding school arrangements run by religious orders with the goal of evangelizing Aboriginal peoples through the education of their children. In 1830, the Department of Indian Affairs was formed and it took the position that all native peoples could be "civilized". However, two key reports, the Bagot Commission Report (1844) and the Davin Report (1879) supported the premise that Aboriginal adults and elders would only make limited progress towards assimilation so the focus should be on Aboriginal children given that children's identities were malleable. These reports formed the basis of residential school policy: remove children from their home communities and place them in church-run institutions far enough away to minimize contact with their families and communities in order to meet the church's goal of evangelization and the federal government's goal of assimilation. From the mid-1800s until as recent as 1996, over 150,000 Aboriginal children from ages 6 to 15 were removed from their families and communities and placed in residential schools. It is important to note that initially, before residential schooling was made compulsory by law in 1884, some Aboriginal families thought the residential school system would be beneficial for their children but their reasons were very

different from those of the government and the church. Aboriginal parents thought that teachings in these institutions may be a way to learn more about the expanding Euro-Canadian society: assimilation was not something they sought or believed would happen for their children as part of their residential school education. vi

While it is clear that the residential school policy was one of the Canadian government's methods of assimilating Aboriginal children into mainstream society, some have argued it was a method to completely eradicate Aboriginal peoples by suppressing culture and language. The residential school policy separated children from their families and set out to strip them of their culture, language, and traditions within a system of control, intimidation, and domination. The residential school system also created a culture of shame including shame in the child's Aboriginal heritage, parents, Elders, and home community. Children experienced a loss of pride, confidence and self-esteem after repeated lessons on how Euro-Canadian culture was superior to Aboriginal culture. Children were undernourished, undereducated and used as labourers for the schools' daily functioning. Many also died from preventable diseases. It is estimated that at least 4000 children died while attending residential schools. There are families across Turtle Island that have never known what happened to their children after they were taken away to residential school. Many have never known if their children died and if they did, where they are buried. It is not hard to imagine how this contributed to complicated individual and collective grief and loss in Aboriginal families and communities.

Children experienced institutionalized racism in many forms. For example, the residential school system forbade children from speaking their birth language and from practicing the cultural, spiritual and traditional ways of their heritage. Repercussions were swift and painful for those who did not conform. Loss of language and spiritual practices created distance between many families and their children, who may only have been allowed a visit home once or twice a year or not for years at a time. It also meant a loss of culture and teachings from the Elders in children's respective communities, most of whom did not speak English in those days. Language carries culture so given that oral traditions could not be passed on, it meant values, beliefs, and customs including traditional child rearing practices could not be taught to subsequent generations or, at a minimum, these teachings were severely disrupted. In many instances, children went home to unsafe conditions because their families were using substances such as alcohol to try and cope with the deep despair over losing their children to the schools. Compounded by the sexual, physical and emotional abuse that was prevalent in many residential schools, many former residential school students have faced immense challenges as adults. Residential school has significantly contributed to the erosion and in some cases, destruction of Aboriginal cultural identity, family structures, traditions, connections and kinship systems. The impacts of this forcedassimilation policy live on through subsequent generations for many Aboriginal individuals, families, communities and nations.

#### **Impacts on Parenting**

Parents play a vital role in making sure that their children are nurtured and have opportunities to play, learn and safely explore the world around them. Parents who bring up their children in this type of environment enable them to draw on traditional child-rearing features, transmit knowledge through positive role modelling and develop healthy life-long relationships with their children. In Western culture, the mother is typically the primary caregiver within what is termed the nuclear family setting of Mother, Father and Child(ren). Traditional Aboriginal parenting does

not adhere to a linear relationship between mother and child or the nuclear family concept: it is inclusive of wider social relationships. In Native cultures, kinship structures such as the extended family and community play a large role in raising children: there is a collective responsibility for the sharing and nurturing of the child. In some households, families may live together in three or more generations of family members. Some Aboriginal family structures have changed with the movement of many Aboriginal people into urban settings but even with this movement to urban environments and more contemporary lifestyles, the "notion of the caring, effective, extended family, co-extensive with community, continues to be a powerful ideal etched deep in the psyche of Aboriginal people".vii

Residential schools were based on a parenting model of punishment, abuse, coercion and control whereas a traditional Aboriginal parenting model is based on nonpunitive and positive interactions with children. In the residential school system, there were rarely positive role models so children did not have opportunities to learn the tasks of parenting and child-rearing within a nurturing environment, as one would expect to in their own family settings. It is generally agreed that Canada's residential school system interrupted normal child development by restricting experience and interrupting expertise of essential life skills. For some, the unhealthy relationship behaviours modelled in residential schools have been passed on to their children who in turn have passed them on to their offspring and so on.

It is no wonder that the residential school policy has been identified by Aboriginal peoples and in the literature as a root cause of many of the poor health and social outcomes in Aboriginal communities today. In 2006, there were approximately 86,700 former residential school students still alive and approximately 387,310 individuals intergenerationally impacted by this policy.

Viii Many continue to live with cumulative effects of unresolved intergenerational trauma, discrimination, and racism. Research studies examining the impacts of residential schools on survivors and subsequent generations indicate that, for the cycle to be broken and healing to take place, former students' residential school experiences have to be acknowledged and the healing journey needs to be a self-determined process for individuals, families, communities and nations. It needs to build on the strengths and resiliency inherent in Aboriginal societies.

#### The Sixties Scoop

As residential schools became discredited over time, the child welfare system became the new agent of assimilation and colonization. Many refer to the Sixties Scoop as a continuation of the residential school system because mass removal of children from their homes and communities continued, only under another form of assimilation. The Sixties Scoop refers to a particular phase of history, rather than an explicit government policy. Although it is referred to as the Sixties Scoop, the time period actually extends well beyond the 1960s. Status Indian children were taken from their homes and communities by provincial child welfare authorities to be placed in non-aboriginal foster homes for adoption. Justification for this practice was due to changes in the Indian Act in 1951 that allowed some provincial legislation to apply on reserve whenever a provincial law dealt with a subject not covered under the Indian Act, such as child welfare. The federal government did not provide any funding to the provinces to help pay for these new provincial responsibilities until the mid-1960s when they signed agreements with the provinces (funding formulas that were provided to child welfare provincial agencies based on head count of children in placement). This saw a ballooning of Aboriginal children in care. Of great significance, the longstanding colonial practice of not consulting with Aboriginal peoples on matters that concern them continued

with this new federal-provincial agreement: no commitment was made to preserve Aboriginal culture or to provide for local Aboriginal community control of child welfare. Services were to be delivered by non-Aboriginal agencies employing non-Aboriginal child welfare social workers. As a result, cultural differences in parenting practices between non-Aboriginal and Aboriginal worldviews led most non-Aboriginal social workers to misunderstand traditional practices as neglect. Children were also removed due to poor living conditions in their communities: a tragic outcome stemming from historical and contemporary colonizing policies rather than traditional Aboriginal ways of living.

Statistics from Indian and Northern Affairs Canada (INAC) indicate that 11,132 Status Indian children were adopted between 1960 and 1990. Because of inaccurate recording of information, the actual numbers are believed to be much higher. Further, from a social desirability perspective, the less Aboriginal a child appeared to be on paper, the more "adoptable" the child might be so many were recorded by government staff as Métis or French or as singles rather than as members of sibling groups. Those children who were considered "adoptable" were adopted into non-Aboriginal homes in Canada, the United States and overseas. Through multiple placements and inaccurate records, tribal connections were sometimes completely lost so many children of the Sixties Scoop have never discovered their ancestry and families of origin. Similarly, many families of origin have never been able to locate their children who were taken away. Further compounding this tragic reality, many parents whose children were removed during this time period themselves had been removed to attend residential schools when they were children. It is not hard to imagine how this compounds the despair and grief for individuals, families and communities. The negative effects of the Sixties Scoop live on and many adult children of the Sixties Scoop struggle with a number of identity issues today. Many have argued that the Sixties Scoop never really ended and has actually increased in its intensity and scope as evidenced by the over-representation of native children currently in care across Canada. There are now three times more Aboriginal children in care than at the height of the residential school era. In Alberta, 65 per cent of all children in child welfare care are First Nations, even though they represent well under 10 per cent of the population. ix

## **Historical Trauma**

Aboriginal peoples of Turtle Island are not unique in having a traumatic history; generations of people around the world have experienced mass trauma such as ethnic and cultural genocide, war, forced assimilation and relocation. However, for the purposes of this backgrounder, traumatic history will be discussed in relation to what has happened to Aboriginal peoples of Canada. Evident from the historical and contemporary legislation, policies and practices outlined above, multiple generations of Aboriginal peoples have been subjected to oppression and suppression of culture and have endured innumerable significant traumatic events and losses since contact with European colonizers.

To understand the contemporary impacts of colonialism and assimilation practices on Aboriginal peoples, it is important to develop a framework of understanding about traumatic responses and historical trauma. A traumatic event is any event that is extremely distressing to a person, and one that usually evokes a reaction of intense fear, anxiety, and helplessness. It is an experience that is emotionally and psychologically painful, and usually involves a threat to a person's physical integrity or the safety of someone that is in close proximity. Trauma can alter the way we view ourselves, the world around us, how we process information and how we respond to the

environment. Traumatic experiences impact us physically, mentally, emotionally and spiritually. A traumatic experience can result from a single event such as a natural disaster, assault or accident or can result from chronic, repetitive events such as physical and sexual abuse, genocide or war. Acute traumatic stress responses can lead to complex trauma responses including post-traumatic stress disorder (PTSD).

If traumatic events are left unresolved, this can result in a ripple effect that spreads out and encompasses the person, family, and community. Unresolved trauma can also become cumulative if the trauma continues over an extended period of time. Unresolved trauma can lead to the transmission of intergenerational trauma, which passes trauma down to subsequent generations. Intergenerational transmission of trauma is a relatively recent focus of mental health. It was first observed in the 1960s by mental health practitioners alarmed by the high numbers of children of Holocaust survivors seeking mental health treatment for anxiety, depression and other mental health issues. In the scientific or medical model worldview, intergenerational trauma is still not widely accepted or identified as a primary concern because the symptoms are occurring in those who did not experience the original trauma. In many cases today, the intergenerational aspects of trauma are treated as secondary concerns and consequently the behaviour of many children of survivors of massive trauma is misunderstood, pathologized, and not treated appropriately.

Historical trauma is referred to as a collective spiritual, emotional, and psychological wounding over the lifespan and across generations. Historical trauma specific to Aboriginal peoples is understood to be linked directly with colonial and assimilation practices such as the banning of cultural practices, forced-relocation to reserves and forced-assimilation of children into residential schools. Historical trauma is trauma resulting from successive, compounding traumatic events perpetrated by those with power and privilege on a population over generations. This type of collective trauma is significant in that the trauma need not be directly experienced for it to have a profound effect on future generations. As noted above, the intergenerational transmission of trauma is still often overlooked or treated as a secondary concern, so it is critical to understand, for example that subsequent generations of residential school students did not have to attend residential school to be impacted mind, body and spirit. Historical trauma "accentuates and implicates the processes of colonization rather than faulty genes or broken brains as causal in the origins of epidemic levels of distress in so many First Nations communities". Many Indigenous and non-indigenous scholars have identified historical trauma as stemming from colonialism, acculturative stress, cultural bereavement, genocide and racism that has been generalized, internalized and institutionalized. xi Further, historical trauma is considered cumulative, unresolved and ongoing and continues to cause distress and disruptions in balanced ways of living for many Aboriginal individuals, families and communities today.

#### **Contemporary Impacts**

The historical trauma that Aboriginal peoples have endured has led to cultural, language and spiritual losses, difficulties in forming healthy relationships, high incidences of substance abuse and family violence and complicated, unresolved grief for many. Loss of cultural identity has also occurred. Cultural identity is the core of who a person/community/nation is and its loss due to colonial and assimilation policies such as residential schooling is often associated with coping difficulties at the individual and collective levels. Colonialism is also considered a root cause of poor health and social status and Aboriginal peoples face greater disadvantages in

comparison to the Canadian population overall. Some examples include higher rates of poverty; homelessness and inadequate housing; unemployment; chronic diseases; infant mortality; accidental deaths; suicide; incarceration; children in care, and greater exposure to violence. While all oppressed groups experience social inequalities, the impacts as measured by the rates of various forms of violence are highest for Aboriginal peoples in both Canada and the United States. Factors linked with these high rates of violence include loss of land and traditional ways of life, destruction of language and spiritual ceremonies as well as economic and social deprivation. It is not hard to conclude that these factors are the result of forced-assimilation policies and legislation on the part of Euro-Canadian governments and institutions since the time of first contact. These vulnerabilities are linked to other outcomes and conditions related to Canada's history of colonization and related policies of oppression and assimilation, including the Indian Act, the residential school system, the Sixties Scoop and a long history of broken promises by the European colonizers and Canadian government. In fact, Native people as a whole are at a greater risk than any other ethno-racial group for experiencing traumatic life events than the general population and are twice as likely to develop posttraumatic stress disorder (PTSD) when compared with the general population.xii

An important contemporary impact of colonialism and assimilation to understand is the concept of internalized oppression. One of the effects of oppression is that people learn to adapt so well to the oppressed lifestyle that they become their own oppressors. Internalized oppression is a belief that one's self and one's social group is inferior to other social groups. It also encompasses self-destructive behaviours that contribute to one's own oppression. Internalized oppression is described as a form of self-hatred and it expresses itself in many ways such as drug abuse, suicide, violence and depression. In effect, internalized oppression can cause those who are oppressed to believe the messages they have heard about themselves and subsequently internalize them. It has been suggested that because of the mostly negative images and stereotypes presented in society regarding Native people, Aboriginal peoples are particularly vulnerable to internalized oppression. A small but growing body of research has identified perceived discrimination as an important contributor to negative health and mental health outcomes for native peoples.

Hand in hand with internalized oppression is the concept of lateral violence. Lateral violence has come to be understood as what happens when oppressed people act out rage, anger, and frustration, typically directed at one's own people rather than lashing out at the oppressor. It occurs when oppressed groups turn on each other and where there is outward jealousy and envy of others. It includes gossip/shaming/blaming, putting down others, family feuds, and community divisions (for example, division of spiritual beliefs between traditional and Christian community members). It has been suggested that the rage of the oppressed reaches levels that cause them to attack their own group members in order to reduce the pain of feeling devalued and powerless. Some scholars have coined this as the final stage of oppression: when the oppressor is no longer needed because the oppressed are oppressing each other. Lateral violence keeps the oppression alive. It provides people who have experienced oppression, violence and shame with ways to oppress, violate and shame others in their communities. This speaks again to the importance of understanding history as a function of current community realities and understanding the roles internalized oppression and lateral violence can play in impeding individual and community healing.\*

#### **Colonization and Gender**

Traditionally Aboriginal men and women had defined roles and responsibilities in their societies that were based on respect, collaboration, and cooperation. Aboriginal women were honoured and celebrated as life givers and Aboriginal men were protectors and providers and taught respect for women. Colonization and patriarchy have undermined those traditional roles and the contemporary impacts of this are tragic. The removal of Aboriginal peoples from their traditional lands, their placement on reserves and the loss of the traditional male and female roles have caused role conflicts.

Aboriginal women experience the highest rates of victimization including intimate partner violence and sexual violence of any group in North America. In Canada, Aboriginal women are disproportionately affected by sexual victimization, family violence, inequalities, discrimination and poverty than non-Aboriginal women. Aboriginal women between the ages of 25 and 44 are five times more likely to die of violence than other women in Canada and do comparatively worse on almost every socio-economic and health indicator than their non-Aboriginal counterparts<sup>xiv</sup>. Aboriginal women face unique challenges stemming from the many effects of colonization of their nations, communities, and families as well as the racism and stereotypes that are prevalent in society. Stereotypes that have been perpetuated by European men since the earliest contacts. The image of the Indian princess gave way to that of the promiscuous "squaw" which rendered Aboriginal women vulnerable to violence and mistreatment. Many continue to reel from the many losses including traditional roles, livelihood and self-sufficiency, the overpowering social, economic and political marginalization, racial stereotyping, discrimination, and the loss of culture, language and often pride in who they are.

Aboriginal men have also faced many losses due to colonization. Eurocentric constructions of men's role as the heads of households, clans and communities and dominant decision makers were inconsistent with many Aboriginal nations' traditional family and community structures and constructions of masculinity. The roles of traditional men included being protectors and providers for their families and communities. The loss of traditional ways of living has diminished Aboriginal men's sense of self and connection to community and the land as well as their specific roles and responsibilities with respect to the survival and thriving of their communities. There is a collective deep sense of pain, anger and powerlessness within Aboriginal men that often finds its outlet in violence, particularly intimate partner violence. As a population, Aboriginal men are considered the most socially excluded in Canada, with higher unemployment, homelessness, injuries, incarceration, suicide, and lower education and life expectancies than all other Canadians.

## **Final Thoughts**

Aboriginal peoples have consistently spoken out about the despair and poverty that have taken root in their communities since contact with Europeans, yet it is only in the last thirty or so years that serious attention has been focused on Canada's treatment of Aboriginal peoples. The cycle of oppression Aboriginal peoples experience due to colonization is often not fully understood even though many have studied and written about it. Societies of Aboriginal people have been oppressed, generation after generation. With the countless historical and contemporary oppressive influences on Aboriginal communities, it is difficult to ascertain which factors most influence the challenges many

of these communities continue to experience. That being said, some nations have returned to their traditional ways, in as much as they can, either via negotiated self-government agreements or within the boundaries of current Canadian legislation. Others have adapted traditional Aboriginal practices and customs to address contemporary realities in Aboriginal families and communities (for example differences in urban and rural ways of life). Others struggle with acculturation and assimilation influences such as internalized oppression that impedes the reclamation of cultural identity.

This brief look at the impacts of colonialism and assimilation practices on Indigenous peoples of Turtle Island serves mainly to point out the complexity and depth of the oppressive forces that have eroded Indigenous societies. It also points to the resilience of spirit of Indigenous people. As ongoing colonialism and assimilation practices and systemic oppression (racism, discrimination, and marginalization) continue to influence the restoration of personal, family, community and nations' well being, hope for a brighter future remains. In fact, the recovery and resurgence of Indigenous ways of knowledge, being and governance are well underway across Turtle Island: "Belief in traditional culture and values and participation in cultural practices provides some kind of buffer against adversity and risk-taking. The very element that government policy sought out to destroy has turned out to be vital to the physical and emotional well being of Indigenous peoples"."

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We produced many tools that we are pleased to share with you. May they make a difference in your community as they have in ours. Our tools include

- This Guide: Walk Proud, Dance Proud: Footprints on a Healing Journey
- A Social Return on Investment Case Study: A social return on investment demonstrated that for every one dollar invested by the funders, \$5.42 in value was generated
- Walking the Path Together Tools: Appreciative Inquiry
- Walking the Path Together Tools: Danger Assessment and the Danger Assessment Circle
- Walking the Path Together Tools: POP TARTS
- Phase I and Phase II Evaluation Reports
- Business Case

More about these tools can be found on the ACWS website.

In March, 2014, we ended much as we had started: united under the protection of a teepee at Maskwacis, guided by the wisdom of Elder Lillian Gladue. We recognized the power in working together and most importantly the resilience and strength present in First Nations families and communities. Efforts will continue to reclaim the teachings for First Nations children.

We remain hopeful as our journey together continues.



### **EXECUTIVE SUMMARY**

Walking the Path Together (WTPT) started as a three-year project to collaboratively develop a way of partnering with on-reserve First Nations families who want to live in peace and harmony, free of violence and abuse. Thanks to an extension from Canada's National Crime Prevention Centre, we were able to provide an extra 21 months of support as we walked alongside families on their own pathers to healing. It is a voluntary programme developed in a First Nations context to be in harmony with the gifts, history and vision of First Nations peoples. Rather than being a recipe book of specific techniques, Walking the Path offers a framework for understanding and a philosophy of intervention based on core principles and shared assumptions. The goal is to ensure that children who live with violence neither use nor accept violence in their own intimate and family relationships. We want children to be nurturing parents when they grow up, thereby breaking the cycle of intergenerational transmission of family violence that began with European contact.

We started talking about this project in 2004, secured funding in 2009, and worked together for five years to pilot the programme. This guide is the "road map" of what we have learned so far on the journey together. We intend to continue with this learning collaborative and keep walking together. This guide will help everyone understand our process and how we made our dream come to life in Hobbema, Fort Chipewyan, Morley, Sucker Creek and Wabasca. When ten other communities develop a WTPT programme, they will develop ten unique variations. This is the story of our five unique variations.

In 2009, we formed a Project Guidance Circle, set out our dream for the project, and hired five women whom we called Eagle Feather Workers because the eagle feather symbolizes honesty, truth, strength, courage, and wisdom. Then we invited families to join us. Dedicated multi-year funding from both Public Safety and Emergency Preparedness Canada, (National Crime Prevention Centre ) and the Alberta Justice (Safe Communities Innovation Fund) created an opportunity to work in a new way with families, many of whom had been repeat users of shelter services. The FEATHER approach of the WTPT programme:

- ◆ Focuses on a few families (we found that 10 families worked best)
- Maintains longer contact (for two years or more)
- ◆ Reaches out to offer support instead of waiting to be contacted
- Works with the entire family (including willing male partners and any other family members)
- Assists with any issue families face in their healing journeys, including basic needs
- ◆ Meets families where it is convenient for them, when it is convenient for them

In short, this approach provides proactive, long-term, intensive support in whatever form it takes to help a family begin a journey away from violence and towards a happy and peaceful life. This support might be assistance with housing, food, income support, medical care, safety, advocacy with the legal systems, parenting guidance, or it may take the form of recreational, educational, therapeutic or cultural activities. This is not as easy as it sounds, nor as welcomed by families as you might expect. However, we have observed slow but strong changes in families. We believe this approach is responsive and respectful to the context of reserve-based communities but it can be used in any shelter, including mainstream Canadian ones.

## **DREAMING**

In the first section of this guide, we share the dream of where the path leads as we walk together with families. This is the future we see: everyone has an adequate livelihood, is guided by the principle of "love thy neighbour," has equality with each other, and sees that leadership is caring and works for people.

We want children to be safe, healthy, active, well-rested and well-nourished. We want them just to be kids and know they are not responsible for family issues or adult tasks. We want them to learn the skills and attitudes to be good parents when they grow up by watching the adults in their lives treat each other with respect, knowing that violence is never the victim's fault, and knowing that men and women have equally valuable roles in the family and the community. We want them to discover and express their gifts from the Creator so they can meet their full potentials in life. We want them to feel connected to their community and feel involved, have pride in their First Nations heritage, teachings and traditions. We want them to cope in healthy ways with life's inevitable stresses by asking for help when needed, expressing emotions in healthy ways, resolving conflict peacefully, trusting adults to take care of them, and feeling the healing power of being on the land and walking on the earth.

Every child is a gift from the Creator who deserves to grow up feeling valued and valuable, loving and loved, believing they can have a happy future and living in peace and harmony with the earth. A violent home is not a healthy environment for children because it hurts their bodies, minds, emotions and spirits. We believe that family violence is not a First Nations tradition. Violence in First Nations communities is rooted in cultural dislocation, systemic economic deprivation, the intergenerational legacies of residential schooling, the pain and desperation of unresolved trauma exposure, discrimination, lack of hope, and other consequences of the colonization process. So ending family violence in First Nations is not an issue of "fixing" damaged individuals who make bad choices.

The Project Guidance Circle created a job description for the Eagle Feather Worker and then hired five strong women in five Alberta communities: Fort Chipewyan, Hobbema, Morley, Sucker Creek and Wabasca. The five Eagle Feather Workers kept in touch through bi-weekly teleconferences and centralized training opportunities, under the guidance of a Project Manager at the Alberta Council of Women's Shelters and a clinical consultant from the Centre for Children & Families in the Justice System. The Project Guidance Circle met twice a year in support of the project. Gatherings began with project successes, using Appreciative Inquiry . Issues were framed as opportunities; problems and solutions were married to safeguard hope.

We learned about the challenges of doing shelter work in this new way and that the Eagle Feather Worker (EFW) role could have a high rate of burnout. So we recommend here some strategies to have in place before beginning a WTPT programme. EFWs need flexibility in hours, for evening or weekend activities or meetings. They need the understanding and support of shelter colleagues as WTPT families benefit from access to shared programme space (such as group rooms) and participation in other shelter programmes, including

the crisis line and shelter beds when needed. Everyone benefits from a healthy work environment, including zero-tolerance gof lateral violence and attention to the issues of burnout and vicarious trauma. Opportunities for de-briefing and other components of supervision can look different for an EFW than it looks for other shelter workers but it is equally important. The bi-weekly teleconferences and centralized training events facilitated peer support among the EFWs which is something we recommend to others using the WTPT programme.

We also learned that it is crucial to choose people who are well suited to this largely independent, self-directed job. If the caseload is not capped at a workable level, the EFW will be swamped with demands she cannot meet. This is a challenging role and a supervisor must help her put limits on demands and maintain healthy boundaries. We also learned that having two EFWs could better help both men/boys and women/girls, back-fill the position for trainings and vacations, and maintain a livable work/life balance for the EFW. We also talked about the possibility of having a man as an Eagle Feather as one way of providing a male role model and mentor. Finally, we caution to keep expectations reasonable and realistic. The challenges faced by the WTPT families were not created overnight and so cannot be erased quickly.

## **PARTNERING**

WTPT is less of a service delivered to families than a journey taken with families. We are partners on a healing process. Healing begins with a strong partnership between the EFW and the families, based on a bond of mutual trust and respect. Partnership is a goal, not a given, and everyone has a different pace so partnering can be a lengthy process. We as helpers must find the best way to convince families of our sincere and unwavering commitment to them. Many factors can delay or prevent this partnering, including shame, fatigue with "helpers," suspicions of bad consequences, and being overwhelmed with daily survival. To counter these factors, demonstrate commitment through non-judgment, honesty, and assistance with everyday needs. Patiently wait to be in the right place at the right time, when a person is ready to share and reach out for help. Listen well and seek to understand what type of support they need today. Many of the WTPT caregivers were struggling with addictions so it is helpful to recognize the stages people go through when deciding to quit. Strategies of support can look different across those stages. We also thought a lot about how to help men feel welcome to join the walk.

## **LEARNING**

In the learning phase, EFWs seek to understand the needs and gifts of each person and each family using a holistic framework. Violence in the home compromises a family's ability to have balance among the physical, emotional, mental and spiritual realms. We also have to consider the role of trauma in the WTPT families, and signs of recent, historical and intergenerational trauma.

Each person has physical needs for survival, health and safety. Some forms of family violence injure a child physically and, in other forms, their needs are neglected. Injuries such as bruises can be seen on the outside. Some injuries are inside and show up as stress-related health problems like stomach aches. We also know that living with violence may cause changes deep inside a child's brain that show up as trauma symptoms. People who live with violence can use coping strategies that help make the situation livable but that are not healthy, like drinking too much. Children also may develop worrisome coping strategies like emotional numbing or self-injury. Living with violence has these immediate effects on heath and safety but also is associated with longer-term health problems down the road. The stress takes a toll on our bodies, our physical selves.

We also have emotional needs, including the ability to believe that it's okay to feel what we feel and to express our feelings. Family violence teaches children distorted lessons about emotions and watching or experiencing violence is itself a toxic experience which floods us with hurtful emotions like fear and self-blame. It changes the ways children feel emotions and some children learn to fear their own emotions, especially anger. Some children will try to control the emotions of the abusive adults, perhaps by trying to be perfect or by learning to keep secrets about information that may upset an adult who could get violent. Over time, children may start to overreact to the emotions of others, mistakenly believing that they are angry with them. And some children just stop feeling their emotions completely, because it is too painful to feel anything.

We all have mental needs including the need to having insight into ourselves and to believe we are worthwhile and good people. The words adults use can be medicine, teaching children they are loved, valued and accepted. Or words can be weapons when used to insult or shame, leaving deep wounds which are difficult to heal. A child may grow up to see themselves as unlovable and not deserving of a good life. They may grow distrustful of adults upon who they should be able to rely. They may start to believe the excuses for violence they hear at home, like the victim is to blame for what happened to her or him. When the violence at home is perpetrated by males against females, a child may learn it is better to be a man than to be a woman. A child may believe that they could stop the violence by being better behaved or more lovable. And some children will learn to see violent adults as powerful and want to be like them. The cycle of violence continues.

We also have spiritual needs including the need to feel connected with past and future generations. When a child grows up feeling hopeless, ashamed, worthless, unlovable and alone, that child's spirit is injured. A child may feel disconnected from the community, see their entire world as unsafe and dangerous, and be distrustful of adults in general. When there is violence at home, a child is not learning about healthy roles for men and women, husbands and wives, fathers and mothers. Children who are expected to take on adult responsibilities may be denied a carefree childhood of fun and play. Finally, when there is violence at home, a child may be more susceptible to internalizing racist messages and stereotypes of First Nations people.

## **HEALING**

Over time, strong partnerships are built and the healing journey begins. We believe that healing is achieved through balancing the body, emotions, mind and spirit. A healing journey is not always a straight line, but the families are the experts on what they need so an Eagle Feather Worker will follow their leads, even as they stumble and have setbacks. That is a normal part of healing. We believe, however, that safety is the priority. In order to keep children safe, a community must hold abusers accountable when they choose to hurt others. We don't want to create dependence in families so we encourage people to find their power and advocate for themselves. We look for the gifts in each person and help them grow. We also acknowledge that individuals need to be healthy in order to best help others.

The exact nature of the intervention evolved in five unique ways in each of the five unique communities with five unique Eagle Feather Workers. Core assumptions about how to do the work are shared. The FEATHER approach is consistent with trauma-informed interventions. Trauma is assumed to be a feature of all the families even before they are ready to share. The EFWs first seek to create a base of physical and emotional safety. EFWs are role models for the families. They work with people one-on-one but also

organize groups for sharing circles or to use existing group approaches on topics such as life skills. The telling of stories is a powerful way to teach including where appropriate sharing some of the EFW's own story. For each individual child, adult or family, a healing plan can be developed to ensure that the specific interventions chosen address the whole person, physically, emotionally, mentally and spiritually. Self care is important and EFW's, when triggered by the issues the WTPT families face, need to have safe and appropriate supports.

In the physical realm, physical safety is necessary before healing can begin. Each family is supported as they come to terms with the effects of family violence on their lives, health and happiness. Some women periodically enter the shelter, a sign of progress rather than failure. EFWs also continue to help meet basic needs such as housing and ensuring children had access to nutritious food. They foster the development of life skills such as budgeting and meal planning and encourage the development of traditional parenting skills such as teaching through praising the behaviour in children you want to continue. This helps avoid the use of physical discipline which can sometimes go to the extreme and become abusive. A lot of time is spent helping children engage in healthy recreational activities and supporting healthy habits and nutrition.

In the emotional realm, children need to feel valued and loved and to like themselves. We want them to feel and express their feelings, not just happiness but anger when appropriate and in ways that don't hurt themselves or others. We want them to talk about the scary feelings rather than act them out, block them or hide them from others. Healing strategies include helping children recognize and talk about their feelings, especially anger. Peaceful conflict resolution skills are taught whenever there are arguments among the children in group activities. EFWs help caregivers to recognize the quiet but worrisome coping of children when there is violence at home and encourage them to think about their own coping strategies such as emotional numbing. The value of playing with children is emphasized, recognizing that play and playfulness was something many people lost during the residential school years. And EFWs are there with families to process the anguish of the deaths of loved ones and the impact of intergenerational grief.

In the mental realm, we want children to envision a happy life and reach their full potentials in life in part by being successful at school. Children need to believe that abuse between adults is not their fault, that a victim is never to blame for her own (or his own) victimization, and that men and women are equally valued in their community. Strategies included helping children know that good and strong First Nations people do not hurt others with words or hitting. EFWs help them be successful in school and encourage them to see school completion as a realistic goal. Adults are also helped to value themselves enough to take care of themselves, and EFWs talk with both adults and children about their hopes and dreams of the future. Children need to feel safe in their communities and to have opportunities to interact with adults in the community who are examples of balanced and peaceful people. Finally, every opportunity is taken to use words as medicine with children, to comment in positive ways on their actions and choices so they know they are important members of the community.

In the spiritual realm, adults are helped to make the link between today's struggles and the historical context of colonialism and its impacts. EFWs engage in cultural activities with children so they can learn traditional ceremonies and teachings. Families are encouraged to participate in cultural



activities such as round dances and pow wows. Children benefit from opportunities to be with people in the community, to break the isolation so common when there is violence at home. Families benefit from joining in public activities to counter any messages that family violence is acceptable or inevitable.

In reflecting on the lessons learned over three years, we learned that the families valued the support they received. We saw growing strength in adults, we saw the blossoming of children and we felt changes in ourselves. Some families needed more than we could give, but we proved to ourselves – and hopefully to others – that the time and effort of the FEATHER approach can pay off in happier and more peaceful families. We now give this document to other communities so they can walk the path together and we hope many paths branch off from ours. Finally, we continue the walk in Fort Chipewyan, Hobbema, Morley, Sucker Creek and Wabasca with the support of the original funders: The National Crime Prevention Centre and the Alberta Government (Safer Communities Innovation Fund). The journey continues!



"We are the voices of long ago, who speak to you. We know that you have made the attempt to change your way, and we know that our children need to learn the way of long ago. The teachings will come if the people will listen, the teachings will be heard if the people can understand they no longer want this violence to destroy their families."

Jake Thomas quoted in Mino Bimawdiziwin: Honouring the Voices of Children (2008: 4)

# **DREAMING** We started our journey on Walking the Path Together by dreaming of the possibilities and thinking big, as big as the sky. What do we want for children, for families, for communities? What do we expect of ourselves? How will our efforts differ from what we have done before? How do we take care of ourselves, and of each other? We thought and dreamed and planned over five years. Then we found five strong women to work in five communities and invited families to join the journey. This is the story of how we started to walk the path together and what has been learned along the way. The story is told to guide others who seek to walk together as a family, as a community.

#### **DREAMING**



We begin with the story of Jackson, seven years old with bright eyes and a mischievous grin. A lover of nature, creative artist and a protective brother to his younger siblings. He has seen awful things in his short life – in his home – and moved more times than he can count. His mother and all her children move from shelter to shelter, unable to find safe and stable housing. It's too dangerous to return to her home community, where her ex-husband still lives. She's a good mom, loves her kids and makes sure they are fed and taken care of. But Jackson refuses to go to school. Why? Maybe because he wants to be home to protect his mom, in case his dad comes over to hurt her again. Or maybe he's embarrassed that he can't read. Or both. If he doesn't start going to school, if he never learns to read, his chances of a happy and peaceful future are slim.

He won't graduate, he won't support himself through employment, he may be pulled towards dangerous companions or find relief from despair in alcohol or drugs. If the family cannot secure housing, they will move from place to place, perhaps shelter to shelter. We calculated that it would cost about \$2 million to assist Jackson's family over the next two decades if these patterns stayed the same. He is one of the boys and girls we thought about as we dreamed this project. He is a child. He is the future.



"We're on the right track because this project is us. This project is ours."

Sandra G. Ermineskin, Ermineskin Women's Shelter Society



# **CHARTING OUR COURSE TOGETHER: Where the path leads**

Living with family violence is not healthy for growing children like Jackson and his brothers and sisters. Elder Michael Merrier taught us to ask for what we want – happy and peaceful families – rather than to focus on what we don't want.



"Know what you want, ask for what you want."

#### Michael Merrier

In 2007/8, the five on-reserve Shelter Directors undertook a visioning process to crystallize the goals of the WTPT project. Families, children and communities can live in happiness and peace if:

- Everyone has an adequate livelihood (physical)
- Everyone is guided by the principle of "love thy neighbour" (spiritual)
- There is equality for everyone (emotional)
- World leadership is caring and works for people (mental)

We will know if we reach this goal by the well-being of children. At Walking the Path Together (WTPT), this is what we want for children.

- To be safe, healthy, active, well-rested and well-nourished
- To be kids and know they are not responsible for family issues or adult tasks
- To learn the skills and attitudes to be good parents when they grow up by watching the adults in their lives treat each other with respect, knowing that violence is never the victim's fault, and knowing that men and women have equally valuable roles in the family and the community
- To discover and express their gifts from the Creator so they can meet their full potentials in life
- To feel connected to their community and feel involved, have pride in their First Nations heritage teachings and traditions.
- To cope in healthy ways with life's inevitable stresses by asking for help when needed, expressing emotions in healthy ways, resolving conflict peacefully, trusting adults to take care of them, and feeling the healing power of being on the land
- To believe in the core of their beings that they are valued and valuable, loving and loved, and can have a happy future including finishing school

We want for them a balance and a harmony among the physical, emotional, mental and spiritual aspects of themselves and so we express our hopes using the Circle throughout this document. The Circle is a sacred symbol for First Nations people, reflecting the circle of life and renewal. There are variations depending on the cultural background or tribe. When using this guide, the use of the circle should be grounded in the nation's teachings, informed by their Elders and spiritual advisors.

The Circle can be used as a framework to create a Healing Plan for a community, a group or an individual. (See Appendix D for samples) When used on an individual basis, the Circle represents a person's journey.

Some nations reflect the Circle through the four quadrants, others through the Medicine Wheel. In First Nations cultures, the number four is considered very sacred, for instance:

- The four elements: Air, Water, Fire and Earth
- The four directions: North, South, East and West
- The four seasons: Summer, Fall, Winter and Spring
- The four colors of humanity: White, Red, Black and Yellow.
- The four types of animal species: (the four legged, the swimmers, the winged ones and the crawlers)
- The four stages of the human life cycle: Baby, youth, adult and Elder.
- The four parts in a human being: Physical, mental, emotional and spiritual

Throughout the document the terms quadrants, aspects, and realms are used interchangeably when speaking about the physical, mental, emotional and spiritual components comprising the Circle, which when taken together reflect holistic living that is balanced and harmonious.

# WHAT WE WANT FOR CHILDREN: PEACE AND HAPPINESS IN THE FOUR DIRECTIONS

#### MENTAL

- can envision a happy future
- reaching their full potentials at school
  - asking for help when needed and knowing adults will help
- knowing family issues are not their fault, or responsibility
- believing that family peace is possible
- recognizing violence as unacceptable and never the victim's fault
  - knowing they are free to be children and can rely on adults to take care of them
    - seeing men and women as equally valued

#### **SPIRITUAL**

- discovering and expressing their gifts from the Creator
  - learning traditional teachings and ceremonies
    - feeling pride as a First Nations individual
  - respecting Elders and traditions
  - being guided by the principle of "love thy neighbour"



#### **EMOTIONAL**

- feeling valued and loved
- able to feel good feelings like happiness
- able to talk about scary feelings like sadness and anger rather than act them out
  - feeling safe in their world
    - liking themselves
- able to resolve conflicts in peaceful ways
- knowing people who help them feel good about themselves

# PHYSICAL

- safe from harm or injury
  - healthy
  - active
  - eating good food
- getting enough sleep
- feeling connected with the
   Earth and nature



#### **OUR SHARED BELIEFS ABOUT ENDING FAMILY VIOLENCE**

The entire community has a role to play in eliminating family violence by strengthening our capacity – as individuals and as communities – to live in happiness and peace. We started "Walking the Path Together" with these assumptions about violence in families and about children who live with violence, to position our work with families within the larger historical, economic and social context.

# Family violence in First Nations communities is a painful legacy of colonization

There is no need to cite the disturbing statistics about high rates of violence in First Nations communities. But it's important to understand what these statistics reflect: cultural dislocation, systemic economic deprivation, the intergenerational legacies of residential schooling, the pain and desperation of unresolved trauma and grief, discrimination, and lack of hope. Since European contact, First Nations culture has been assailed and attacked and remains astoundingly strong in the face of assimilation policies, discriminatory laws and other features and consequences of the colonization process.

#### **Family Violence Concerns Us All**

Family violence is not a family problem, it is a community problem. The erosion of traditional knowledge, values and skills is slowly being stopped and reversed. It's a pain-staking process of re-building and healing on multiple levels: individuals, families, communities, nations, and tribal alliances. In WTPT, we work with and support individuals, while appreciating the many layers and levels involved in the healing journeys of communities.



"We as First Nations people are in the infancy of our healing journey."

Sandra G. Ermineskin, Ermineskin Women's Shelter Society



"Healing is inseparable from social and economic development and nation building."

Mapping the Healing Journey: The Final Report of a First Nation Research Project on Healing in Canadian Aboriginal Communities (2002: 55).



#### Children can thrive when their home is happy and peaceful

A core belief of the WTPT project is that children of all races and cultures are shaped in unhealthy ways by seeing --- and experiencing – violence at home. They learn distorted messages, like people who say they love you can hurt you. They may learn that anger is a good excuse to hurt someone, or drinking is a good excuse. Some will learn that men are in charge and that women don't have the right to be treated with respect. Or, when women use violence, some people ignore why that is wrong. So they may be more likely to grow up to use or accept violence in their own interpersonal relationships.

#### Seeing and experiencing violence hurts a child's body, emotions, mind, and spirit

Children can be injured, their health can suffer, they may not get enough sleep, or have no safe and stable place to live. Mentally, they can develop low self-esteem, think violence is inevitable or normal, believe they will never be happy or deserve to have a good life. They may suppress their emotions or be overwhelmed with floods of painful emotions like fear and anxiety. Spiritually, they may feel alone, abandoned, unvalued and disconnected from their culture. They may even grow to be ashamed of being a First Nations individual.

#### In WTPT, we seek to break the cycles of violence by focusing on children

Children are gifts from the Creator and have been entrusted to our care to nurture, love and guide. For WTPT, we chose to focus (primarily) on young children because we may have the greatest impact with them. Their self-identities and beliefs are still forming. They are optimistic about the future and eager to learn about their culture and history. Their energy and enthusiasm gives us motivation and hope.

#### We also help children when we help the people who take care of them

We believe that you best help children in the long-run by reducing the period of time they are exposed to or experience violence at home. So our efforts also focus on caregivers. By helping a family live with peace at home, we help children. This is what we want for families:

- To have hope for the future and believe they can have a good life
- To build peaceful homes where everyone can live together safely and happily
- To meet their basic needs and have safe and stable housing
- To know there are people who can help when needed with stresses and challenges
- To feel safe and supported on their own healing journeys (to address personal challenges that compromise their abilities to nurture and guide children)
- To be healthy models of the roles and responsibilities of men and women, to walk and dance with pride
- To support each other and feel part of something bigger

#### A healing journey helps people become the parents they want to be

Everyone wants to be the best parent he or she can be. Some of us face challenges that compromise our abilities to do that, and living with violence is one of them. Violence, and the ever-present threat of violence, create a toxic climate in the home as non-abusive adults "walk on egg shells" and seek to placate, cajole or otherwise avoid or predict an explosion. People who use violence and hurtful words undermine a caregiver's confidence, self-esteem and parental authority and damage the adult/child

bond of trust and love. Non-abusive adults may develop a permissive parenting style in reaction, or a harsh style. They may also struggle with other factors that compromise parenting, such as depression, grief, the legacies of trauma, homelessness, unemployment, or problematic coping styles like substance use or anger. Any or all of these issues may be the focus of a WTPT programme.



"Because of the particular demographics of the Aboriginal people – a younger and more rapidly growing population – it is imperative and of utmost urgency that this issue be examined and solutions be found to prevent Aboriginal children from being exposed to violence in the home and becoming future perpetrators and victims of violence. This perhaps is fundamental in stopping the 'cycle of violence' that exists in many Aboriginal communities in Canada."

Exposure to Violence in the Home: Effects on Aboriginal Children, Discussion Paper (2001: 16).



#### What was your biggest hope when you signed up for Walking the Path Together?

My kids and I needed a lot of [emotional] support. I thought I'll try anything. I had totally given up. Couldn't function, couldn't work. We were isolated because of what was going on [with my husband]. He would come to our place, scare the kids. He harassed us. My family didn't know how to deal with it. People just back off, get tired of trying to help. [My hope was] that I would learn to deal with everything I had to deal with. I didn't want to feel bad anymore. I couldn't think straight. I never really had anybody I could turn to, to talk to. Everyone had given up on me.

To change my bad ways, to being a good parent.

For me to be a good parent, to be independent and for my children to be respectful to me and other people.

I wasn't really doing anything with my life. I wanted to move forward.

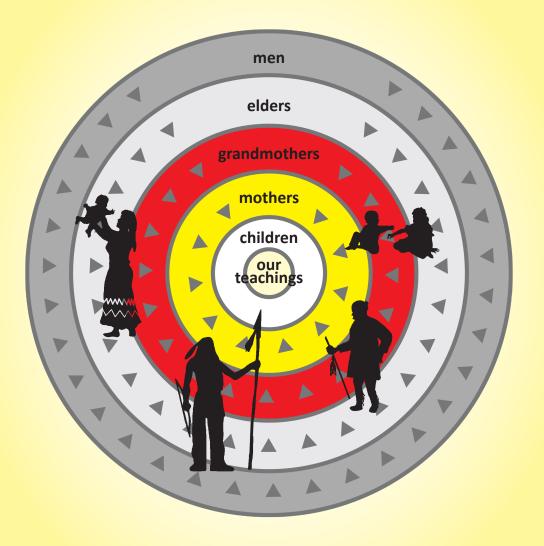
My children saw their father beat me up and then he committed suicide. I knew it would affect them one day, so I always wanted them to get counselling.

I just wanted my kids to know there's help, that there are people out there but you have to go out there and use the services. You can't just sit there.

[My biggest hope was] to live in a safe, healthy environment and for help getting my other kids back [from care].







Nurturing, teaching, protecting

As taught by Janet Gladue

# WHAT WE EXPECT OF OURSELVES

The WTPT approach evolved during a five-year pilot, under the direction of a Project Guidance Circle.

Shelters are the hub of expertise and awareness of family violence in the community. The WTPT programme builds on and reinforces existing prevention and intervention activities in shelters and in communities to end family violence. History, strengths and challenges are important considerations. First Nations communities are often small and remote and they are always under-resourced compared with urban areas. Part of our learning at WTPT is to find how best to support families in the on-reserve context, where you may find inadequate housing, high rates of unemployment, poverty, lengthy waiting lists for wellness services, lack of transportation, and sometimes high rates of crime and gang activity. At the outset of the pilot period, we sat together to make a commitment to ourselves and to the families who would join our journey.

We committed to:

- Listen well to what families want and need and to respect their choices and their privacy
- Want good things for them and believe they can do it
- Partner with them to create a good life for the children
- Be brave and bold but patient with ourselves and have reasonable expectations of what we can accomplish
- Support each other and take care of ourselves
- Be healthy role models in communities and with families and colleagues
- Acknowledge and celebrate our successes

This is what we expect of ourselves.



"The difference between working in a mainstream shelter and an on-reserve shelter is that here, the women have higher needs, are at higher risk, and we don't have as many resources."

Nora Lee Rear, Eagle's Nest Stoney Family Shelter

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#### AN OPPORTUNITY TO WORK DIFFERENTLY

Walking the Path Together is a new shelter-based programme approach.

With dedicated multi-year funding from the National Crime Prevention Centre (Ottawa) and the Safe Communities Secretariat (Alberta), we had a chance to think about how to support and enhance existing shelter services. The Project Guidance Circle created the role of Eagle Feather Worker (EFW), so named because the eagle feather symbolizes honesty, truth, strength, courage, and wisdom. We hired five strong and self-directed women and asked them to work in this new and different way.

#### Focused effort with a few families

An EFW works intensively with a few families, and we found over time that ten families is manageable. Large caseloads can overwhelm a helper's efforts by pulling her in too many directions. Every family gets a little attention and maybe no one gets enough. Focused work with a few families allows time to get to know each other, build trust, and respond to the full range of (changing) issues faced by a family instead of just what the limited time allows. We believe this approach helps build effective partnerships with families.

#### Longer contact

A shelter stay is inevitably short, usually a few months at most. Only pressing issues and short-term goals can realistically be addressed. An EFW, on the other hand, stays involved with a family for two years, or even maybe longer. Sometimes children move among caregivers, but we can stay involved with the children as long as the new caregivers agree. When a child leaves the care of the original caregiver, we can help the caregiver achieve the balance needed to re-gain custody.

#### Work with everyone in the family who is willing

Shelters typically work with women and children, knowing that we touch only part of the family. What about the people who are abusive in the home? They may not immediately embrace our offers of support, but we welcome men and other relatives into the work and hope they will contribute to shaping a peaceful family. An EFW works with non-abusive caretakers and supporters such as grandparents and fathers. The goal is to work with the whole family, not just the individual child or non-abusive parent. Over time, men will become engaged in the programme when they see they won't be judged or criticized. They want the best for their children and sometimes don't know how to start their healing journeys.

#### Reach out proactively

Crisis propels people into shelters and, when they leave, we may have no contact until the next crisis. EFWs proactively stay in contact with families and they also create opportunities for family participation, including meals, social occasions, support groups, recreational activities, field trips and the like as described in the section of this guide called Healing. All the families agreed to be involved with WTPT but not everyone readily trusted their EFW to be different from other "helpers" they had met. An EFW, perhaps through trial and error, finds the best ways to partner with each family, through patience, non-judgment and listening well to what they want and need.



#### Be available where and when the families need us

Although we first met most WTPT families in the shelter, for most of our time together, they lived elsewhere. Many factors make it difficult for people to come for office visits, especially a lack of transportation and the multiple commitments involved with raising young children. An EFW is flexible and meets people when and where it is convenient -- and safe -- for them. That could be evenings or weekends: we work on their timetable, not ours.

#### Broadly define "help"

A drive to get groceries, helping a youngster get to school on time, accompaniment to court, driving kids to baseball practice, dealing with the emotional after-math of sudden bereavement, liaising with the school, collecting cardboard boxes for moving, throwing a birthday party, finding back-to-school supplies, getting corporate donations to buy children's bikes, teaching traditional bead work and regalia making. Any of these tasks may fall into an EFW's day because they are all things a family might want or need and have difficulty doing themselves. The arc of people's journeys through life brings many joys and sorrows. An EFW is there to celebrate successes and provide comfort during times of stress and crisis. As described in the section of this guide called Partnering, people can rarely start a healing journey when they are homeless or cannot feed their children. Help people with the "small" stuff and meeting basic needs, and they will eventually trust you to help with the larger issues, like addictions, suicidal thoughts or anger.

#### Link our good minds across shelters

The WTPT programme was delivered in five shelters under the guidance of a Project Manager who organized centralized training opportunities, clinical consultation and bi-weekly teleconferences for the EFWS. In this way, EFWs share ideas about interventions, support each other when the work gets stressful, celebrate successes, and stand back and get perspective when families struggle even with their best help. Likewise, the Shelter Directors meet regularly to discuss operational issues and each Director acts as mentor and listening board for the EFW. Everyone feels part of something bigger, even the families.

#### THE F.E.A.T.H.E.R. APPROACH

The FEATHER approach could be used in any shelter if sufficient resources are in place. These key features of the approach evolved during the WTPT pilot.

#### FOLLOW the family out of the shelter and into (and around) the community

Shelters are places where people come in crisis. Funding restrictions mean they cannot stay for very long. Outreach or transition services, where they exist, are also limited by time and resources. EFWs first meet many (but not all) families in the shelter. But they remain involved long after a shelter stay, and during the periods between shelter stays. They meet people in the home (safety permitting), at school, in coffee shops, at court or wherever is convenient for the family. A lot of good work is done talking in the car, when driving to appointments or on errands. They stay involved as families move around the community and even to the city and back.

#### EARN trust and respect by demonstrating commitment

An offer to help -- genuine and well-intentioned -- may not be readily embraced. Much distrust of "helpers" has built up over time in families. They may feel judged and misunderstood, scrutinized rather than helped, afraid their private business will become public knowledge. They may be reluctant to tell their story to yet another service provider or worry that asking for help will backfire on them in some way. Trust and respect are necessary before a person recognizes the EFW as someone who can help them make difficult changes and choices in their lives. We call this process "partnering" with families.



**LILLIAN BIGSTONE** (EFW): Trust is not just about them trusting me. It's about them trusting that things in their lives can be different.

#### ADAPT to what a family wants and needs (today and as it changes)

Abusive family and relationship dynamics often propel people into shelters. But helping them find peaceful, balanced and stable lives requires more than education on control tactics and red flags in relationships. An EFW has a lot to offer and the families get to choose what they need, and when they need it. They are the experts on their lives. Specific interventions can take the form of assistance with housing and income support, accessing health care and nutritious food, liaising with the school, referrals for other services, parenting support, life skills modeling, mediating community or family conflict, Danger Assessment, safety planning, legal advocacy, or any other issue that arises. The "intervention" will look different for each family and change over time as their needs change.



#### Be THERE when and where they need us, for as long as they need us

Everyone has a different pace of involvement with the EFW, whose availability is flexible and convenient to families. Some have daily contact while others might make contact once a month, or even less. Some families are involved intensively for a while and then pull back, or the other way around. It's their choice. An EFW is available when needed to respond to pressing issues as they arise and is ready when someone reaches out for help because of a crisis, being the right person in the right place at the right time, to deeply understand and help. The families know she will be around for two years, so she won't abandon them.

#### Use a HOLISTIC understanding of gifts and needs

Based on our understanding of the four quadrants, we balance the mental, physical, spiritual and emotional realms. An EFW works with the entire family and sees challenging issues as complex and inter-related. She sees strengths instead of deficits. The WTPT families are strong to survive in the face of adversities like poverty and homelessness and an EFW recognizes the historical roots of today's struggles.

#### **EMPOWER** adults to advocate for themselves

With a little support and encouragement, abused women can do amazing things. Every shelter worker has seen this. An EFW would not be helping a person by creating dependency on her. She increases women's confidence that they can advocate for themselves, because they can.

#### Have REALISTIC expectations of ourselves and the families we work with

Finally, it is crucial to be realistic about what we can accomplish as individuals. The issues bringing families to our door are often long-standing, deep and complex, influenced by many factors beyond our, or their, control including the historical legacies of colonization. Some First Nations communities are isolated with limited access to support resources such as healing and wellness services. The challenges families face were not created overnight and they cannot be healed quickly. Nevertheless, we believe that what looks like a small change today can help families find a better path and end up in a healthier place tomorrow.



#### How is the WTPT programme different from other services you have delivered before?

LILLIAN BIGSTONE (EFW): Any small improvement or positive change in their desire to do something differently is seen as a "giant leap." Going from a messy house to a clean and tidy one is an example. There's no concept of time when working with WTPT clients — it's at their pace because it's their journey. There's no such thing as failure and there's no judgment. Their value is not based on what they do but on who they are. They deserve to be treated fairly and with honesty. We work together for a common goal and we keep going until they achieve it!

MELANIE HEROUX (EFW): Clients look up to you in the most meaningful ways, as a role model/ mentor, confidant, friend and -- as some have said -- angel. I also believe as a mothering role to the children and also to the caregivers. For some, you are teaching them how to live and create an outlook on life they didn't know existed or that they could have in their own lives. It's an ongoing dance with the EFW and the caregivers: take 2 steps forward and 1 step back, take 2 steps forward and 4 steps back. Families entrust you into their homes to see how they live, how they survive and where the dysfunction lies. It's seen in the empty fridge or holes in their walls and smiles on the children faces. At the shelter you leave work knowing clients are in a safe place. In WTPT, you leave knowing sometimes they are not in a safe or healthy environment.

**TERESA SNOW** (EFW): Clients tell me that continuity is a factor because people don't have to explain their story over and over again to every new person they meet. People can feel safe to share confidential information because they see over time that they can trust us. We can be supportive and encouraging and engage in shared problem solving. We are family-oriented and help with more than DV issues to involve the entire family, even the abuser, in support and counseling. We look at the whole family, not half of it. We make a difference in terms of people's every day needs. Also, I believe it helps that I am an Aboriginal woman and that I grew up in this community. I know the challenges they face because I am a mother as well and I have faced the same issues such as domestic violence and parenting. They know I am coming from the same place they are.

RITA VERMILLION (EFW): The clients absorb a lot of new approaches to everyday living at a pace where they will feel comfortable. What I like about it is that we are building trust every minute and we work together with them to last a lifetime. Also, what is different from services I've delivered is I see the results of my clients' change of lifestyle and watching them grow to be responsible persons.

JOAN WOLFE (EFW): I see more gains in families but I see more dependence on me as well. That's different. It's also different in terms of accountability and multitasking. As an Eagle Feather Worker, I plan my activities and make my schedule and I am accountable for all my programs and the money I spend for each activity. I used to make lesson plans as a K4/K5 teacher and we had to plan for every single day for 10 months so I took a liking to the planning. The work is different because you are the planner, bookkeeper, social worker, story teller, the counsellor, the leader, the mom, the auntie, the grandma and so many other titles.





#### How is this service different from other shelter services you've received before?

I think [shelters] should have had programs like this to begin with. I felt like I had no help, no one to turn to. With [my EFW], I have somebody there. She was somebody I could talk to. I'm glad she's here. It's so much better for my kids. They're happier. That's all I wanted for them.

Usually the workers only focused on me and not my children. When I started the program, I needed help with my children, especially with my one son who was struggling with everything. [My EFW] made appointments for us at [a program]. She arranged for me to talk to the principal when my children had problems in school, she arranged transportation and babysitters. She also had one-on-one sessions with me and my children.

I used the shelter a lot, to take a break. After I would leave, I would feel so alone. That was it. It probably made all the difference that I had someone [my EFW] to call. I got stuck in a pattern, leaving and going back, sinking lower and lower. I'd stay in my room more, stay for shorter and shorter times. Having my EFW made it easier to come back. Before, I felt so low, going back there. What are they going to think, me coming back? Getting to know [my EFW], knowing she was here, I felt safer. I started to feel good about coming here [to the shelter]. The last time my husband moved back home, he said "This doesn't feel like my house anymore, not like my family." I said, yah, it's mine and the kids' house now.

It's more in your face. Most counselors just sit back and study you. Now, I've got somebody on my side, finally.

Sometimes, you're afraid to tell [that you are in an abusive relationship] because you don't want your kids apprehended. Out there [in the community], they paint a picture of shelters, that they're going to take your kids.

[In shelter] you had to do your own thing. There was no one to really help you with anything. It was just like, "go look for a place." [My EFW] helped me to get a place, helped talk for me.

#### SUPPORTS TO HAVE IN PLACE BEFORE BEGINNING A WTPT PROGRAMME

We initially developed and delivered WTPT as a collaborative effort between five on-reserve shelters and two mainstream agencies which provided operational and clinical support – the Alberta Council of Women's Shelters and the Centre for Children and Families in the Justice System. Other organizations looking to use the WTPT model may use this or other collaborative approaches – which we highly recommend — while some may work on their own. In whatever way it is done, introducing an Eagle Feather Worker into an existing shelter team requires thought and discussion and also access to the resources necessary to support the work. In our experience, these factors are crucial strategies to have in place.

#### Access to transportation

Most WTPT families have no reliable transportation options and many First Nations communities are geographically spread out. EFWs travel a lot. They do home visits, help people go to appointments or run important errands, meet children at schools, and bring families to shelter-based or community events such as workshops, feasts or meet-and-greets. Some trips are planned, others arise unpredictably. This ability to go where needed is a key feature of the FEATHER approach. At the same time, the shelter has other transportation needs that must be balanced against the needs of WTPT. This is what we recommend to have in place, based upon our experience with "what worked" for us:

- 1. Clear employee vehicle use policy that includes:
  - Relevant vehicle insurance<sup>1</sup>;
  - Flexible and reliable access to a vehicle and fuel (e.g., gas card) such as:
    - Access to the shelter's vehicle
    - Timely reimbursement for mileage and cleaning of vehicle if staff use their own
    - Approval for using cabs, if available and required
    - Leasing a vehicle for WTPT
- 2. Having the capacity (using volunteers or other options) to collect people in advance of communal activities such as meet-and-greets and shelter-based groups.

#### Ability to stay in touch with the families (and visa versa)

Communicating with the families is extremely important but frequently difficult. Staying in touch and being available when needed is another important feature of the FEATHER approach yet one that was a challenge because of the mobile nature of the service, how frequently some families moved, and the high cost of cell phones or wireless plans for families. Texting revealed itself as the most efficient means of communication at a reasonable cost to the families. The e-mail capacity in Facebook is used by some families. To encourage healthy work/life separation for EFWs, they should not have to rely on personal e-mail, personal Facebook accounts or personal cell phones to stay in touch with families. Therefore, we recommend having:

• An agency cell phone for calling, confidential voice mail and texting

See Insurance toolkit for the Voluntary Sector <a href="www.ibc.ca/en/business\_insurance/documents/alberta\_voluntary/insurance\_toolkit\_online.pdf">www.ibc.ca/en/business\_insurance/documents/alberta\_voluntary/insurance\_toolkit\_online.pdf</a>

- Dedicated telephone extension at shelter with confidential voice-mail box
- Access to a dedicated, confidential e-mail address through the Band or shelter
- Also, consider having a Facebook page for the WTPT project to keep in touch

#### Flexibility in work hours

EFWs are available to families where it is convenient but also when it is convenient for them. While not meant to be a 24-hour service (most shelters have 24/7 crisis lines for that purpose), this programme will involve evening and weekend work. It also requires a balance of planned appointments with the ability to respond when opportunities for contact arise unexpectedly. When families reach out for support, especially after a period of little or no contact, it's important to respond in a timely way. To support an EFW, we recommend these practices:

- Have a lieu-time policy to compensate for evening and weekend work
- Give the EFW relative autonomy in setting her work schedule (in collaboration with the
- Shelter Director)
- Minimize the time when EFWs must be on-site (e.g., covering shelter shifts if someone is sick) and not able to respond to needs as they arise

## Integration of WTPT with other shelter programmes

EFWs are members of the staff team but their job functions look different. It greatly aids effective team functioning and good client service when all shelter staff have a sound understanding of the EFW role and its key characteristics. Shelter staff might have to explain the project to potential participants, speak with WTPT families when covering telephones, or backfill the position when the EFW is sick, on holiday or at trainings. In addition, for reasons of efficiency and to maximize exposure to a range of programmes, many WTPT families benefit from involvement in the other shelter-based programmes. These include access to the cultural worker and/or Elder, if available, as well as groups, social occasions and outings. A potential barrier to this plan is the breach of confidentiality this could represent, for both shelter residents and WTPT families. We recommend that:

- Eagle Feather Workers have access to programming space for group activities
- Issues of confidentiality for shared WTPT/shelter activities be addressed
- All staff be familiar with the EFW role by, for example, reading this guide
- Give interested staff the opportunity for job shadowing, to enable them to assist the EFW and/or backfill the position when needed
- Have the EFW report on her activities at each staff meeting
- Provide access of shelter staff to training opportunities the EFW attends

#### **A Training Plan**

The Walking the Path Together Project allowed for specialized as well as ongoing training for Eagle Feather Workers. At times, we were able to also leverage this training so that shelter colleagues, as well as staff from other shelters could participate. A listing of different training opportunities can be found at Appendix E. At the start of the project, Eagle Feather Workers were trained in interventions, the Danger Assessment, and the necessary data collection for the project.

#### Planning for continuity of service

The FEATHER approach gives intensive service to a few families over a long period of time, to nurture trust and to deepen understanding of each family. Having one person in the EFW role promotes this

goal but, inevitably, that person will be unavailable because of holidays, illness and attendance at training opportunities. Across communities, the model for support/back-fill could look very different. Equally important, we must support self-care opportunities for EFWs and avoid working conditions that could promote burn out and turnover in the position. They need to take lieu time and use their holidays. These options are put forward for consideration:

- Having two EFWs means they can support each other and aid continuity of service
- If you can have two EFWs, having one man and one woman could be more welcoming to male clients and be a good role model for boys
- If only one person operates as an EFW, assign one other staff member to backfill the position as needed or be available to respond to crises with families
- Facilitate timely and effective case-file recordings (so the back-fill staff can assist a family when an EFW is away)
- Minimize how often an EFW is used to cover general shelter duties (e.g., because of staff sickness) so they are always available to families when needed
- As for all shelter staff, promote self-care and be aware of the potential for burnout to minimize turnover in the position

#### Different model of supervision

The job of an EFW can be isolating. Some sources of stress are the same as in all shelter work but some are unique to this role. The hours are unpredictable and an EFW must maintain boundaries and set limits with families who may need more than she can give. Because of the longer involvement with the same family, an EFW sees the one step forward, two steps back pattern. This is a normal characteristic of healing journeys but an EFW can feel like she is not being an effective helper. Confidentiality is so hugely important that EFWs may be reluctant to debrief with colleagues. Directors can make a schedule of regular opportunities to debrief and consult on cases with the EFW. Such consultations, provide guidance for new directions with a family that seems stalled, suggest how to rank competing priorities, and problem solve any issues creating barriers to effective service. In addition, providing expert clinical consultation/mentoring provides a crucial element to ensure EFW's success with families and helps to prevent burnout.



"We are in this project to walk the path together. We can't let the Eagle Feather Workers walk the path alone."

Sandra G. Ermineskin, Ermineskin Women's Shelter Society

#### Have a healthy agency

A key benefit of the FEATHER approach (and trauma-informed treatment in general) is that one worker is there for a family over two years or more. Plainly put, staff turnover erodes this benefit. Management practices that minimize burnout and turnover are as important for an EFW as they are for any shelter staff. Have clear lines of authority and good management/staff communication. Encourage staff to expand their repertoires of skills through continuing education. Also, have zero tolerance for lateral violence, including gossip, favoritism and undermining. There is a staff survey

about workplace health and communication in Appendix C on page 161. This survey could be used to facilitate a staff-meeting discussion and to remind staff of the behaviours that contribute to a toxic workplace environment.



#### **RECOMMENDED RESOURCES:**

Bearpaw Media (2006) Lateral Violence [DVD, 20 minutes] [www.bearpawmedia.ca]

National Aboriginal Circle Against Family Violence (2006) Ending Violence in Aboriginal Communities: Best Practices in Aboriginal Shelters and Communities. [www.nacafv.ca]

Pauktuutit: Inuit Women of Canada (2007)
Making our Shelter Strong: Training for Inuit Shelter Workers [www.pauktuutit.ca]

Tłįcho Community Services Agency (2010) Gossip Hurts – Yattii ts'ii weta do tsitsehwhi (DVD, 20 minutes) [www.youtube.com]

#### **CHECKLIST FOR PLANNING A WTPT PROGRAMME**

When planning to start a WTPT programme in your community, we recommend thinking and talking about these factors before you begin. Addressing these issues will set the programme up to succeed by building a strong base from the start.

#### ☐ Position the WTPT programme in the strategic plan

Does having this type of programme align with the strategic directions for the agency? When starting discussions about having a WTPT programme, consider where and how this programme fits with your strategic plan and communicate this information to your Board of Directors (or Chief and Council in a shelter without a Board). This discussion could be an opportunity to re-visit the strategic plan if it needs an update.

#### ☐ Have the full support of your Board and/or the Chief & Council

Before taking the first steps, ensure your governing body, be it the Board or the Chief in Council, is fully supportive of the idea. Perhaps have them read this guide to give them an idea of what is entailed. Provide orientation on the programme to new members as faces change over the years.

# ☐ Have the full support of all community partners

We found it enormously helpful that the police, schools and child protection agencies were aware of the programme and supported its goals and operation. They wrote letters of support for our funding proposals and assisted in countless ways as the programme got underway and operated over the years. Keep them briefed along the way with updates and success stories.

# ■ Integrate the WTPT programme into the continuum of shelter services

The WTPT programme will be one of the core services offered through the shelter and should be positioned as such from the outset. If you define it as something special or different, it can put the EFW in an awkward position relative to her co-workers.

#### □ Integrate EFW role into staff team for supervision, peer support and de-briefing

An EFW operates relatively independent of her co-workers but she needs the support of a supervisor and peers. Ensure all staff know what is involved in the role, who the WTPT families are, and how best to assist when they call the shelter. WTPT families will occasionally access the shelter, for example, or may attend shelter groups. Have the EFW report on activities during staff meetings and ensure she (or he) has opportunity to debrief when needed. Have strong, clear policies in place for all staff regarding confidentiality.

#### Ongoing professional development and training:

Adequate funding to support ongoing, experiential, collaborative, and connected learning makes a difference. Plan for these different training opportunities and look at how they might be leveraged for the benefit of colleagues and even other shelters. Practical learning where staff can see how to better support their families can be fun and rewarding.



Have sufficient funding to support the programme costs  A WTPT programme needs a significant commitment of financial support. In addition to the salary of the EFW, there are costs associated with transportation, traveling for training opportunities, clinical consultation, teleconferences, on going training, books and resources, guest speakers, meals, activities and programme materials, field trips, and grocery vouchers. If feasible, identify the costs of a collaborative learning experience with several shelters.
☐ Involve Elders in the planning and operation of the programme  The cultural components are an enormously important aspect of the programme. Seek the counsel and guidance of Elders at all stages.
☐ Be welcoming to men Whether this means having a man on staff, or finding space outside the shelter, be aware that welcoming men is important to this work and plan for how to do that.
Choose a person well-suited to the EFW role Refer to the list later in this section about the skills and personality factors of people well suited to this role. The wrong person as an EFW will be unhappy, burnout quickly and not be a good support to families. It's better to leave the position vacant than to fill it with someone who is not happy doing this type of work.
Permit flexible hours, to allow evening and weekend work when needed This is not a 9 to 5 job. Let the EFW bank lieu time and explain this arrangement to other staff, so it doesn't look like the EFW is working fewer hours than they are.

Shelters are typically short on space so ensure that WTPT activities can take place in ways that preserve the confidentiality of shelter residents. This will sometimes involve renting space in the community.

### ☐ Have access to transportation and a way to keep in touch with families

We budgeted for \$540 per month in transportation and also built in the costs of a cell phone. An EFW without access to transportation and a means of staying in touch with the families simply cannot do the work we describe in this guide.

#### ☐ Have strategies in place to reduce likelihood of EFW burnout

Perhaps the single most important feature of the FEATHER approach is to build trust through on-going contact with the same person. If people cycle in and out of the position, this benefit is eroded and a WTPT programme will not have the same good success that we had. Helping EFWs to be in contact with other EFWs is one strategy to break the isolation and create peer support.



#### What is your advice to anyone just starting to be an Eagle Feather Worker?

LILLIAN BIGSTONE (EFW): See the gold in each person. That's what you grab and build on. Also, I've had to learn how to do emotional detachment in a good way. I have to give my clients the freedom to be themselves. Initially, I tried to rescue, to save them. My biggest learning is that I can't change anyone. It's not about changing people or stopping their future, or re-winding their past. You press "play" and watch them live their lives. It's been an awesome journey for me. Also, right from the get-go, have strong support from your Director and the Board of Directors. Do presentations so they know what is involved in this programme.

MELANIE HEROUX (EFW): "Trust the process." I don't know who always says that but it fits!!! It's a slow process it seems but the ones that crave the change will make the changes with your support and non-judgemental attitude. The children are the ones with the most to gain, and to lose. They are also the little secret keepers. They will tell you the most horrific things in the most outspoken innocence. Try not to be alarmed. This is them telling you they know something is wrong and they are trying to help you fix their family. Everyone deserves a second, third or 40th chance! Sometimes you are the family's only source of support and they need to know someone cares about them, either the teenage children, caregivers or the children. Let them know you are there to help and guide them. Debrief, Debrief, Debrief!!! Let someone know how your day went everyday, not just on good days or bad days!! Don't wait for someone to ask. Don't lose sight of the ultimate goal for each child!!

**RITA VERMILLION** (EFW): Have an open mind, keep a daily journal to see your progress, make out an activity calendar, plan ahead making short term goals and, if that doesn't work, go to Plan B if necessary. You must build a trust with your client because you may not have a second chance if you are not careful how you present yourself. Remember, you are learning a lot from them.

JOAN WOLFE (EFW): Be creative with your activities because if you bore your audience, no learning will happen. Be reliable and dependable. Meaning, don't say it if you don't mean it. Your clients will be relying on you for a lot of things. The children don't forget anything. If you plan an activity, follow through with it because they will hold you to it. There is actually a lot at stake because you are also acting as a role model, whether you like it or not. Be prepared to work alone because being an Eagle Feather worker is lonely. Deal with it. Be prepared to be singled out because you do a fantastic job. Take care of yourself. Some of the things you will hear and see will shock you. If you can't deal with it, seek a professional. If it is contrary to your beliefs go with it and remember "when in Rome." People tell you not to take your work home with you. Pfffffft. If you can't debrief at work, tell an Elder, your pastor or another professional but don't use names. Do something good for yourself every day, be it a bubble bath, read a chapter, pray, meditate, journalize, run, walk, lift weights, scrapbook. Do anything that is not work related and make sure it is fun and don't feel guilty, because you deserve it.



#### **EAGLE FEATHER WORKER JOB DESCRIPTION**

The Eagle Feather Worker reports directly to the Director.

#### **Duties and Responsibilities:**

- Develop and implement individualized services for children and their families
- Implement the programme in the community, at community level
- Develop and initiate holistic interventions for children who witness family violence
- Create awareness about the project in the community
- Conduct home visits in a safe manner as per strategy developed with the Director
- Assess the danger and safety of children and respond to assessments appropriately
- Facilitate family group conferencing with family and other agencies, as necessary
- Facilitate and/or organize workshops on awareness of family violence and the healing journey of families affected by violence
- Facilitate group interventions on topics related to healing and family violence
- Participate in training activities as directed by the Director
- Be committed to community education on family violence and healing
- Complete other duties as assigned by the Director

#### **Working Conditions:**

- Case load = 10 to 15 families
- Commitment to confidentiality
- Flexibility to work weekends and evenings
- Valid drivers license and access to a reliable vehicle
- Commitment to professional development
- Criminal records check and Child welfare check

#### Skills, Knowledge, Experience:

- Knowledgeable about legislation and protocols pertaining to women and children
- Working knowledge and understanding of child development
- Working knowledge and understanding of impact of family violence on child's development
- Demonstrated ability to engage children & their families
- Knowledgeable about community resources, culture, history
- Must have First Aid Certificate for children
- Must have suicide prevention training
- Experience with home visitation and safety
- Communication skilled (verbal, written)
- Must have computer skills
- Multi-lingual, English and \_\_\_\_\_\_ First Nations language(s)
- Knowledge of \_\_\_\_\_\_ First Nations language(s) and culture

# **EAGLE FEATHER WORKER JOB DESCRIPTION, CON'T**

# **Qualifications:**

- Social Work or Early Childhood Education Diploma or Degree
- 2 3 years working experience with children who have had trauma in their lives
- Family Group Conferencing or Constellation Certificate, an asset
- Danger Assessment Certificate, an asset
- Applied Suicide Intervention Skills Training (ASIST), an asset
- Non-violent Crisis Intervention (NVCI), an asset



#### TAKING CARE OF OURSELVES AND EACH OTHER

Families deserve the best we have to offer. As in any role working in a shelter, an EFW can be triggered by issues and events that remind her of her own personal struggles. She could get tired and overwhelmed with multiple demands. This is tough work so we must take care of ourselves, and take care of each other.

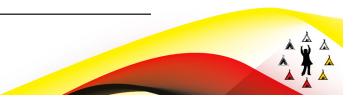
#### Choose people who are well-suited to this work

The role of EFW is a demanding one and it takes a certain set of personality factors and work styles to be effective – and happy -- working in this different way. People who are ill-suited to this style of work will burnout quickly and not be good support for families. It is important that any person asked to be an EFW be well-suited to the role.



# What makes a good Eagle Feather Worker?

- Open-minded, not judgmental, accept people as they are
- Sense of humour
- Flexible, able to multi-task, juggle and change directions unexpectedly
- Organized and able to plan
- Open to new ways of doing things
- Energetic, motivated, a self-starter
- Creative, able to think "outside the box"
- Open to continuing education, continuous self-improvement
- Good work/life balance
- Strong support network (and use it when needed)
- Have a realistic self-care regime
- Good personal boundaries
- Don't take things personally
- Assertive, able to say "no," able to deliver difficult messages
- Able to advocate on other people's behalves, able to stand up to pressure, put any conflicts aside for the good of the families we serve
- Able to work with your own relatives and avoid favouritism
- Ability to engage with people and build rapport
- Able to motivate and excite people about new opportunities
- Able to role model a healthy life style
- Good computer skills
- Comfortable doing presentations and speaking in public
- Knowledgeable about community resources, have good relationships with local service providers
- Knowledge of culture, traditions and the teachings (or able to access people with this expertise)
- Well started on her own healing journey



#### Provide (or require) training in the full range of issues families need support with

People function best in a job which they are prepared for. An EFW needs experience or training with traditional parenting, addictions, trauma, grief, mental health issues, prescription drugs, illegal drugs, personal safety on home visits, suicide prevention and intervention, family and criminal law, advocacy for child protection clients, conflict resolution and mediation. We also found that having worked as a front-line shelter worker was an asset.

#### Keep the caseload reasonable

The WTPT programme is effective because EFWs can devote more time to fewer families. Ideally, the caseload is no more than 10 families, assuming that time spent with a family will ebb and flow as their needs change. So some families are "on simmer" while some are "on boil" at any given time. Geographical scope of the service is also an issue to consider. Spending too much time traveling by car leaves less time for helping people.

#### Monitor ourselves (and each other) for signs we are struggling

Management has a responsibility to maintain a healthy workplace, keep the workload reasonable, promote (and model) good work/life balance and ensure staff are adequately trained for their responsibilities. Front-line staff also have a responsibility for self care and to ask for support when needed. How do the effects of stress show up in moods, health, or repetitive thoughts and self-doubts? The body tracing exercise can be done as a group with adults or with children. You can also do it as a staff team. In addition, Lillian Bigstone, the EFW at the Bigstone Cree Nation Emergency Shelter, shares her personal self-care strategies on page 33.

#### Recognize that we are all on healing journeys

The issues we address with families may be similar to issues from our childhoods or our past or current adult relationships. Like any member of the shelter staff team, an EFW can be triggered by this work and needs healthy ways to debrief and process those feelings. Even when not triggered, this work is demanding and sometimes the progress with families is slow. Do staff know that it's okay to ask for help when overwhelmed or triggered? That it's okay to pull back for a while, maybe take a leave, when necessary? Do they know that setbacks with families are inevitable and not a sign they are doing a bad job? Do we encourage our colleagues, and ourselves, to continue with their healing journeys?

#### Link EFWs with others doing similar work

One particularly successful strategy we used was to support the EFWs talk to each other. Only they could know the challenges faced in this role. They spoke on a teleconference call every two weeks, communicated through texts, Skype and e-mails with each other, and also met a few times a year in a central location. They shared ideas for the work and vented about their frustrations. There was also the opportunity to consult on case-specific issues they were grappling with. We recommend that this feature of our pilot be incorporated into any programme based on the ideas discussed here.

#### Have realistic expectations vis-à-vis resources available

We listed earlier a number of supports needed by any agency using this model. Without those supports, the job as described here may not be "do-able." A shelter that asks someone to take on this role but which has not provided the needed supports may be setting that person up to fail. Families

will not get the service they were promised. Burnout is inevitable. It is crucial that EFWs have all the "tools" and support to do the job we define here.



**LILLIAN BIGSTONE** (EFW): You can have education but you need healing as well. You can only take someone as far in their healing journey as you have gone in your own journey. If there is more healing to be done, if you haven't done the work, this job will throw you for a loop.



#### How do you know when you are getting overwhelmed and need some self care?

- The Eagle Feather Workers generated this list of signs:
- You don't want to come to work in the morning, maybe call in sick
- Let your appearance go / don't take care of yourself
- Stop believing you are making a difference
- Lose hope in a better future for the families
- Stop believing in yourself
- Start blaming the families for lack of "progress"
- Blaming colleagues for not doing it "right" / being critical
- Think about quitting / fantasize about next job you will have
- Relationships with family and at home suffer
- Short tempered / easily upset / sweating the small stuff
- Low productivity / not initiating new things
- Getting sucked into agency gossip
- Doing everything yourself because it is easier that trying to delegate
- Health suffers / feel exhausted / can't sleep / stress headaches
- Feeling "damned if you do, damned if you don't" / immobilized
- Not able to create a separation between work and home
- Sad / crying easily / triggered by small setbacks to feel hopeless

EFWs can pay attention to these signs and reach out for support when feeling overwhelmed. Supervisors can be alert to these changes in staff and step in when needed.





#### How do you take care of yourself as an EFW?

MELANIE HEROUX (EFW): I have an ear infection because I've been having too many bubble baths, Iol. My self-care is my teachings, sweats, smudge, prayer. Go to bed early and get up early. Eat healthy, drink lots of water and tea. I'm thankful and grateful every day for life and the blessings it has given. Share troubled thoughts so they don't manifest. Slowly, I am putting myself in a positive frame of body and mind. For a long time it seemed I was ready to throw in the towel with this work because we are dealing with a lot of negative issues and it's easy to forget about taking care of #1- ME!!!! ...A lot of times, I don't want to bother her, but once I make the time to debrief [with my Director], it's a huge relief.

**RITA VERMILLION** (EFW): I take a lot of time for myself. I leave my work at work, and focus on walking and listening to music. Music relaxes me. I keep in touch with my inner self. When I'm feeling overwhelmed, I read the Bible, ask for help from the Creator. I talk to my husband. If

I have issues, I let him know and we talk it out. My supervisor is always there to support me, to let me know that I'm doing a good job, that I'm not alone.

**JOAN WOLFE** (EFW): I have good work/life boundaries. At work, it's all about them. At home, it's all about Joan! I go to movies and spend all the time I can with family after hours. I take care of myself through prayer, running and working out. I recently joined yoga and totally enjoy the classes. So I guess that could count as meditation.

#### **BODY TRACING EXERCISE**

**Purpose:** to identify and visually diagram how a person experiences stress; to increase awareness of early signs of stress and advanced signs of stress; to think about common self-talk related to the stress associated with positive and negative situations; and to set the stage for discussions about strategies to manage and reduce stress.

Materials Required: a roll of butcher block paper; coloured, washable markers; pencils; masking tape.

Choose partners and cut off pieces of butcher block paper for each person in lengths that are slightly longer than the height of the participant. Invite one person to lie down on top of the piece of paper and the other person traces his or her outline. Switch roles and repeat and then have each person tape his or her body tracing to the wall.

- 1. Each person then personalizes his or her body tracing using markers (e.g., eyes, mouth, hair, jewellery).
- 2. Using a blue marker, draw on your body tracing where and how you experience early signs of stress related to positive situations (use + signs) and to negative situations (use signs). (If no difference between early signs of stress for + and situations, then include both signs in your illustration).
- 3. Using red marker, draw where and how you experience advanced (or intense) stress reactions. Using the + and signs, illustrate how the experience is the same or different for stress associated with positive and negative situations.

Using the blue marker, write down in the area outside of your tracing, the type of self-talk you think during early signs of stress linked to positive situations. Repeat for negative situations.

Using the red marker, write down in the area outside of your tracing, the type of self-talk you think during intense stress reactions linked to positive situations. Repeat for negative situations.

Using an orange marker, illustrate what a co-worker might observe if you were mildly stressed (label MS) and if you were very stressed (label VS).

Pair and Share: Use your body tracing to explain how and where you experience early stress, intense stress, the self-talk that goes with your stress, and what a co-worker would see when you are stressed. If your co-workers observed this, would they interpret it as "stress" – how come? Use a green marker to show how you can manage and reduce your stress (both early and advanced/intense). Write down the self-talk linked to coping with and reducing stress. Use a brown marker to write down what you would like a co-worker to do when they observe you are stressed?

Pair and Share: Discuss less helpful and more helpful coping strategies. Talk about helpful and unhelpful reactions from co-workers when you are stressed.

Large Group Discussion: What types of situations create stress? Ask how we can let co-workers understand what is supportive and what is not helpful when we are experiencing stress? What is the role of "self talk" in experiencing stress and in managing stress? How can our stress affect our work and relationships with families in the programme? Let participants know that the more aware of how and where we experience stress, especially early signs, the more we can choose to use stress management and reduction strategies. These strategies are easier to use and more effective when we recognize early signs of stress and immediately and regularly use strategies that are most helpful to us. Invite participants to share what they will take away from this exercise.

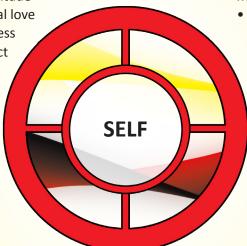


# **SELF CARE MEDICINE WHEEL**

Lillian Bigstone, Eagle Feather Worker

#### **SPIRITUAL**

- Connect with Nature
  - Meditate, Pray
- Learn from an Elder
- A end Sweat/Night Lodge
  - Go on a Fast Retreat
- Have quiet time, solitude
- Prac!ce unconditional love
  - Practice forgiveness
    - Go within, reflect



#### **MENTAL**

- Say affirmations to myself
- Read a book or newspaper
- Examine self and life limiting thoughts and beliefs
  - List my needs and wants
- Make realistic goals for self
  - Listen to relaxing music
    - Contemplate

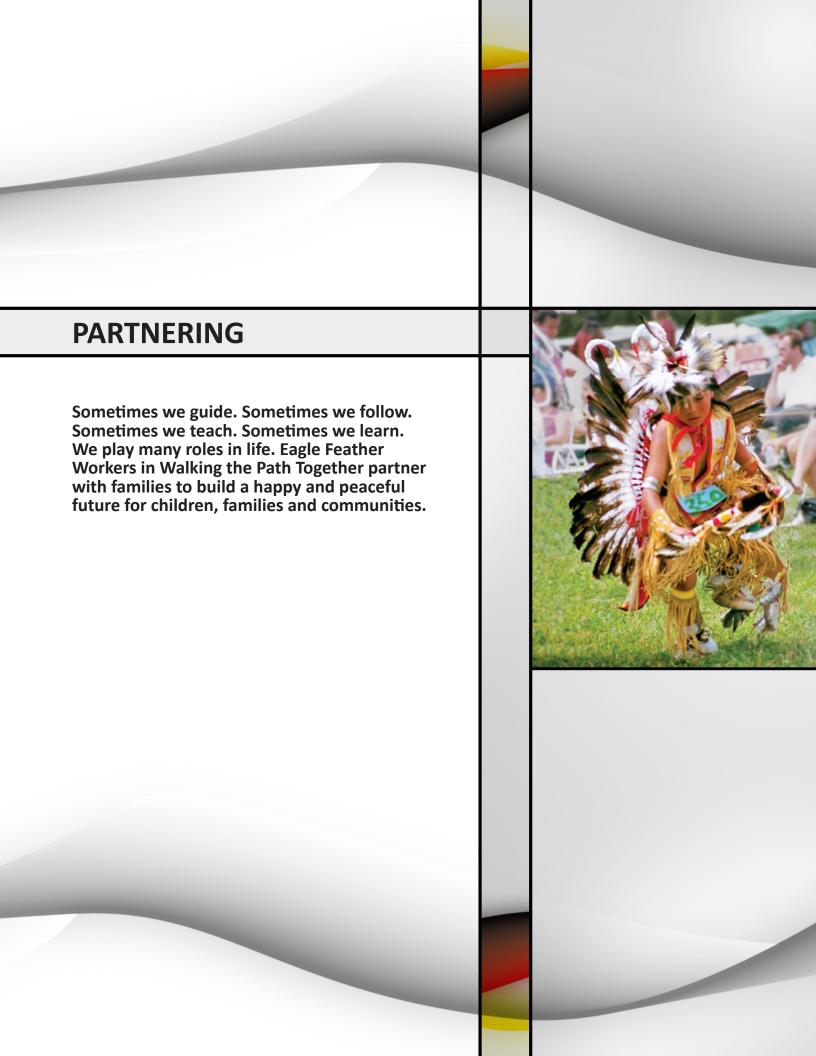
# PHYSICAL

- Go for a walk, ride a bike
- Exercise in gym, sing or dance
- Sit in the sun, shade or by a lake
  - Go for a drive on bush roads
  - Be out in nature and observe
  - Fast or eat totally healthy for one day

# **EMOTIONAL**

- Share feelings, feel
- Hug, cry, or smile
- Send peace and good thoughts to others
  - Affirm self daily
  - Be gentle with self and others

Life is only as hard as we make it!



# **PARTNERING**

A partnership is a relationship of equals. So Walking the Path Together (WTPT) is a journey taken with families as partners in a healing process. They are changed, we are changed. Partnership is a goal, not a given. Partnering is about building trust, proving genuine commitment, demonstrating that you can really help. It is a slow process, and we found that it takes a lot of time. For some families, it took many, many months before they fully opened up to partnering with their Eagle Feather Worker (EFW).

It was worth the wait.



Jackson and his family had met countless service providers who said they were there to help. So his mother had good reason to be wary when first approached about participating in WTPT. Like most women, she often had to leave a shelter after a few weeks, usually to move on to another shelter. In the few times she secured a second-step housing unit, able to stay for one year, the family was evicted for rule violation. Jackson simply would not go to school, and school attendance is a common expectation in shelters. His mom was exhausted when we first met her, ready to be judged and found wanting. Her household was sub-standard she assumed: not enough rules for the children, not enough consequences. Maybe she sometimes drank too much, and of course she could never get Jackson to go to school. Why would she trust this Eagle Feather Worker? Wasn't she just another one of those people who offered help but was really there to watch and judge? It took a while, but Jackson's mother eventually saw that this woman walked her talk.



**LILLIAN BIGSTONE** (EFW): [In the case of one woman], it was two years before I really started to know her, never mind establishing trust.

**MELANIE HEROUX** (EFW): It's been a year and a half and the moms are just starting to share. I feel like now I'm getting somewhere.

**TERESA SNOW** (EFW): After one year, they are finally coming out and telling me something.

**RITA VERMILLION** (EFW): It's baby steps!



# **OUR SHARED BELIEFS ABOUT PARTNERING WITH FAMILIES**

When building partnerships with families, these assumptions guide the F.E.A.T.H.E.R. approach.

### Partnering comes before healing begins

The healing process starts by getting to know each other. Only after a strong partnership is built can an Eagle Feather Worker (EFW) and the family develop goals for their time together and choose some ways to head there.

# Partnering is about building a bond of trust and respect

Before opening up and accepting support, people must trust their EFW, feel listened to, feel accepted the way they are, and value her input. Partnering is more than building rapport. It's a process of building trust and mutual respect.

#### Partnership is a goal, not a given

Building an effective partnership may take some effort. A family could have many good reasons not to trust service providers, at least at first.

# Everyone has a different pace

Some people grab at any and all help that is offered. Some people are more reluctant. Asking for help is difficult. Sometimes the reluctant people actually want our help more than the people who grab it immediately. That is why an EFW is patient.

#### Partnering can be a lengthy process

Earning trust and respect takes time. People may have felt let down by previous service providers, worry about confidentiality, or be afraid their involvement in the WTPT program will lead to child welfare intervention.

#### People must meet their basic needs before they can contemplate healing

No one will move far on a healing journey when they are hungry or sick or have no place to sleep tonight. As part of the partnering process, assisting people with their basic needs can build trust and show that we know life is not easy for them right now. Healing may need to wait until people can meet the basic needs for themselves and their children. So EFWs often work to make sure that basic needs are met; providing this assistance in turn, builds a deeper partnership.

# Finding how to build a partnership is our responsibility, not the family's

Don't give up. Keep trying. All the families agreed up front to join WTPT: it's voluntary. That initial agreement did not guarantee a ready embrace of the chance to partner with an EFW. In the "helping professions," we often wait for people to come see us. In that way, our "clients" are "ready," "receptive" and "open" to change. If they don't come back, we might call them "resistant" or assume a lack of "insight" on their part. On the other hand, EFWs reach out to families and stay available over many months. Three things became evident during the pilot of WTPT: this process is challenging



for the worker asked to do it, it may take a long time before progress is seen, and it's worth the wait. With some families, the greatest gains were seen only after a year or more. This slow, patient approach builds a strong and deep link between the EFW and the families.

# LINKING WITH PARTNER FAMILIES

To select families for the WTPT program, the Project Guidance Circle set some core criteria: First Nations families where children had been — or were being — exposed to family violence and who lived in the community and qualified for local services. We include here the referral checklist used during the pilot. Any community using the WTPT program can likewise consider these issues when approaching families.

# Children of what age?

We partnered with families who had at least one child of about seven years of age. We worked with the entire family, but each family had at least one seven-year-old. We chose age seven in part to fit the mandate of our funders. But we also wanted to play a role in the lives of young children, before concerning thoughts, emotions and behaviours became entrenched and difficult to shift. Also, when planning group activities, it's helpful to have children of similar ages. A community contemplating a WTPT program could focus on young children like we did, or maybe choose older children or even teens.

#### **Shelter residents?**

In four of the five WTPT communities, we partnered primarily with families who lived recently in the shelter. Or schools could identify children about whom they were worried, and some families were suggested by child protection officials. We came to no conclusion about how best to find families because each community is different. There are pros and cons to limiting a WTPT program to shelter residents. A shelter may not be a welcoming space for men, for example. Concerns about confidentiality could restrict access of WTPT families to meetings and groups in the shelter. On the other hand, WTPT families could benefit from qualifying for other shelter programs. Again, there is no correct answer.

#### Child struggling with what issues?

Some families were approached for WTPT because of the worrisome behaviour of a child or children. Sometimes it was because of the personal struggles of a parent or parents. Overall, most of the seven-year-olds were not displaying worrisome behaviours but we assumed they might one day if family dynamics stayed the same. Some communities using the F.E.A.T.H.E.R. approach may want to reach out to children whose behaviour is already worrisome and some may wish to adopt a more preventative approach, as we did.

# Living where?

Because of our long-term commitment to WTPT families, we chose primarily families who lived locally or wanted to start living in the local area. Some of the WTPT communities are geographically large and we needed to define an area that was reasonable for the EFW to travel within. Some families simply lived too far away to participate in WTPT.



# Consent of both parents?

WTPT is a voluntary service. We need the family's initial and continuing openness to be involved and their consent to the children's involvement. "Consent" means understanding what they are agreeing to and truly believing they can say "no," now or at any point later. A few times, one parent okayed the children's involvement while the other parent opposed it. If the parents lived together, that made that family's involvement difficult, and sometimes unsafe. We strive always to find ways of bringing reluctant partners into the journey. However, if a person thought participation in WTPT jeopardized her safety, we understood.

# Safety of children is possible?

We want children to live safely in their own families, in their own communities. Sometimes, this goal is not possible right now. Child safety is our priority. We cannot support a plan for children to live in a home that is not safe. If a child will be abused or neglected despite our best efforts, then maybe this is not a family for WTPT at this point in time. Or perhaps another caregiver might come forward (such as a grandparent or auntie) to keep the children safe while we work with the parent or parents. There is another safety issue. Much of the work takes place in the family home, so we need to think about how anyone might be placed at risk, including the EFW.

#### A note on "readiness"

It is often observed that no one changes until they are "ready." In other words, even the best help falls flat until a person is open to accepting that help and ready to apply what they learn. We have mixed feelings on this point. We cannot change people. People change in their own time. However, not everyone is able to ask for help, or even believe they are worthy or deserve help. A key feature of the F.E.A.T.H.E.R. approach is to offer assistance and be patient. We recognize, as described in the following pages, the many reasons people may not embrace our offer of support, at first. By limiting the WTPT program to people who are "ready" on the surface, we lose some of the power of the F.E.A.T.H.E.R. approach: being in the right place at the right time.



**JOAN WOLFE** (EFW): If we wait until people are ready to change, we could be waiting a long time. Meanwhile, their kids are growing up.

# WTPT PARTICIPANT SCREENING CHECKLIST

Participant's Name:				
Are the children of First Nations heritage?		□ yes	□ no	☐ not sure
Is one child about 7 years of age?		□ yes	□ no	☐ not sure
Have the children lived with violence at home?		□ yes	□ no	☐ not sure
Can the children be safe in the home?		□ yes	□ no	☐ not sure
Does a legal guardian give consent?		□ yes	□ no	☐ not sure
Does the family intend to live in this area?		□ yes	□ no	☐ not sure
Will the family live close enough to the shelter to receive services?		□ yes	□ no	☐ not sure
Does the family qualify to receive local services such as housing?		□ yes	□no	☐ not sure
Has the family received services from the shelter or do they qualify as a "client" of this agency?		□ yes	□ no	☐ not sure
Is there no other legal guardian who opposes the involvement of the children?		□ yes	□ no	☐ not sure
Will the Eagle Feather Worker be				
safe in this family's home?		□ yes	□ no	☐ not sure
Does this family qualify?	<b>□</b> yes	□no	□Ine	ed more information
Does the family agree to be				
involved in the WTPT Project?	□ yes	□ no		
If no, please describe the reason they said no:				



# WHAT CAN DELAY OR PREVENT PARTNERING?

Why might the partnering process take so long? Lots of reasons.

#### Shame and self-blame

Being approached to join a helping program sends an (unintended) message: your children have problems, probably because of you. People can be immobilized by guilt and shame. Asking for help — or accepting help — is always difficult, admitting you can't solve your own problems and telling friends and family that you need "professional help." Some people believe life can never be better than this, or they are reluctant to try anything new in case they fail again or make things worse. Some people believe they are not worth the effort and that it's too late for them: they are beyond anybody's help.

# **Helper Fatigue**

Another barrier is the effect of previous bad experiences with service providers, especially (but not exclusively) in mainstream services. Reluctance to trust could be linked to past feelings of being judged, misunderstood, disappointed or not respected. Men especially may have suspicion of women in the anti-violence field. There are a number of myths about people who work in shelters, including that they see men as the "bad guys" and they want to break up families.

#### Fear of bad consequences and concerns about confidentiality

Honesty can trigger child-welfare scrutiny, like acknowledging an addiction, or admitting there is violence at home. First Nations communities are small and close-knit. Everyone knows everyone else. It will take a while for some people to believe that their private issues will stay private. An EFW earns trust by being scrupulous about confidentiality while keeping child safety as the priority.

#### Can "yes" really mean "yes?"

Some people joined WTPT because they did not feel able to say "no." They may think: "Sure, they say it's voluntary, but I will get in trouble if I say no." For some families, child protection officials really were pushing them into the WTPT programme. So the consequence of saying no was huge. In other words, the desire to join WTPT was weak at first in some people. They said "yes" for the wrong reasons and needed to be convinced that this programme was different.

#### Change is scary

Few people accept the idea of change easily, even if knowing that change is needed or good. The need to maintain an unhealthy coping strategy (such as alcohol) can be so strong that the idea of losing it is terrifying. Clinging to the familiar is a strong human instinct so people may not embrace the idea of good changes like healing (or ending) an unbalanced relationship, addressing an addiction or learning a new way to parent. Patience is important when someone is contemplating a good but difficult change. It may be a paradox, but people need to accept themselves for who they are before they can change.



# Being overwhelmed and pulled in multiple directions

When all your time and energy are used up in daily survival, it's difficult to add one more expectation into the mix. People with young children always face multiple demands. Some of the WTPT families are transient, poor, depressed, have no transportation, have legal problems, or have other sources of stress in their lives. An offer of support can look like another burden or another expectation they might not live up to.

## Perception of a power imbalance between the helpers and the helped

As much as we have good intentions, the families we reach out to may be aware of a power imbalance between them and us. They need help, we have answers. Helpers have jobs, education, cars, homes and (people assume) happy relationships. Helpers may control access to resources such as grocery vouchers and even maybe access to the shelter. An EFW would never feed into the perception of a power imbalance, but they need to be aware of it so people don't feel judged or looked down upon.



#### Why might people turn down the opportunity to be involved with a program like WTPT?

LILLIAN BIGSTONE (EFW): Historically, our First Nations people have been forced to live out other people's values and traditions other than their own. This assimilation process has had profound effects and the legacy continues. Some of these lingering effects are homelessness, addiction, poverty and dependency. Government-funded programs such as the WTPT are reminders that don't offer the instant gratification to homelessness, addiction and abuse needs. People want things given to them because these are the values in teachings that were handed down through intergenerational dysfunction. Another government funded program is only as valuable as the results it produces. Programs provide jobs to programmers, survivors play the system. Fear keeps people stuck. Programs help people only as much as they want to change.

**JOAN WOLFE** (EFW): "Readiness" is huge in healing and wellness. Simple as that, they aren't ready. All we can do is provide them with the support when they make a choice to begin their journey.

**RITA VERMILLION** (EFW): Pride. They don't want people to know their business. And low self-esteem.



# How do you know when the trust is not there yet? What are the signs?

**LILLIAN BIGSTONE** (EFW): This is when the mother sends her child to the door to tell me that she's not home or I knock on the door and I can hear people in the house but no one answers the door.

JOAN WOLFE (EFW): Adults and children are the same – they'll resist, shut down and dig their heels in deep. One family that initially joined WTPT, they had a land line, two cell phones and a work number. I left messages on all the phones and nobody got back to me. I think she knew not to pick up when I called, because everyone has an idea who's calling when it shows up on caller ID as a blocked number.



"The Committee heard that women who were victims of violence often avoided seeking help from health or social service organizations for fear that their children would be apprehended by child welfare authorities, as Darcie Bennett, Campaigns Director, Pivot Legal Society, pointed out: "One of the key themes that came out of the last project we did with women who were involved with the child welfare system as parents was on male violence in their lives. It manifests itself in a lot of ways, but one of the biggest is actually fear of calling police if there's violence in the home, because they've seen children apprehended." ... A number of witnesses warned the Committee that the child welfare system was the modern-day equivalent to residential schools, and suggested that it would be difficult to stop the violence in Aboriginal communities until we can somehow stop the tide of Aboriginal children who continue to be taken away from their families."

Call into the Night: An Overview of Violence Against Aboriginal Women (Standing Committee on the Status of Women) (2011: 11, 13)



# STRATEGIES TO FOSTER PARTNERING

Each family is unique. Each community is unique. What works in one family, or one community, might not work in another. We found these strategies helpful when we sought to build partnerships with families.

#### Public presentations, workshops and promotional material

To raise the public profile and credibility of the WTPT program, information pamphlets were created and EFWs did presentations with key community agencies such as the schools. We produced promotional items such as lanyards, pens, gel bracelets and carryall bags. We also organized public presentations on topics related to family violence, social issues and healing such as:

- Nutrition and prevention of diabetes
- Lateral violence in the community and workplaces
- School bullying
- Traditional parenting
- Healthy relationships
- FASD prevention and pregnancy health
- The legacies of residential schools

We brought in guest speakers including Elders, traditional healers, RCMP officers and health-care practitioners. For workshops and community discussions, a video can get people talking. Many are available on YouTube (free) or for purchase from places like Bearpaw Media [www.bearpawmedia. ca], First Nations Film [www.firstnationsfilms.com] and the National Film Board [www.onf-nfb.gc.ca]. Some information kits for community discussions are listed at the end of this section.

#### Counter the barriers to partnering head on

We listed earlier some reasons people are reluctant to trust service providers. To counter those factors, be actively the opposite. Prove you do not judge people by accepting everyone as they are. Be honest, keep your word, don't promise anything you can't deliver, show up when you say you will, maintain confidences, respect their privacy, seek their opinions about what they need from you. Listen more than speak. Respect their pace for change and don't push. Try your best to understand why they are reluctant to start a healing journey. Show your commitment to them: walk your talk. Be as helpful as they will allow. Mirror back their successes, no matter how small. When it's appropriate, share your own story to show you are no different or better, that you've had struggles too. Be open to men's involvement and input. Be different than the services who let them down before.





LILLIAN BIGSTONE (EFW): This work is not about me changing a person. It's about teaching a different way of thinking, a different way of doing things, by slowly letting go of old destructive and harmful patterns that no longer serve us. I accept and believe that "life is about constant change." When someone makes even the tiniest change, treat it like a giant leap forward. Allow them to see the big picture and know they too are capable of being all that they can be. It takes patience, and love.

# Create opportunities for WTPT families to come together as a group

In addition to the public events just mentioned, we organized opportunities for the WTPT families to meet each other. These included meet-and-greets, birthday parties, holiday celebrations, events for International Women's Day or arts-and-craft nights. Food was always involved. We encouraged people to go to round dances and local pow wows, and did some excursions (funding permitting) to places such as the West Edmonton Mall and the Calgary Stampede. Slowly, bit by bit, the reluctant people started showing up and came more often.

# Work with children, and bring adults in slowly... or the other way around

Some families saw WTPT as a great opportunity for their children. But the adults were not so keen. So we created opportunities for children to do activities and waited until the adults warmed up to the idea. In other situations, not as common, the adults stepped forward but were reluctant to let their children be involved. Ideally, we want to work with both adults and children, but it may not start that way. We even worked with adults who did not have custody of children, so they could get to a better place — physically, mentally, spiritually and emotionally — and regain custody.

#### Help people meet their basic needs

Parents strive to be worthy caretakers of children. To be nurturing and emotionally available caretakers, people need to believe they are valuable and valued (mental needs), they need to love themselves before they can love others (emotional needs) and they need to embrace and use the gifts they were given at birth by the Creator (spiritual needs). In short, they need to be the person they were meant to be. People cannot get to that place when they are hungry, homeless, sick or cold, so a big part of the partnering process focused on physical needs, the need for shelter, nourishment, warmth, safety and health. We want people to be good parents, but we understood that a family in survival mode will spend all their energies on meeting the basic needs for today. A ride to pick up groceries in town, get to medical appointments, or attend court proved to be highly effective in earning trust and demonstrating commitment. EFWs supported parents to feed and clothe their children through advocacy with shelter and broader community resources. We had some funding for grocery vouchers to tide people over in times of need, as in the days and weeks before the Child Tax Benefit cheques arrived.

# WHAT I NEED TO BE A NURTURING CAREGIVER OF THE NEXT GENERATION

# MENTAL NEEDS Positive Belief in Self

- I can ask for help when I need it
  - People will help me if I ask
- I know I deserve to be happy
- Lam smart and capable and can take care of myself and my family
- I choose to create a peaceful home
  for those I love

# SPIRITUAL NEEDS Seeing and Using My Gifts from the Creator

- I am the best person I can be, the person I was meant to be
- I have gifts and strengths to offer my family and my community
  - I choose to use my words as medicine, not weapons
- I live by the teachings of my People
  - I walk and dance with pride



# EMOTIONAL NEEDS Self-love, Hope & Peace

- I can give love and accept love
- I am worthy of respect and can respect others
- I feel optimistic and see a bright future ahead
  - I feel good about myself
- I do not walk alone through life

# PHYSICAL NEEDS Health & Wellness

- I am safe from injury and illness
  - I have shelter / housing
- I have money / employment
  - I have nutritious food
    - I have clothing
  - I have medical care
  - I have adequate sleep



# Be patient: one day you'll be the right person in the right place at the right time

One word sums up the WTPT partnering process: patience. Through "active availability," without being overbearing or intrusive, EFWs let families know they could be reached by phone, text or e-mail. They checked in every once in a while. Sometimes the first requests were pretty basic, like for a ride to get groceries. When you show a willingness to help people with basic needs and everyday problems, you demonstrate a sincere interest in them. When you help with day-to-day survival needs, you become the logical choice to help with the more challenging issues too. As trust and familiarity were built, people opened up about childhood sexual abuse and other historical traumas, revealed the true extent of violence at home, shared their fears about the power of addictions in their lives, and confided the deepest worries about their children. They came to feel worthy of someone's time and attention, and this was no small accomplishment. The bond formed was powerful, because it was done slowly.



"Kindness is the hardest walk on earth."

Michael Merrier



"All it takes is for one person to say the right word to make change in a person's life." **Darlene Lightning-Mattson**, Sucker Creek Women's Emergency Shelter



# How do you know when a person has grown to trust you? What are the signs?

**LILLIAN BIGSTONE** (EFW): When I get a text message that says, "Hi Lillian, if you have time today can you stop by please. I need someone to talk to." When a mother who decided to start attending groups says, "I didn't know that it was going to be that much fun — I should have started coming a long time ago." When a text comes in and it says, "Is there group today?"

JOAN WOLFE (EFW): [For one woman], it was when she broke down and cried to me about a [recent assault]. For her to break down and show me her weakness and have the strength to ask for help was huge. You know a person has grown to trust you when they allow you to see them at their weakest point. For children, it is when they call me by my name. In my programs, there can be several conversations happening at once; however, when they say "Joan," time stands still and seems to go in slow motion and I can remember every little detail. I feel as though I have connected way beyond the content of our activity. I can remember who said it, their tone, the time and the place. I feel as though I have been invited into their universe. It's like 9/11 and when JFK was assassinated; all the small details you remember become something big.

# Talk about "protection mode" and develop a plan to leave quickly

You can be "at the right place, at the right time" when a woman needs to leave home quickly for her safety. Safety may be a topic of on-going discussions when caregivers are living in potentially dangerous situations and want or need to stay living there. The Walking the Path Tools: Danger Assessment Circle is one tool to start a conversation about a male partner and the danger he could pose. In addition, the Walking the Path Together Tool: POP TARTS in Appendix B – Protection, Options, Planning — was developed as a First Nations alterative to mainstream safety planning. It describes the WTPT approach to talking with women about the signs they are going into "protection mode" and developing plans for how to find a (usually temporary) place of safety when it's too dangerous to stay at home for the next little while. This approach recognizes that women often want or need to stay living with an abusive partner and they are experts on reading his moods or other signs that the risk for violence is building. The POP technique helps a woman think about the signs she is going into "protection mode" and how an EFW can be part of her plan to get away safely. For example, a safety strategy for protection mode may include entering the shelter for a brief period, until the situation at home is safer. This is an example of how an EFW can work strategically with her shelter colleagues. Using the shelter for respite is one of the four things women seek from shelter, as discussed on page 115.



#### **RECOMMENDED RESOURCE:**

Jacquelyn Campbell, Teresa Snow, Lillian Bigstone the Eagle Feather Workers and Project Guidance Circle. (2012) Walking the Path Together Tools: Danger Assessment Circle (See Appendix A), Alberta Council of Women's Shelters [www.acws.ca]



"When somebody is in a place where they're ready to finally leave that abusive situation, sometimes that window of opportunity is very small. Maybe they go back into the home, where they continue to be dominated, and it's not safe for them to come out until sometime later. So when those opportunities come when somebody is ready to leave, and they want to leave now, it's really imperative that we have some place to place them."

Angie Bear quoted in Call into the Night: An Overview of Violence Against Aboriginal Women (Standing Committee on the Status of Women) (2011: 25).



# LISTENING WELL

In the next section of this guide, we talk about ways of understanding family violence and especially how it shapes children as they grow. The first step is to listen well so the families feel heard and understood. It's not necessary to agree with everything they are saying, or even believe it's true. The goal is simply to understand what they think and feel at this moment. Listening is a skill that we can learn and practice.



"You have your ears for a reason and that is to listen. They are not there for decoration. Listening is a skill, an art. It's not something you're born with. It's everyone's right to be listened to. If I'm really paying attention to someone, I connect with them spiritually."

Rosa Medicine Traveller

#### Suspend assumptions

Maybe you assume you know what they want, or what they need. You could be wrong. You can't help a person until you know what they need from you. Sometimes people face so many challenges that you don't know where to start. The answer is simple: start where they want you to start. So find out the issue they need help with this minute, which might be a different issue than you assume.

#### Stay quiet

Listen more than talk. Sometimes the best thing to say is nothing. Silence shows you are listening and interested in what they are saying. Silence encourages them to continue talking. Silence says that their words are more important than anything you could say. It's a sign of respect.



"Remember that silence is sometimes the best answer."

The Dalai Lama



#### Let emotions drain off if needed

A recent argument, getting bad news, being triggered by something on television, these are all painful experiences that may cause people to feel upset and emotional. They are also opportunities to "be in the right place at the right time." When upset, people may share more information or be open to talking about a difficult change. But they can't move forward until the emotion drains off. Let someone cry if needed, or vent in another way that may include angry words. If someone is really angry at someone, it's best to let them vent with you rather than confront the person while still emotional. If a person continues to be upset and the emotion is too strong to move forward in the conversation, a grounding exercise might help (see the next page).

# Use open questions to encourage (more) sharing

As you listen, a few short questions can encourage more sharing. A closed question invites a quick yes or no answer, like "did you have fun at school?" An open question, on the other hand, invites more sharing, like "tell me about the most fun thing you did at school today." Other open questions are "how did you feel about that?" or "what do you think he meant by that?" or "why do you think she did that?"

# Echo back what they said

Hearing is different than listening. You heard the words, but did you hear what they needed to tell you? To make sure, summarize and echo back what they said, like this: "Okay, let me see if I got this right. Your lawyer isn't returning your calls and you're worried she won't be prepared for the trial next week." Reflect also on the emotions, as in "I can hear the frustration in your voice." Use reflection even if you disagree, as in "I think I hear you saying that black is white." Don't correct them or argue or use sarcasm. Just reflect it back. Find more information by Googling "active listening" or "reflective listening."

#### Don't rush ahead to solve the problem

Sometimes when people describe a problem, it's natural to throw in ideas for how to fix things. Be patient. Let them say what they need to say and also drain off the emotion. Jump in too soon, you might list solutions to the wrong problem, or give the impression they aren't capable of coming up with solutions themselves. Instead, maybe ask this: "You're a smart and resourceful person. What have you already tried?" Other things that stop the flow of good sharing are interrupting, contradicting, negotiating, arguing a point, shifting the conversation to be about you, changing the subject, or yawning. If you get push back, that's a sign they aren't feeling heard. Push back can sound like this: "You don't understand how hard it is," or "I know it seems easy to you, but..." That's a signal for you to change tactics and do more listening, like: "Yah, you're right. Maybe I don't understand, but I want to. Can you help me understand what this is like for you?"

#### Agree on a plan for what to do next

The next question from you might be this: "What do you need from me?" The answer may be, "nothing, right now. I just needed to talk to someone." Or the person may want assistance with an issue like housing. Sometimes it's helpful to break down a big goal, like housing, into smaller steps to tackle one at a time. Maybe start with getting the application form. Before you end the conversation, be clear on what they expect from you. And be clear on what you can and cannot do.

# **GROUNDING TECHNIQUES**

"Grounding" is any technique that helps an upset or triggered person "calm down" and get back in touch with the present moment. There are many different options, but here are a few to consider.

#### Feel the earth beneath your feet

Perhaps the simplest grounding strategy is to place both feet flat on the floor and feel the connection with the earth. Place your hands palm down on your thighs. Stretch and flex your toes and take a few slow, deep breaths, in through your nose and out through your mouth.

#### Deep breathing

Belly breathing (also called diaphragmatic breathing) helps bring more oxygen into your blood stream. Put one hand on your stomach (around the belly button) and one hand on your chest. Take a large breath deep into your lungs so that you feel your stomach (not your rib cage) expand. Google the term "diaphragmatic breathing" to find more information.

#### Meridian massage

Take your right hand and pat your left arm firmly from the shoulder to the wrist. Repeat on the other side.

Then take some deep breaths and pat the inside of your left wrist with your right hand and vice versa.

Next, pat your legs firmly from top to bottom with both hands. Repeat if needed.

#### Emotional freedom technique (EFT)

The theory behind EFT is that the cause of negative emotions (fear, anger, grief, anxiety, depression, worry,			
guilt) is a disruption in the body's energy system which has been triggered by a distressing memory or			
hought. EFT involves tapping on acupuncture points (to manipulate the energy meridians) beginning with			
a spot on your wrist and progressing through a sequence. At the same time, you repeat an affirmation			
such as: "Even though I have this, I love and accept myself and know I can			
." For direction on using EFT, visit www.emofree.com			

#### Bracketing

Invite the person to place a painful feeling or thought into an imaginary box (or real) and set it aside. This helps the person to "be present in the moment" and not preoccupied or overwhelmed with that painful feeling or thought. You can invite them to open the box later, when they are better able to talk about the issue without re-living the painful emotions.

#### Get in touch with a soothing item or smell

Smudging can be grounding, cleansing the air of negative energy, and the familiar smell is comforting.

Stroking a dog or cat, or even a cuddly soft toy, can be grounding. Peeling an orange, which releases a lovely smell into the air, is also something that can focus a person and be calming. Some people keep a basket of smooth rocks with inscribed words on their desk, and invite people to select a rock that matches how they want to feel. Rubbing the smooth rock in their hands can be comforting.

## Subjective units of distress (SUD)

This is a self-assessment of how disturbed or distressed a person is, ranging from 1 (perfectly calm, relaxed) to 10 (unbearably uncomfortable, overwhelmed, panicked, at the end of your rope). When the person is upset, ask them to rate themselves for how they are feeling. You can ask about the SUD level prior to a grounding exercise and again at the end, for example.



# LISTENING AND TALKING ABOUT SUBSTANCE ABUSE

For a person who struggles with excessive drug or alcohol use, the pull to this coping response is strong and the cycle difficult to break. Drinking and drug use compromise parenting, relationships, employment, and the ability to get stable housing. But people embrace change in their own time. Resolve to quit comes only from within. Helping people stop or modify their use of drugs or alcohol is important, difficult work that takes time. Perhaps for no single issue is it more important to "be in the right place at the right time."

# Understand the power of addiction

Alcohol and drugs numb unbearable feelings, tame gut-wrenching anxiety, help people fit in socially, or any number of things that make sense because it works. People feel better, at least at the time. Using drugs and alcohol to feel better today can lead to problems over time. As tolerance grows, you need more and more of the substance to get the same effect. It's a vicious cycle that's hard to break because a person's brain and body expect it to continue. If the person stops using, they go into withdrawal, which in turn causes more anxiety and sometimes physical pain. Getting more of the desired substance becomes an obsessive focus and other responsibilities shrink in priority. The power of addiction takes over your life so that nothing else matters. Even when clean and sober, the struggle to stay that way is a constant battle, day by day, hour by hour, sometimes minute by minute.

# Understand the power of toxic shame

Each person walks his or her own journey in life, but First Nations people walk with the crushing weight and painful legacy of colonialism and residential schools. We talk in the section on Healing about helping people position the roots of today's personal struggles in how previous generations were affected, and how those factors affect them today. As helpers, we need to understand that too. People can believe in their cores that they are unlovable, undeserving of happiness, failures, disappointments, mistakes. They walk in shame.



**LILLIAN BIGSTONE** (EFW): Toxic shame creates a belief that one's true self is flawed and defective, which fosters shame-based behaviours such as perfectionism, power and control, rage, ignorance, criticism, blame, judgment of others, normalizing, patronizing, caretaking and people pleasing, envy, and compulsive behaviours such as gambling and alcoholism.



# **Stages of Quitting Drugs or Alcohol**

#### **READY:**

# "I am going to quit"

Goal: to link the person to a detox and/or wellness program
What you can do: be optimistic and supportive: they CAN do this! • give lots of encouragement for every small step • provide information on healing options and intake procedures • remove any barriers to attending the intake (e.g., transportation) • confront negative thinking • build up internal motivation to quit • don't be discouraged by backsliding (it's normal)

# NEEDING SUPPORT TO STAY QUIT: "I'm not using but worry I could start again"

**Goal:** to build skills and supports to stay clean and sober

What you can do: talk about relapse prevention techniques

• identify high-risk situations and make plans • encourage healthy coping to replace need for drugs or alcohol in times of stress • find a buddy to call when tempted to use, like an AA sponsor • encourage development of friendships with healthy people • use slips and relapses as a learning opportunity • address boredom / help them stay busy

#### **THINKING ABOUT IT:**

# "I know I need to quit but I can't stop today"

**Goal:** to encourage back and forth, see-saw thinking

What you can do: Crisis is opportunity: listen for signs of a wake-up call

help list the pros and cons of continued use • help list the pros and cons of quitting • watch for and praise any positive step • give lots of encouragement
 investigate healing options and referral procedures, for when the person is ready

#### **NOT READY YET:**

# "I can't quit or don't need to quit" Goal: to show you understand

and aren't judging them

What you can do: Listen to reasons for their position without criticizing or arguing
• echo back those reasons to show you listened and understand • keep lines of communication open • give information on harm reduction options if relevant (e.g., needle exchange) • watch for the opportunity to take things to

the next step

# Understand the stages people go through in deciding to quit

It's terrifying to think about losing an effective coping strategy like being high or drunk. This hits home when people hit withdrawal head on (like when briefly jailed) or try to quit on their own. Withdrawal symptoms include restlessness and agitation, panic attacks, headaches, inability to sleep, nausea, sweating, depression, weakness, hallucinations, racing heart and foggy thinking. A long-time, heavy user might have seizures, psychosis, or extreme shakes called the DTs (delirium tremens). Withdrawal from opiate drugs (such as heroin, morphine, methadone or Oxys) is extremely painful as well. Use some of your drug of choice, and all these unpleasant feelings stop. So deciding to quit is not easy, and making that decision is only the start of the hard work. Most of us quit in stages: not ready; thinking about quitting; ready to quit; and trying to stay quit. These stages are illustrated on the previous page. A person can go forward and backwards in these stages, perhaps by "falling off the wagon" and climbing back on many times.

#### Some people are not ready to quit

This is the stage before people see their drug or alcohol use as "a problem," or they recognize the problem but believe they need to keep using. You might hear words like, "I only drink on weekends," "I don't drink more than anybody else," "if you had my lousy job, you'd drink too," "I smoke pot — what's the big deal?," "I used to be addicted to Oxys but now I only drink beer," "I can't quit until my husband quits too," "a doctor prescribed these pills so they must be safe," or "everyone should just get off my case about my drinking." What all these statements have in common is that they justify why nothing needs to change, or nothing can change. People may minimize the risk to themselves and others. To help people in this stage, here's what doesn't work: criticism, guilt, dismissing people as "in denial," or giving up on them as hopeless. Confrontation generally back fires by showing you don't understand. People in this stage can feel misunderstood and even harassed by others. So listen carefully to their justifications and echo them back. You don't have to agree with them, just show you are listening, like "you would describe yourself as a social drinker" or "it's frustrating when people tell you how to live your life." Don't argue, negotiate, criticize or judge. Be neutral. And be patient. The right opportunity to go deeper will appear eventually.

#### Some people are thinking about quitting

A person may drift slowly into this stage on their own, or be thrown into it suddenly by a disturbing wake-up call, like a near-miss car accident, a scary, unsettling blackout or a suicide attempt. However it's caused, the thought that "maybe I should quit" might only last for a few hours. So be ready to respond to statements like these: "Wow, I could have died last night," "I'm so hung over I can't stand up," "After what happened last night, my husband says he'll leave me for good unless I quit," "going to that funeral really made me think," or "being in handcuffs was humiliating – how did I come to this?" This is your chance. Crisis is opportunity. Hold up a mirror to describe what you see: "What happened really shook you up" or "something seems different with you today." Now you can gently push things a bit further, like: "what would your life be like today if you had never started on those pills?" or "do you worry about how much you drink?" or "how do you want your life to be different a year from now?" or "I remember the last time you quit – you seemed so happy then." The goal here is to capitalize on the moment and keep them on the see-saw thinking so they don't slip back into the previous stage. Heap praise on any small step of progress and be a cheerleader for positive changes, in both thinking and actions.



# Some people are ready to quit but need help with the first step

The decision to quit may come from outside the person – external pressures – like a probation order or bail conditions. Or the decision to quit may come from inside, like a determination to be a better role model for children. Whether because of internal or external factors, saying the words "I want to quit" is the moment you have waited for. Most people eventually realize they cannot quit on their own. They need help. Be there at the right place, at the right time, with information about healing options and lots of encouragement. Comment on any small step, like looking up the phone number for Alcoholic Anonymous (AA), or "when you got that bad news last night, you called your sister to talk instead of heading straight for the bar." In this stage, it's common that people talk about reasons they might fail, meaning reasons they shouldn't even try to quit. You might hear statements like this: "I've been to rehab six times and it's never worked for me." Confront this negative thinking with positive affirmations, like "one day at a time" and "I think you can do it this time – something's different now." If there is an external source of pressure to quit, help them think about the consequences of relapse, such as going to jail. Be their cheerleader!

#### Some people have guit but need support to stay clean

Staying clean is as difficult as getting clean. Whether a person quits on his or her own, undergoes withdrawal in prison or in a program, or goes to rehab, when they come home, the hard work starts. Detoxing is the first step — and a difficult one — but staying clean takes a lot of effort. Daily effort. Risk of relapse — falling off the wagon — is extremely high when people come back home to face the temptations of old drinking buddies and the pressures of familiar sources of stress. Promote success by helping to develop "relapse prevention" skills as described briefly on the next page. Google the phrase "relapse prevention" to get more suggestions. Talk about the ways they might feel in the early months of sobriety (called post-acute withdrawal syndrome). Help them identify past patterns of when and why they relapsed, including triggers, permission statements and high-risk situations. When they have a slip, which is almost inevitable, treat it as a learning experience. Recognize and comment on any gains: "Wow, you had two beers and you usually would have had 12. That's progress!"

#### SOME ELEMENTS OF RELAPSE PREVENTION

#### Talk about PAWS

PAWS are post-acute withdrawal symptoms, in the period after the worst (physical) withdrawal symptoms are gone but the person continues to feel the psychological effects. It takes a while for the brain to get back to "normal" and the person may feel fuzzy, unable to concentrate, tired, have difficulty sleeping, be irritable and short tempered, have mood swings and overreact to small things, and have no energy. Help the person see these feelings as normal, and expect them to come and go for up to two years. Also help family members recognize the pattern of PAWS and be patient. This will get better with time.

#### Talk about HALT and encourage self-care

HALT is an acronym for four situations where a recovering addict is vulnerable to a slip or relapse. It stands for hungry, angry, lonely, tired. Boredom, for example, is not a recovering addict's friend. Help the person stay busy and find some new friends to pal around with. Being alone and isolated is not good. Encourage them to have a healthy diet, get to bed early and get up early (i.e., not be up all night and sleep all day), and generally engage in good self-care.

#### Talk about permission statements

A permission statement is a reason you give yourself why it's okay to use or drink. For example, "I can have just one drink and stop," or "after the day I've had, I deserve a drink." Or "she'll feel really bad if I relapse so I'll show her how much she hurt me." If people know their common permission statements, they can recognize them when they pop into their heads and argue themselves out of using/drinking.

#### Talk about managing cravings and avoiding triggers

It's easy to understand a craving if you think about what it feels like to be very, very hungry. Except a craving might only last 15 minutes so a person needs to ride it out. Prepare in advance (and write down) some strategies to get through a craving, like call an AA sponsor, have a shower, put on soothing music and meditate, or get out of the house and go for a walk. EFT, described on page 59, can also be used. Cravings may be linked to times the person habitually used or drank, like after work or Saturday nights, so create a change in the old routine. Or cravings can be brought on by triggers, as in smelling marihuana, driving by the bar, having an argument, or being criticized by a family member. Trying to avoid things known to trigger cravings may be the best option at first.

# Safety plan for high-risk situations

Identify high-risk situations and how to avoid them, like get out of the house on Friday night if there will be partying, find a new job with less stress, or end a toxic relationship where there is a lot of conflict.

Some situations can't be avoided (like a family wedding) so practice a plan to stay sober. For example, practice how to say no when offered a drink, like "I'm on a type of penicillin where I can't drink alcohol."

#### Find replacement coping strategies

Because stress is inevitable in life, recovering addicts need new ways to cope with stress. Before, they took a drink when under stress. Now, they might go to a sweat, join a drumming group, attend AA or NA meetings, meditate, learn anger management skills, exercise, or have a buddy to talk with.

#### Treat slips as learning

It's almost inevitable that a person will fall off the wagon once or twice, so use the slip (or "lapse") as a learning experience. What triggered it? What permission statement did they use? How will they handle that situation differently next time? Help them believe that everyone has slips but it's not a reason to throw in the towel. With that thinking, a lapse will turn into full-blown "relapse."



# **WELCOMING MEN**

If we don't partner with men, we fall short of our goals for peaceful and happy families. When men choose not to start a healing journey, they miss an opportunity to be the parents and husbands they were meant to be.

#### Men want to be nurturing fathers and good husbands

First Nations men have suffered greatly from the legacies of colonialism – trauma, abuse, grief, shame — and many struggle to be the parents they want to be. Families benefit when adults and children are not suffering.

#### We can see the boys they used to be

We work with little boys all the time and see their pain and struggles. Men are, in essence, little boys grown up. When we see the boys they used to be, we can understand better the struggles they face today.

#### We must partner with men to meet our goal

Fathers and other men are integral to the family, and children love them and learn from them. First Nations communities need men to be healthy, so they can raise children to be healthy.

#### Acknowledge, understand and believe why welcoming men is important

We can help a woman gain her strength, feel her power and end an unbalanced relationship. If her man is not healed, he may enter a new relationship, create new children and the cycle starts again. When we help women heal, we address only half the situation. If we help both men and women heal, the family can stay whole, stay together. Children will have happy parents and peaceful families, and the community can thrive.

#### There are a lot of reasons that men are reluctant to partner with us

There are a number of myths about shelters, including that people who work there hate men and want to break up families. That's not true. We want peaceful and happy families. That's what women want. And that's what men want, too. Sometimes they don't know how to start and they may not see shelters as helpful places. In WTPT, we want to change that.

#### We can ask men how to be more welcoming

We can show our commitment to welcoming and helping men by partnering with healthy men to help us. We could even have a male Eagle Feather Worker. We could find welcoming spaces to meet men (perhaps not in the shelter), include them in all invitations for group activities, start a men's group, and ask the men themselves for other ideas.





"In family and community, a Warrior-Caregiver provides well, enjoys his work, volunteers to assist others and is pleased to discuss needs and challenges when occasions present themselves. He has clear beliefs, stands on principle, and is alert and prepared to resolve conflict when in the presence of injustice, unfairness and violence. He knows humility, genuine pride and believes unfailingly in the ability for people to modify themselves. The Warrior-Caregiver is this way not because life was easy for him or that he enjoyed every comfort and support. You do not have to have a "good" upbringing to be such a person. You do have to learn along your life's path to take responsibility for, and to regulate, your own internal emotional life so that you respond to challenges, setbacks and threats. You do this not out of rage, pain or helplessness, but from acceptance, love and compassion. The key is to learn from and model yourself after people who are nurturing, believe in your goodness, inspire you to experience life and to welcome renewal day by day."

Warrior-Caregivers: Understanding the Challenges and Healing of First Nations Men. (2005: 23)

## We can learn more about men's needs and healing resources

Because shelters have not historically worked with men, we might need to learn more than we do right now. One of the things we did in WTPT was to develop a list of healing resources in and near our communities, so we could be ready to suggest options including groups, individual counselling and residential treatment, for addictions, grief, anger management and family violence.



"Across the country, witnesses identified the urgency of breaking the cycle of violence, working within the family, with violent men and with boys before they become violent. While they called for more services for women who are victims of violence, they also called for services that meet the needs of the whole family, and the men who perpetuate the violence. The Committee was reminded that while Aboriginal men are perpetrators of violence, they are also victims of ongoing colonization and oppression. Too often the only "service" available to them is incarceration, though few programs in jails and prisons are in place to assist in their healing and learning. Witnesses pointed out that while women were in a shelter or transition house, they often returned home to men who had received no support or services that might help them contribute to a safer family life."

Call into the Night: An Overview of Violence Against Aboriginal Women (Standing Committee on the Status of Women) (2011: 21-22)



#### RECOMMENDED RESOURCES FOR PARTNERING:

Alison Cunningham & Linda Baker (2008)

Helping Abused Women in Shelters: 101 Things to Know, Say & Do.

London ON: Centre for Children & Families in the Justice System. [www.lfcc.on.ca]

Bill Mussell (2005)

Warrior-Caregivers: Understanding the Challenges and Healing of First Nations

Men: A Resource Guide. Aboriginal Healing Foundation. [www.ahf.ca]

Deborah Chansonneuve (2007)

Addictive Behaviours Among Aboriginal People in Canada.

Aboriginal Healing Foundation. [www.ahf.ca]

John Bradshaw (2005)

Healing the Shame that Binds You.

HCI Books.

Kamilla L. Venner, Sarah W. Feldstein & Nadine Tafoya (2006)

Native American Motivational Interviewing: Weaving Native American and Western

Practices. A Manual for Counselors in Native American Communities.

[www.motivationalinterview.org]

Kanawayhitowin / Taking Care of Each Other's Spirit: Community Action Campaign [www.kanawayhitowin.ca]

Laura Prescott and others (2008)

A Long Journey Home: A Guide for Creating Trauma-informed Services for Mothers and Children Experiencing Homelessness. [www.familyhomeslessness.org]

National Native Addictions Partnership Foundation (2009)

From Stilettos to Moccasins: A Guide for Group Discussion – Addressing Identity and Stigma in the Healing Journeys of Criminalized Aboriginal Women from Illicit Drug Abuse. [www.addictionsresearchchair.ca]

Native Women's Association of Canada, Youth Council (2007) Violence Prevention Toolkit [www.nwac.ca]

Ontario Federation of Indian Friendship Centres (2006)

Kizhaay Anishinaabe Niin / I am a Kind Man: Community Action Kit to Encourage Men to Speak Out Against Violence Against Women. [www.iamakindman.ca]

Terrellyn Fearn, Spirit Moon Consulting (2006)

A Sense of Belonging: Supporting Healthy Development in Aboriginal Families.

Maternal, Newborn and Early Child Development Resource Centre. [www.beststart.org]

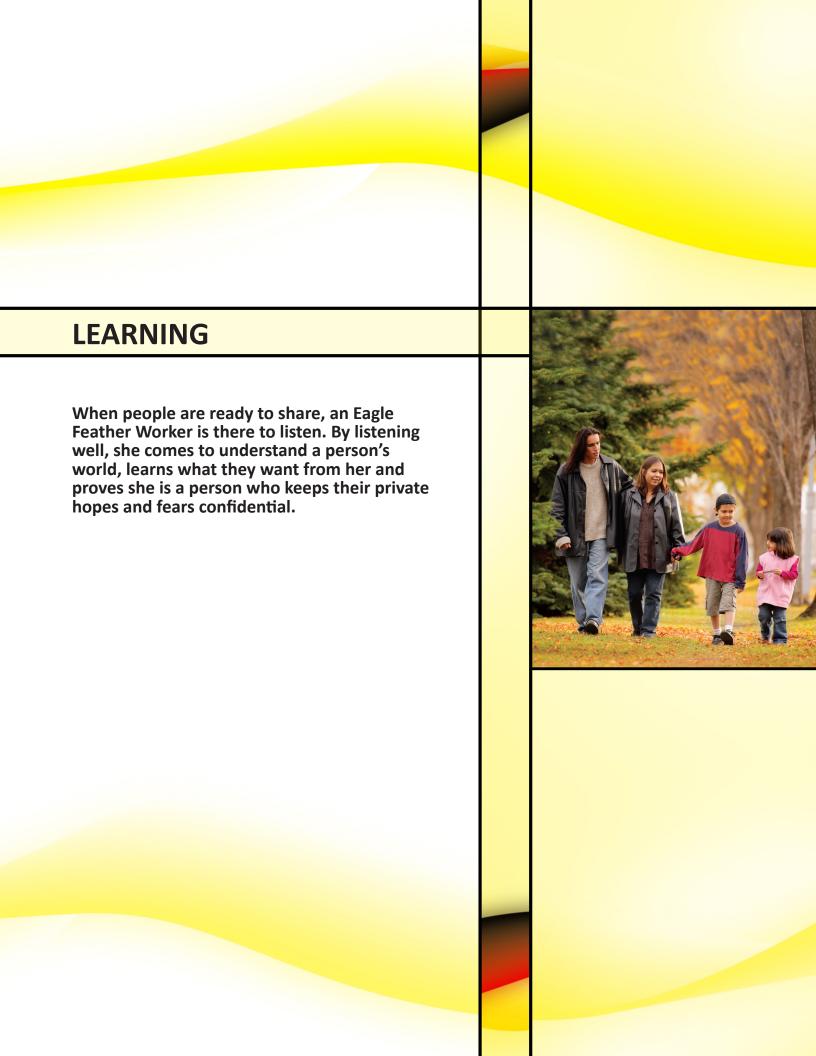
The Healing Journey, Community Action Plan [www.thehealingjourney.ca]

White Bison (2006)

Red Road to Wellbriety — In the Native American Way.

White Bison Inc.





## **LEARNING**

When people are ready to share, an Eagle Feather Worker (EFW) is there to listen. By listening well, she comes to understand a person's world, learns what they want from her and proves she is a person who keeps their private hopes and fears confidential. Many people in abusive relationships are not used to being listened to, consulted or seen as an equal. They may have been denied the right to have thoughts and feelings of their own. A good listener does the opposite. People help us learn about them once they believe we have something to offer, that we can truly help, that we are listening. Equally important, we must watch carefully, with an open heart, to see the gifts endowed in each person by the Creator.



Jackson loved his mother dearly but saw himself as the "man of the house." As a toddler, he lived with a very abusive father, who he now idealized and wanted very much to be with. He saw a lot of violence against his mother, a woman who was overwhelmed with taking care of her large family and navigating life with a violent partner. He judged men by how powerful they could be. When the Eagle Feather Worker first met this family, Jackson was a powerful figure in his home. He always got his way with his mother. He was aggressive towards his sisters, especially when trying to be in charge of his siblings in a parent-like way. As a seven-year-old, his attempts at parenting were awkward and forceful. Being in charge at home, he didn't like authority figures such as teachers, especially women. Jackson had many gifts, including his intelligence, intuitive reading of people, talent for charming people and making them smile and his artistic abilities. He had a sense of himself as capable and powerful and he wanted to have a good future. School was boring, in his words, and he knew how to avoid going to school or how to get sent home once there. He preferred to stay home with his mother and play video games. He loved being on the land with his grandfather and seemed happiest when living for periods with his grandparents. His mom needed help with housing, budgeting, preparing healthy meals, managing young children and she struggled with binge drinking. She wanted very much to be a good mom and the family was close-knit and supported each other. Her Eagle Feather Worker helped her get a housing unit and then spent many months getting to know the family.



**RITA VERMILLION** (EFW): It's important that we hear what they need, hear what they want.



## **OUR SHARED BELIEFS ABOUT NEEDS AND GIFTS**

The healing journey is unique to each person because each person is affected in unique ways by the traumas and challenges he or she has faced in life. An Eagle Feather Worker (EFW) seeks to understand each person, to craft a healing plan just for them. Also important, the talents and strengths of each person are gifts that can be drawn on as part of the healing. Look carefully and with purpose to learn about the Walking the Path Together (WTPT) families.

## Use a holistic lens to see needs and gifts

You can look at a person's actions, feelings and words through different lenses, like the medical lens that puts diagnostic labels on people. In WTPT, we use a holistic appreciation of needs and gifts, and to seek balance among the physical, emotional, mental and spiritual realms.



"This is how the Medicine Wheel represents the life journey of people. The old people will tell you it is life itself. Look at the four seasons and follow the sun. Spring in the east, summer in the south, fall in the west and winter in the north. It tells the whole story of how all life came into being abundantly bright, rising in the east and then fading away as it moves west and north. All life rises and sets like the sun. What we do in between is our journey. This is where the gifts of the four directions are needed - the gifts of the spirit, physical body, emotions and mind - and where we need to find balance within these four realms. Today, many people are out of balance because they tend to only favour two realms of self, the mental and the physical. They forget to look after their spiritual side, and often don't know how to express and deal with their emotions."

Mary Lee, Cree Elder (2006)

## Needs are requirements for survival, personal growth and happiness

We all have needs: basic needs for survival and also the need to be loved, to love ourselves, and to feel connection with the earth, with each other and to the Creator.

## We all have physical needs

Physical needs are what we need to survive, including air, water, food, shelter, clothing, exercise. We need to be healthy, nourished, active, and safe.

#### We all have emotional needs

We all need to feel loved, accepted and valued. We need to be in nurturing relationships. We need to be connected to our emotions, believe it is okay to feel them, and be able to express them in ways that don't hurt others.



"A person who possesses effective ways and means to satisfy basic physical and emotional needs is able to focus upon creating knowledge or working tools that will equip him or her to define, redefine, and pursue meaning in life. Such a person is equipped with the communication tools necessary to create an increasing understanding and knowledge of the what, how and why of life of which these are associated with intellectual and spiritual growth.

Warrior-Caregivers: Understanding the Challenges and Healing of First Nations Men (2005: 115)

#### We all have mental needs

Our intellectual or mental needs include having insight into ourselves, believing in ourselves and having the ability to reason and plan and make meaning of our world. We share the need to learn, to be creative, to hope, to dream, to be grateful for today and to envision a happy future.

## We all have spiritual needs

We have the need to be in harmony with all living things, to value and respect the other creatures with whom we share the Earth and to see ourselves as part of the Creator's plan. We need to feel connection with our ancestors and those who will follow us, through the continuity of stories and knowledge passed from one generation to the next. We need to feel a purpose in life.

#### Family violence compromises our ability to have balance among the four realms

Everything is interconnected. A person is happiest and peaceful when all four realms are in balance and harmony. This section of the WTPT guide describes some of the ways that family violence, and other features of homes with violence, compromises a person's ability to meet his or her physical, emotional, mental and spiritual needs. The imbalance occurs at the individual, family and community levels. Everything is interconnected.



"The spiritual illness brought about from loss of culture, language and land has led to recent generations of men abusing women, and adults abusing or neglecting children. ... Healing our communities and families in terms of promoting traditional values is an important component of promoting health in our children and in future generations. In the traditional Lakota way, we are taught to pray for the next seven generations to come. Personally, I feel a great deal of strength in knowing that my ancestors from the previous seven generations prayed for my well-being. This gives me fortitude and courage, and it strengthens all the traditional values. It also helps me to feel a strong sense of connection to future and previous generations, and that I am a vital link in a chain of generations in my family. Our youth need to feel that they are an important link in the chain of their families and communities."

Donald Warne (Pejuta Wicasa), Traditional Perspectives on Child & Family Health (2005)

## **SEEING TRAUMA**

Trauma is the first topic discussed here because so many First Nations people carry its heavy burden as they walk through life. The effects of trauma are invisible unless you know what to look for – in other people and also in ourselves. We can live with the effects for so long that we don't see our impulses, feelings and actions as trauma responses. With a trauma lens, an EFW can better understand reactions and choices that don't make sense and see how the effects of trauma reach across generations.

## Trauma can result from one sudden bad thing

A trauma can be one awful event, something a person saw or experienced where they feared for their life or safety (or that of someone they loved). The event created an intense fear or feeling of helplessness. An event is especially negative if it was on purpose (not an accident), sudden and unpredictable, was a situation from which the person could not escape, and perhaps caused injury (but not necessarily). A deeper effect may be expected if the traumatic event is perpetrated by someone they are close to emotionally and directed at themselves (rather than something they saw happen to someone else). Examples of traumatic events are vehicle accidents, being assaulted or abused, witnessing an assault or murder, seeing a suicide or its aftermath, being apprehended by child protection, and having a sibling taken away (by death or apprehension).

## Trauma can result from lots and lots of bad things

Trauma can involve the cumulative impact of many things, like repeated sexual abuse or on-going fear that yelling and violence can start any minute. This is sometimes called "complex trauma." When children grow up with lots of bad things happening, that is sometimes called "developmental trauma," because the effects add up to impair their healthy emotional development over many years.

### The effects of trauma can echo across generations

First Nations people collectively experienced historical traumas such as loss of language, culture and traditional spirituality as listed in the Historical Loss Scale (page 80). At an individual level, the events causing these losses, most significantly residential schooling, traumatized the people directly affected. Sadly, some effects may be transferred, unintentionally, to the next and subsequent generations through inability to trust, difficulty managing or expressing intense emotions in healthy ways, depression, shame, use of substances to cope, inability to express love to children and even neglect or abuse. The effects may be magnified when combined with non-traumatic stresses such as poverty, discrimination and poor health.





"The effects of trauma can be transmitted from parents to their offspring, just as there is intergenerational transmission of knowledge and culture. These have included vulnerability to post-traumatic stress disorder, general psychological distress, difficulties coping with stressful experiences, and poor attachment styles. In addition, there are still other potential effects on the mental health of First Nations that have not been evaluated, such as loss of culture and languages, loss of identity, including pride and a sense of kinship with other First Nations peoples. These consequences occur at the individual, family and community levels, all of which are connected and interrelated."

Intergenerational Trauma: Convergence of Multiple Processes Among First Nations
Peoples in Canada (2009: 7)

## The effects of trauma can be seen when you know what to look for

The brain of a traumatized person (especially a child) may react first and think later. So the person seems to over-react to small things, startle at the sound of raised voices, jump at any sudden noise, think someone is angry when they aren't, feel threatened by something another person doesn't even notice. They may have trouble NOT thinking about certain things, or go over the same thought again and again even when they don't want to. They may have trouble sleeping because these thoughts sneak into their thinking as dreams and nightmares. They may try very hard to avoid any painful reminders, including sights, sounds, smells, places or types of people.

## You might also see the effects of trauma in coping styles over time

Going through life all tense and keyed up is not pleasant, so traumatized people find ways to feel better if they want to manage day to day. This is called "coping." You might see evidence of childhood trauma and intergenerational trauma even many years later in the coping choices of adults. If you don't understand trauma-related coping, these choices might look like criminality, laziness, lying, manipulation, moodiness, poor social skills, phobias, or lack of ambition. When a traumatic event destroys belief in the goodness of people, trusting others is difficult. Inability to trust makes it hard to maintain friendships, seek help, accept help, get jobs, keep jobs, have healthy relationships, and try new experiences. Some trauma survivors don't like being touched, and may gain weight in order to be sexually unattractive. Also common, people may choose multiple sexual partners to create a sense of control over their bodies. Tattooing and other body art may serve the same function. Some survivors seem "spaced out" or can't concentrate. Perhaps most commonly, in order to quell intense and uncomfortable feelings, or silence upsetting thoughts, trauma survivors might use drugs or alcohol, smoke as a stress reliever, over eat, or take prescription narcotics.

## It's easier to prevent trauma than fix its effects

Sadly, unlocking and reversing the changes in a traumatized brain is extremely difficult. Trauma-specific therapy is intense and not widely available yet. That is why it is so, so important to prevent bad events in children's lives or at least stop the traumatic influences once they begin. The good news is that working with a child soon after trauma exposure has the greatest chance of success. That's what we hope to do in WTPT.

## The first step in healing is to have a place to feel safe (physically and emotionally)

Trauma survivors may feel "on guard" all the time. If their brains can't relax, it's difficult to focus on self-care or stop using unhealthy coping strategies. They need to feel safe first.



"It is not unusual for people affected by trauma to exhibit a variety of behaviours when taken out of their context are subject to misinterpretation and can result in a communication breakdown and frustration on the part of the care/service provider. Some people's behaviour might be incorrectly and unfairly described as resistant, uncooperative, controlling, or manipulative. It is not unusual for a service provider to become angry with the client/patient who may be trauma affected, question their own ability and doubt the person's motivation to change thus creating a potentially toxic situation for both."

Trauma-informed / The Trauma Toolkit (2008: 12)



# THE HISTORICAL LOSS SCALE

How often do you think about these losses to your people?

	Never	Yearly or special times	Monthly	Weekly	Daily	Several times a day
Loss of our land	0		٠	٠	٥	٥
Loss of our language	0	٥			٠	٠
Losing our traditional spiritual ways		٥		٥		٥
The loss of our family ties because of [residential] schools		٥		٥		
The loss of families from the reservation to government relocation	n 🗔	٥	0	٥		
The loss of self-respect from poor treatment by government officials		٥	ū	٥	٥	٥
The loss of trust in whites from broken treaties	٥	٥	٠	0		
Losing our culture	٥	٥			٥	٥
The losses from the effects of alcoholism on our people		٥		٥		
Loss of respect by our children and grandchildren for Elders	٠	٥	٥	٥	٦	۵
Loss of our people through early death	٥	٠	٥	0	٥	٥
Loss of respect by our children for traditional ways	٥	٥	ū	٥		٥

Source: Les Whitbeck, Gary Adams, Dan Hoyt & Xiaojin Chen (2004). Conceptualizing and measuring historical trauma among American Indian people. Journal of Community Psychology, 33(3/4): 119-123.

## **SEEING PHYSICAL NEEDS**

Family violence harms the human body and its healthy functioning. We can look for signs that a child is being taxed physically by violence and abuse at home. We can also look for the effects of other sources of poor health, like poverty and its consequences.

## Some forms of family violence injure a child physically

Seeing, experiencing and living with family violence compromises a child's physical health and development, including when a child's physical needs are neglected.

## Some injuries are on the outside

Physical injuries can include bruises, scrapes, broken bones, sprains, and burns. Injuries can also happen when adults are too distracted to keep an eye on children, so they fall or get into unsafe situations. A child might use self-harm to cope, by cutting him or herself.

## Some injuries are more difficult to see

Health problems can be on the inside. A climate of violence in the home is stressful in ways that may show up as tummy aches, headaches, not gaining weight or growing as expected, bed wetting, crying, crankiness, using food for comfort or not eating enough, nightmares or other sleep problems. Children who don't get good sleep – because of noise or nightmares or both – are tired all the time and get sick often because their immune systems are low. Sexual abuse can cause internal injuries that only a doctor can see.

#### Some injuries are deep inside the brain

A child's brain adapts to match the environment it lives in. When there is a lot of conflict and yelling and uncertainty, that brain learns to be on guard. It's ready to run or fight at any moment, alert to signs of impending trouble. It scans people's faces for clues of their mood. It pumps out adrenaline at the smallest hint that something bad may happen. It's always on high alert. Sometimes a brain learns to protect itself by shutting down, to stop processing information. That is called dissociation. So some experiences are so traumatic that they literally change the brain. Because a child's brain is still developing, these trauma-related changes are serious and have lasting consequences. Also important, a fetus exposed to alcohol in the womb may suffer permanent brain damage called fetal alcohol spectrum disorder (FASD). Some of the signs of FASD in the primary school years are listed on page 83.

#### Adults may use coping strategies that impair or neglect a child's health

Living with family violence is extremely stressful. Adult victims often feel they are walking on egg shells, never knowing when the abusive adult(s) will explode. Adults may deal with that stress by helping themselves calm down and feel better. Some coping is beneficial to health, like meditation, reading affirmations or going to a sweat. Some coping is worrisome, like abusing drugs or alcohol. Buying drugs or alcohol may strain family finances including the food budget, or lead adults to neglect children's physical needs.



# Children may adopt worrisome coping strategies as well

Children also have to cope with the stresses of violence at home and some will use worrisome coping that impairs their physical needs and health like emotional numbing, excessive worry, or spacing out.

# Family violence affects a child's health today, and also maybe in the years to come

Researchers who follow people through life find that adults who had a lot of stress in childhood are more likely to have chronic health problems, like diabetes and cardio-vascular disease. One reason is that they're more likely to use unhealthy coping strategies like smoking, drugs or overeating. Stress takes a toll over time on our bodies.

#### SIGNS OF FASD IN PRIMARY SCHOOL-AGED CHILDREN

- Reading and writing skills during the first two years [of school] may not be noticeably delayed
- Arithmetic may be more of a problem than spelling and reading
- Attention deficits and poor impulse control become more apparent as demands for classroom attention increase
- Inability to transfer learning from one situation to another to learn from experience
- Requires constant reminders for basic activities at home and school
- 'Flow through' phenomena information is learned, retained for a while and then lost
- Poor performance of 'learned' tasks may appear deliberate
- Gross motor control problems, i.e., clumsy
- Fine motor problems (e.g. trouble with handwriting, buttons, zippers, shoe laces, etc.)
- Difficulties with social skills and interpersonal relationships; may be unable to share, wait for turn, follow the rules or cooperate; may be inappropriately intrusive
- Poor peer relations and social isolation may be noted (e.g., may prefer to play with younger children or adults rather than with peer group)
- Memory deficits
- Exists in the 'here and now,' seems to lack an internal time clock
- Unable to monitor his/her own work or pace him/herself

#### SIGNS OF FASD IN ADULTS

- Uncontrollable repetition of a particular response; with ideas or activities, may appear compulsive and rigid
- Difficulty holding down jobs
- May be unable to live independently or parent children
- Problems managing money
- Poor social skills
- Lack of reciprocal relationships
- Unpredictable behaviour
- Depression or suicidal thoughts
- Withdrawal and isolation
- Drug or alcohol abuse; susceptible to chemical dependency

SOURCE: Ontario Federation of Indian Friendship Centres (2008). FASD Tool Kit for Aboriginal Families. [www.ofifc.org]



## CHECKLIST OF WORRISOME FEATURES OF A CHILD'S PHYSICAL SELF

All these issues are worrisome and they may be caused by a number of factors, including possibly family violence or other forms of trauma. It doesn't matter what causes them, but it's important to recognize them as issues to address in the child's, parent's or family's healing plan.

Unexplained injuries or bruises / non-accidental injuries
Frequent stomach aches or headaches for no obvious reason / complaining of pain
Poor hygiene / always in dirty clothes / frequent bouts of lice
Repeatedly feeling sick and not wanting to go to school (for no obvious reason)
Fighting sleep at night / trying to stay awake
Sleep disrupted by nightmares
Falling asleep in school / always tired
Hungry at school / hoarding food / always asking for food
Not having clothes suitable for the weather
No safe and stable place to live
Wetting the bed / soiling the bed / wetting their pants when under stress
Missing a lot of school because of sickness / being sick a lot / low immune system
Physical evidence of sexual abuse such as a sexually transmitted infection or genital injury
Physically intervening in violent incidents between adults in ways they may get injured
Cutting / talking about harming themselves / attempting suicide
Smoking or evidence of drug or alcohol use
Small growth for age or overweight / diet high in sugar and bad fats
Lack of supervision / roaming around the town unsupervised
In need of medical or dental care
Evidence of fetal alcohol spectrum disorder (FASD)



## **RECOMMENDED RESOURCE:**

For information on signs of FASD in children and teens, see the FASD screening tool kit on the web site of the Canadian Association of Paediatric Health Centres [www.caphc.org]

## **SEEING EMOTIONAL NEEDS**

We all need to be in touch with our feelings, believe it's okay to feel them, and be free to express them in healthy ways. We can look for signs that a child's emotional health and development are suffering because of violence and stress at home.

## Family violence teaches children distorted lessons about emotions.

As adults, everything we do teaches children. They watch how we solve problems, treat other people and cope with the inevitable stresses of life. Family violence teaches children bad lessons about emotions and how to express them. For example, they can learn that anger gets people what they want and you can use your emotions to control others.

## Watching and experiencing family violence is itself a toxic emotional experience

Children who live with violence are sometimes called "witnesses," but they are not passive observers. The noise, tension and fear — when one beloved person is hurting another one — create floods of overwhelming emotions and feelings of fear, sadness, confusion and even guilt if they believe the adults are "fighting" about them. They are on edge and ready to fight or flee, or they simply freeze with fear. Their bodies are awash in stress hormones and it can take longer and longer to calm down as the years go by. Or they numb to the noise and stress.

#### Watching and experiencing violence changes the way children feel emotions

Over time, violence at home shapes the ways a child feels and expresses his or her emotions. Children can grow up being out of touch with their own emotions, expressing emotions in ways that hurt others, or misreading the emotions of others. They may become afraid of feelings and try very hard to control them, in case they get out of hand. They may learn that the feelings of other people are more important than their own feelings, or that being emotional is to be vulnerable.

### Some children learn to fear their own feelings, especially anger

Everyone gets angry now and again. Anger is just an emotion, like happiness or excitement. Seeing adults use anger to justify violence, a child might learn that anger is a bad emotion to be avoided. They bottle it up instead of learning how to express it in healthy ways. They even become afraid to feel anger and worry that allowing themselves to get angry will lead to an explosion of feelings they cannot control. Or it may lead to an explosion of actions they think they cannot control, like breaking things or hurting people.

#### Some children try to control the emotions of other people

When children get the idea that anger causes violence, they may try to prevent or stop the violence by helping people not get angry. Perhaps they try to be extra good at school or really quiet at home. This won't work, but they are too young to understand that. It also sets up a bad dynamic of communication in the family, like keeping secrets or hiding information that may get a person angry. They learn, probably like the non-abusive adults, to use people pleasing and placating. Ultimately, they may feel responsible for the violence because they "failed" to keep the abusive adult happy, or they blame another family member for not being good enough to keep the adult happy.



#### Some children can't read the emotions of others

Research studies show that the brains of children who live with a lot of violence get very sensitive to signs that a violent episode is starting. For example, they look for clues in a person's facial expressions, or tone of voice. This is a survival strategy, helping them be ready to fight or flee. Why is that a problem? Because they use this strategy with everyone, and they may get it wrong and overreact. Like when they misread a person as getting angry, and lash out to hit them defensively. Plus, it means they are on-guard all the time, which is physically and emotionally draining.

## Some children stop feeling at all, because it's too painful

When everything you feel is painful and awful, sometimes it's just easier to stop feeling at all. On the outside, children may look as if they have no emotions. They don't react as expected to things that should make them happy or excited or scared. They may even be afraid to feel happy. Numbing emotions is a way to survive.



"People think that by showing anger they are expressing their emotions. But that is not what it means to be emotional. Anger is a defense mechanism that protects the emotional part of us. The sensitive part of us is our emotional realm, the part that feels the truth about what's around us. But we'll show anger before we'll show that true part of ourselves because we have learned to be embarrassed by it. We'll get angry because that's accepted. Sadly, some people even think it is respected. But we won't show our true emotions, our vulnerability and sensitivity, because that is not accepted. So we have learned to replace those things with anger."

Mary Lee, Cree Elder (2006)

# **CHECKLIST OF WORRISOME FEATURES OF A CHILD'S EMOTIONAL SELF**

All these issues are worrisome but they may be caused by a number of factors, including possibly family violence or other forms of trauma. It doesn't matter what causes them, but it's important to recognize them as issues to address in the child's, parent's or family's healing plan, as described in the next section of this guide.

☐ Crying / trembling / being visibly afraid / unable to be calm / laboured breathing
☐ Jumps at the slightest sound / edgy / tense / nervous / hides when hearing raised voices
☐ Afraid of many average things, like leaving the house
□ Sad / depressed / moody / upset / grouchy
☐ Never able to have fun or enjoy him or herself / never seems happy
☐ Has an extremely sensitive reaction to constructive feedback or "getting in trouble"
☐ Easily angered by small things or frustrations
☐ Explosive anger such as breaking things / seeming to lose control when angry
☐ Quick to get into a fight, even over something small / feeling threatened easily
☐ Seems to zone out / not hear people talking to them / in their own world
☐ Gets absorbed in video games etc. to shut out the world
☐ Seems to have the "wrong" emotion for the context
☐ Doesn't have the full range of emotions we expect in a child of that age / seems emotionally flat
☐ Acts more like an adult than like a child / feels overly responsible / can't enjoy fun and play
☐ Emotions cycle up and down dramatically and/or quickly
☐ Quick to believe someone's angry with them even when they are not
☐ Bottles up feelings / won't talk about feelings
☐ Tries to intimidate people with anger / get their way by getting angry
☐ Tries to avoid being angry then blows up suddenly / anger seems to come out of the blue
☐ Never cries / believes crying indicates vulnerability or worries they get in trouble if they cry
☐ Being easily upset by things other children get over / extreme overreactions
☐ Unable to put names on feelings



## **SEEING MENTAL NEEDS**

Our intellectual or mental needs include having insight into ourselves and believing in ourselves. The ways we think about ourselves are usually formed in childhood. An EFW can look for and understand how children think about themselves. Do they believe they are good people with a happy future, or do they see themselves as disappointments and failures? Also look for attitudes about violence being acceptable, inevitable or the victim's "fault."

#### Words can be medicine

Our words tell children what we think about them. Encouragement, kind words and verbal support help children grow up knowing that adults value, accept and love them. In turn, they feel valued, accepted and loved.

## Words can be weapons

What is sometimes called emotional or psychological abuse leaves no bruises on the skin, but it causes damage deep in the core of a child's being. Words hurt when used to criticize, belittle, insult, or humiliate. The wounds inflicted by these words are deep and difficult to heal. Children can grow up feeling unlovable and not worthy of good things in life.

#### Words can injure a child's bond with people they love and trust

Also important, when someone a child loves and depends on is treated badly, it can damage the bond of trust and love with that person. This can happen, for example, if a mother is repeatedly criticized, belittled and contradicted. A child can grow up believing the bad things are true, that she is not a worthy person, or that her authority as a parent can be ignored. That child has lost something precious.

### Words used to justify violence teach bad lessons

During a violent incident, words exchanged between adults give messages about who seems to be "responsible" for the conflict. Words are also used to justify or excuse what should be unacceptable behaviour. A child may see the victim as at fault, by choosing to be all those bad things: lazy, fat, ugly, stupid, a nag, a screw up, a bitch, a skank. Children may blame themselves for the violence if they hear adults arguing about them. Another bad lesson: being drunk is an okay reason to hurt people, or being angry or being jealous makes violence acceptable. Or apologizing makes everything okay. Children who hear and believe these words might grow up to use or accept violence in their own intimate relationships, and with their own children.

#### A child may learn that it's better to be male than to be female

In homes where abusers are male and victims are female, the men seem to have an easier life. People cater to them, if only to try and prevent their violent outbursts. Their needs are met and their opinions listened to. Women, on the other hand, have a harder life and their needs and opinions may not be recognized or appreciated. They are the ones who get hurt, who cry a lot and who seem unhappy all the time. The lesson is clear.



## A child may believe the violence would stop if they were better or more loveable

A child may wrongly believe that what happens between adults is partly their fault. They think the violence would stop if they were more worthy of love or if they did better at school or did more chores around the house or played quieter or didn't track mud into the house. They try to be better, or perfect even. This belief is most likely if some of the "fighting" seems to be about them, like maybe about a bad report card. When the abusive adult is a new person in the home – like a mother's new boyfriend — some children believe that he (or she) is given preference over them. They feel like second choice.



"When I was little, I thought [my mother] chose her boyfriends over me. Now I understand better [because of personal experience]. They are hard to get rid of."

Teenage daughter in a WTPT family

#### Some children learn to see violent adults as powerful and want to be like them

A child may come to admire people who use violence because other people respect them, try to please them or they seem to be powerful and in charge. A child can see how violence is an effective way to solve problems and get what you want. Abusive people may suffer no negative consequences for their behaviour and may encourage children to use violence at school, in the neighbourhood or against others in the family. These are all bad lessons which plant bad ideas in a child's mind.

# **QUESTIONS TO ASK CHILDREN**

When seeking to understand how a child is affected by adult violence, these seven questions help you learn about how they think and feel when they see adults "fight." You don't have to ask them all at one time or phrase then exactly this way.

- 1. Do Mommy and Daddy sometimes fight?
- 2. What do they fight about?
- 3. Why do they fight?
- 4. What do you do when they fight?
- 5. How do you feel when they fight?
- 6. Do you sometimes think it's your fault?
- 7. Do you sometimes try and get them to not fight?

Children are great observers but poor interpreters of events. So, correct any misinterpretations you hear, like "Mommy got punched because I didn't pick up my toys. Daddy got really mad when he stepped on my Lego."

This is also a good time to speak about safety skills, to ensure that children do not stand between adults in ways they could be injured.



# **CHECKLIST OF WORRISOME FEATURES OF A CHILD'S MENTAL SELF**

All these issues are worrisome and they may be caused by a number of factors, including possibly family violence or other forms of trauma. It doesn't matter what causes them, but it's important to recognize them as issues to address in the child's, parent's or family's healing plan.

☐ Talks about self in negative ways / draws attention to faults and shortcomings
☐ Talks about future as destined to be unhappy, hopeless
☐ Can't picture a good future / finishing school / having a good life
☐ Can't trust adults or believes adults will let them down or disappoint them
□ Doesn't respect the abused adult / ignores his or her authority / talks back / disrespects
☐ Believes abused adult is to blame for the abuse
☐ Excuses inter-adult abuse as justified (e.g., by anger, jealousy, drinking)
☐ Uses any of these excuses to justify his or her own anger or aggression
☐ Believes he or she is responsible for "fights" between adults / it's his or her fault
☐ Believes he or she can prevent conflict among adults by being better
☐ Reluctant to try new things because believes he or she will fail
☐ Believes a parent prefers a boyfriend or girlfriend to them
☐ Believes a parent does not love them
☐ Feels superior as a male or inferior as a female
☐ Believes there are things only boys can do because they are boys
☐ Believes there are things girls cannot do because they are girls
☐ Sees all men as abusive / angry / people to be afraid of
☐ Sees violent men as powerful / wants to be like them / drawn toward gang members
☐ Believes women are powerless to stop abuse / abuse of women is inevitable
☐ Doesn't want to have children when they grow up
☐ Uses aggression and violence at school and/or in the neighbourhood
☐ Is disrespectful of women, especially women in authority such as teachers

## **SEEING SPIRITUAL NEEDS**

Things falling into the spiritual area include a sense of connectedness with the Creator, with past and future generations, with the community, and with the Earth and all living things.



"As for the spirit, there never seems to be enough time. People think you have to make a commitment of time through long periods of devotion to be spiritual. But being spiritual is remembering. It is remembering that the first thing that was gifted to you when you came into being was the spirit. Sadly, we tend to forget that and then we neglect our spirit and take it for granted. So we need to remember where we came from and the gifts that were given to us as human beings."

Mary Lee, Cree Elder (2006)



"Sickness begins with the spirit, if the spirit is wounded – because of the principle of interconnectedness – the mind, emotions and body become sick."

Beyond Recovery: Colonization, Health & Healing for Indigenous People in Canada (2010: 274)

#### Family violence injures a child's spirit

When a child grows up feeling hopeless, ashamed, worthless, unlovable, disliked, and alone, that child's spirit is injured.

#### A child may feel unconnected and isolated from his or her community

When events at home are secret, embarrassing and seem "different" from what goes on in other people's houses, a child learns to keep family matters private. They also learn to feel ashamed. Feeling this way, they won't likely reach out for support, or talk with people who could help. They are isolated. Similar to this, a child may be written off by community members as a hopeless case because his or her family is viewed as hopeless. The effect is the same: the child is unlikely to see adults as possible sources of support.



## A child may see their entire world as unsafe and dangerous

Feeling isolated and alone, living in a home where adults are violent, a child may never feel perfectly safe and content anywhere. Their world is scary and they don't have the solid base of a safe home. This view may be reinforced if there is gang activity in the community and the adults seem scared as well. There is no safe haven in which to relax and enjoy the playful pursuits of childhood.

## A child may not trust adults

When adults cannot be counted upon to keep them safe, they may never see adults as sources of support and this view may be generalized to teachers and other helpers such as police officers.

## A child may not learn healthy, traditional gender roles

Before European contact, the roles of men and women were clearly defined to meet each community's survival, social and cultural needs. With colonization, especially during the years of residential schooling, role modeling of healthy male and female roles was interrupted. In homes where men are violent to women, these lessons have been replaced with lessons about power, control and dominance by men of women. A violent man is not a good role model of a healthy husband and father.

## A child's childhood may be stolen

Children are gifts from the Creator, entrusted to our care to nurture and protect until they are old enough to take care of themselves. They should laugh and play and learn. Children who live with violence can grow up very fast. They take responsibility for maintaining family peace, mediating between adults and perhaps taking care of younger children. In the extreme, they become little adults taking care of others. They are not allowed to be kids.

#### A child may internalize the racism of stereotypes about First Nations people

Mainstream media depictions of First Nations people often focus on the stereotype of the drunken Indian who beats his wife and is unfaithful to her. These harmful messages are difficult to avoid and are reinforced when police don't take family violence calls seriously, when children are apprehended and placed in affluent white foster homes, and when they see family members cycle through terms of incarceration and substance abuse treatment. External racism and oppression is obvious to children when the on-reserve school crumbles in mould and disrepair while the off-reserve school is well-kept and clean. A steady diet of these messages leads many children to internalize the racism of mainstream society. They may be ashamed of being Native, resist the teachings of their people, disrespect Elders, belittle people who value the traditional ways, and believe that learning their language is a waste of time. A child who feels unconnected from his or her culture, who feels shame instead of pride as a First Nations person, is suffering spiritually.



"I went through the whole system of education, foster care, and residential school, and what I learned to do through all of that to survive emotionally and feel some kind of dignity was to internalize that racism. I hated being Aboriginal. I was ashamed of Aboriginal people. I missed all the teachings from my grandmother."

Sandra Lockhart, quoted in Call into the Night: An Overview of Violence Against Aboriginal Women (Standing Committee on the Status of Women), 2011: 30

# **CHECKLIST OF WORRISOME FEATURES OF A CHILD'S SPIRITUAL SELF**

All these issues are worrisome and they may be caused by a number of factors, including possibly family violence or other forms of trauma. It doesn't matter what causes them, but it's important to recognize them as issues to address in the child's, parent's or family's healing plan.

☐ Feeling ashamed of his or her family or what happens at home	
☐ Lying to cover up bad things at home	
☐ Afraid they will get in trouble with family if they say too much to outsiders	
☐ Being alone a lot / a loner / few friends in the community	
☐ Belief people don't like them	
☐ Unlikely to confide personal problems in adults	
☐ Has no friends or few friends to confide in or get support from / afraid to confide in friends	
☐ Afraid of being out in the community / preoccupied with taking precautions when outdoors	
☐ Checking the locks on the house a lot / closing windows / preoccupied with safety of the house	
☐ Never trusts adults / believe adults will disappoint them or break promises	
☐ Idolizing violent adults / mistaking violence for status and something deserving of respect	
☐ Talk about not wanting to get married when they grow up / sees all relationships as unhappy	
☐ Feeling responsible for housekeeping, feeding younger siblings, getting them to school	
☐ Protecting younger siblings when violence or partying is going on at home	
☐ Playing a caretaking role with adults in the home	
☐ Trying hard to please people / keep everyone happy / cracking jokes to ease tension	
☐ Pulled toward risky people like people involved in gangs and drugs	
☐ Speaks of themselves (or others) in negative terms for being First Nations	
☐ Believes their life options are limited because they are First Nations	
☐ Disrespects Elders, makes fun of them	
☐ Needing to move out of the community for safety, losing touch with family and culture	



## **SEEING GIFTS**

Recognizing, acknowledging and growing gifts aids healing.

## Each child is born with gifts from the Creator

Gifts from the four directions – physical, emotional, mental and spiritual – are endowed in each person at birth.

## Each person has gifts in the physical realm

Gifts in the physical realm can include robust health, athletic ability, high energy level, strength, a beautiful smile, and ability to pay attention to their body's needs, handle stress and take care of themselves. A person can love being outdoors, being on the land, working hard there or playing hard.

## Each person has gifts in the emotional realm

Emotional gifts include tolerance, patience, contentment, ability to handle life's stresses with grace, optimism, love for others, kindness, courage, self-regulation, happiness, wonder, determination, the ability to find joy in simple things, compassion, gratitude, forgiveness, generosity, hope and trusting in the goodness of others.

## Each person has gifts in the mental realm

Gifts in the mental realm include not only intelligence but wisdom, curiosity and love of learning, creativity, ability to understand the needs of others, honesty, diligence in completing a task, open-mindedness, fairness, humour, leadership and ability to inspire others, enthusiasm to try new things, good problem solving and ability to put troubles into perspective.

## Each person has gifts in the spiritual realm

A person's gifts in the spiritual realm include the ability to pray, to meditate, to be calm and in the moment, to feel a genuine respect for the wisdom of the Elders, to seek and value their guidance, to feel a connection with the ancestors and to care about the well being of the next seven generations, to be guided by dreams and other communications from the spirit world, to be eager to learn the teachings and apply them to life, to feel the heartbeat of the drum deep in their soul, to be awed when facing the sunrise or feeling a snowflake on your cheek, to see the hand of the Creator in the change of seasons, to delight in the giggle of a baby, to trust that everything happens for a reason and that you are always where you are meant to be.

#### Some gifts are hidden

Some people hide their gifts behind walls of anger, silence, or "attitude." Their gifts can be difficult to see.

#### Help each person get in touch with their gifts

A person may not recognize his or her gifts and need help to see them. Use the Circle with the four quadrants to help a person list physical, emotional, mental and spiritual gifts.





# **RECOMMENDED RESOURCES FOR LEARNING ABOUT FAMILIES:**

Alison Cunningham & Linda Baker (2007)

Little Eyes, Little Ears: How Violence Against a Mother Shapes Children as they Grow.

Centre for Children & Families in the Justice System [www.lfcc.on.ca]

Bruce Perry (2001)

Maltreatment and the Developing Brain: How Early Childhood Experience Shapes Child and Culture.

Centre for Children and Families in the Justice System [www.lfcc.on.ca]

Klinic Community Health Centre (2008)

Trauma-informed / The Trauma Toolkit: A Resource for Service Organizations and Providers to Deliver

Services that are Trauma Informed. [www.klinic.mb.ca]

Linda Baker & Alison Cunningham (2004)

Helping Children Thrive / Supporting Woman Abuse Survivors as Mothers: A Resource to Support Parenting.

Centre for Children & Families in the Justice System [www.lfcc.on.ca]

Maria Yellow Horse Brave Heart (2005)

From Intergenerational Trauma to Intergenerational Healing: A Teaching About How it Works and How we can Heal.

Wellbriety: White Bison's On-line Magazine, 6(6). [www.whitebison.org]

National Collaborative Centre for Aboriginal Health (2010)

Family Violence as a Social Determinant of First Nations, Inuit and Métis Health.

[www.nccah-ccnsa.ca]

Elaine Whitehouse (2009)

A Volcano in my Tummy: Helping Children to Handle Anger

Lynne Namka, Ed. D. (2004)

Get Your Angries Out (DVD)

I Stop my Own Bully Behaviour (Manul and kit)

Lynne Namka, Ed. D. (2003)

Good-bye Ouchies and Grouchies Hello Happy Feelings

Lynne Namka, Ed. D. (2008)

Parents Fight Parents Make Up! Take Good Care of Yourself

Linda Lowenstein, MSW (1999)

Creative Interventions for Troubled Children and Youth

Peter A. Levine (2008)

Trauma Proofing your Kids: A Parent's Guide for Instilling Confidence, Joy and Resilience

Dawn Huebner (2005)

What do you do when you Worry too Much: A Kid's Guide to Overcoming Anxiety

Bruce Perry (2007)

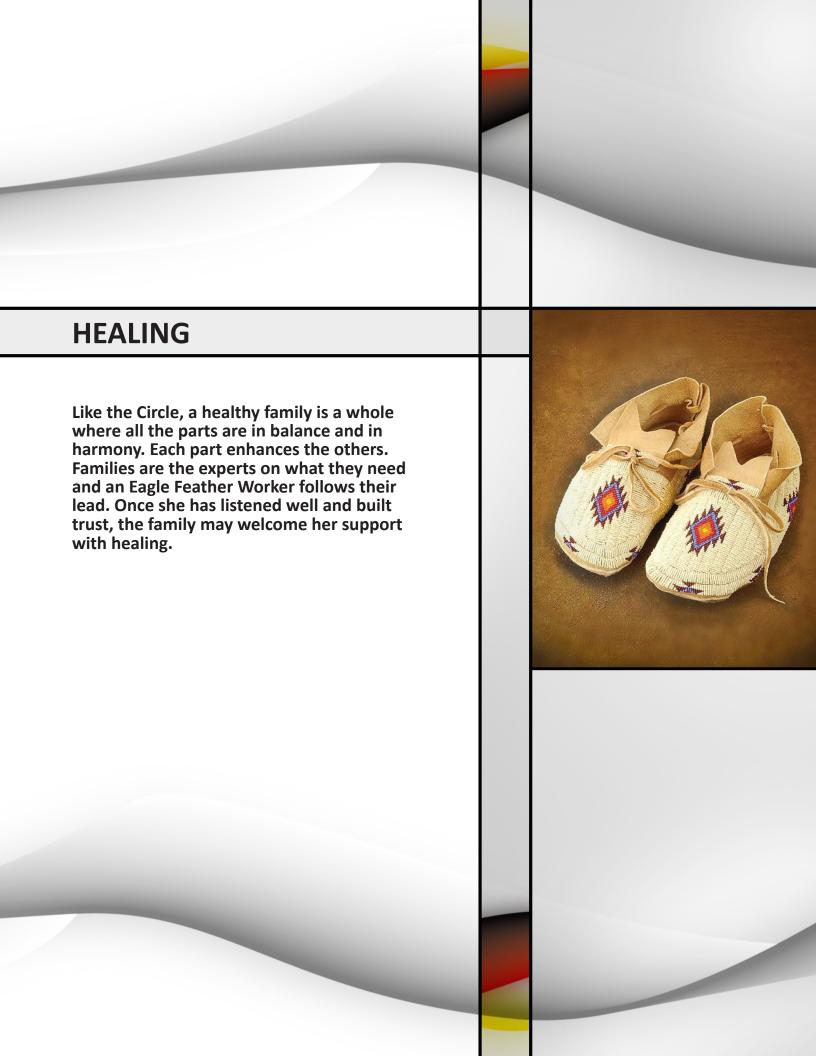
The Boy who was Raised as a Dog: And Other Stories from a Child Psychiatrist's Notebook - What Traumatized Children Can Teach Us About Loss, Love and Healing

Bruce Perry (2011)

Born for Love - Why Empathy is Essential and Engangered

The Focusing Institute
Children and Focusing – Handouts from the Children's Corner
http://www.focusing.org/chfc/





#### **HEALING**

A healthy family is a whole where all the parts are in balance and in harmony. Each part enhances the others. Once their Eagle Feather Worker (EFW) has listened well and built trust, the family may welcome her support with healing. This section of the Walking the Path Together (WTPT) Guide outlines some healing strategies for the physical, emotional, mental and spiritual realms.



Jackson's family needed most of all to have a safe and stable place to live, so the children could get settled into one school and start making friends. Once the family moved into a housing unit, their Eagle Feather Worker (EFW) started helping with budgeting, grocery shopping, general housekeeping skills and supporting Jackson's mother to develop assertiveness with the children and setting limits. The pressing issue was getting Jackson to school, an on-going, daily struggle. The EFW was in the right place at the right time one day with Jackson when they saw some homeless people panhandling outside a store. He asked what they were doing and she explained that they had no jobs because they had not finished school. A light bulb went on in his head as if he saw his future. He started going to school. More than that, he enjoyed school and caught up quickly. After a few months, the family moved into a house secured from a family member. The house, it turned out, was in desperate disrepair and child welfare officials thought it was not suitable for children. So the family returned to shelter which was crowded with several other large families. Jackson's mother's optimism deteriorated and she started drinking heavily leading ultimately to apprehension of the children. It took a few months of deciding, but the mother entered a residential programme and got sober. She is on track to get the children back from care and start again with a new housing unit. The EFW will continue to work with the family to get housing and provide encouragement. Their journey continues.



"Our Elders and traditional people encouraged us to look at initiating a healing approach rather than continuing to focus on the negative, on the violence. The concepts of healing – rather than merely responding to incidents of violence – and the focus on wellness demand a strategy that is different from the current responses to family violence. There is a contradiction between a solution that seeks harmony and balance, among the individuals, family and community, and one that is crisis-oriented, punishes the abuser and separates the family and community. Our approach to wellness includes physical, mental, emotional and spiritual well-being. Throughout our work in addressing family violence, we strive to return our people to a time where everyone had a place in the circle and was valued."



## **OUR SHARED BELIEFS ABOUT HELPING AND HEALING**

An Eagle Feather Worker supports families while holding these assumptions about healing.

## Healing is achieved through balancing the body, emotions, mind, and spirit

The Circle is a model for understanding and for healing at all levels: individual, family and community. Balance among the four realms of being: the physical, emotional, mental and spiritual – is the goal in healing. A person might address one at a time, but all are inter-connected.



"Satisfied physical, emotional, intellectual and spiritual needs of a group or person that result in greater balance is the key trait of holistic health. Basic principles at the core of holistic health are honesty, fairness, honouring integrity, being of service, recognizing that each person can modify self and an optimistic belief in the future."

Warrior-Caregivers: Understanding the Challenges and Healing of First Nations Men (2005: 13)

## A healing journey is not always a straight line

Shelter workers usually see snap shots of people's lives as they come and go from the shelter. An EFW, being involved continuously over several years, sees the whole movie. A person on a healing journey sometimes takes two steps forward, then one step back. It's completely normal but can be difficult to see. Healing can be a slow process with setbacks along the way.

## Families are the experts on what they need: follow their lead

The families walk their own healing journeys. They may stumble and even fall, but an EFW's role is to follow where their journey takes them, to listen well, to be patient. Their needs change and evolve so the type of support offered will change and evolve. This is their journey.

## Safety is the priority: abusers must be accountable and children must be safe

In WTPT, we want families to be whole and intact. But this goal is not always possible, as when a member repeatedly uses violence without acknowledging the impact on others. Or when a caregiver's personal struggles compromise the well-being or safety of children. The roots of today's dysfunction are deep and these issues cannot be solved overnight. Be patient and keep expectations realistic. But safety is the priority: communities must hold abusers accountable for harm caused and children must be safe. During the WTPT pilot, some women and children entered shelter from time to time, when tensions and stress in the home suggested they needed to get out for a while. And some children were taken into the care of child welfare officials.





"We believe that healing requires a multifaceted response, including intervention, provision of safe shelter, spiritual and cultural services, community-based services and information to victims and to those who batter, as well as public education and the enforcement of appropriate laws."

Awo Taan Healing Lodge Society Aboriginal Framework for Healing and Wellness Manual (2007: 13)

## Encourage people to find their power and advocate for themselves

When we step in to solve people's problems for them, we rescue instead of help. This can inadvertently send the message that we don't think they can do it themselves. It's possible to create or worsen dependence on service providers in the long-run. Instead, an EFW seeks to promote competence, confidence and independence in families.

## Look for each person's gifts from the Creator and help them grow

Mainstream approaches of helping are often problem or deficit focused. If you look for problems, you will always find disorders to label and deficits to judge. When you look for strengths, you always find hope. Nurture the good that is present in everyone.

## An EFW needs to be healthy before she can help others become healthy

A healing journey is a process that brings us to new places of insight and discovery but which will, or should, never end. Don't wait for perfection in yourself before you reach out to help another. However, it's difficult to be a truly effective helper when suffering emotional pain, living with shame, or not able to "take your own advice."



**Lillian Bigstone** (EFW): Healing is not about achieving perfection. It's about arriving in a state of constant change.

## WALKING OUR TALK: CORE SKILLS FOR EAGLE FEATHER WORKERS

The F.E.A.T.H.E.R. approach of WTPT is a philosophy of helping rather than a recipe book of specific techniques. The exact nature of the intervention evolved in five unique ways in the five unique communities with five unique Eagle Feather Workers. Whatever it looks like, these are the principles underpinning the approach for support of children, individuals or families. Good intentions are necessary, but we need more. We have to walk our talk.

## Approach all people in a trauma-sensitive way

The F.E.A.T.H.E.R. approach is in harmony with the concept of trauma-informed intervention, even when people are not ready to disclose past traumas. The F.E.A.T.H.E.R. approach is trauma-informed because so much emphasis is placed on the partnering process, sometimes called therapeutic engagement. We provide choice, power share, focus on strengths, empower and seek to understand the family's perspective on what they need and want. Trauma survivors appreciate predictability, consistency, respect, a collaborative approach where they feel equal to the helper, choice and control. Forming a bond with one helper over time establishes the trust needed to move forward. That's pretty much what anyone wants in a service, with or without a trauma history.



"Trauma-informed services take into account knowledge of the impact of trauma and integrate this knowledge into all aspects of service delivery. From a trauma-informed perspective, "problem behaviours" are understood as attempts to cope with abusive experiences. Disorders become responses and symptoms become adaptations. The question shifts from "What is wrong with this woman?" to "What happened to this woman?" Working in a trauma-informed way does not require disclosure of trauma nor treatment of trauma, it is working in ways that accept where the woman is at and do not re-traumatize."

Trauma-informed Approaches in Addictions Treatment: Gendering the National Framework,
Discussion Guide (2009: 4)

# First step: establish a base of emotional and physical safety

As widely recommended for work with trauma survivors, the first stage in healing is to help a person find a place to feel safe. Safety includes both physical safety and emotional safety. Assistance with practical issues such as housing is therefore extremely important, so people have a safe place to live. An EFW helps each person feel emotionally safe with her. The principles presented earlier to foster good partnerships continue throughout the healing process. An EFW is non-judgmental, honest, keeps her word, doesn't promise anything she can't deliver, shows up when she says she will, keeps confidences, respects privacy, seeks opinions about what people need from her, listens well and

respects a person's pace for change. On-going contact with one person who can walk this talk is extremely important. If a person feels anxious in a place of safety like the shelter, try a grounding exercise as described in the section called Partnering.

### Be the change you want to see in families

Another way an EFW walks her talk is to role model her hope for the families: respect for herself and others, self care, good problem solving, good emotional regulation under stress, tolerance and patience and pride in herself as a strong First Nations woman. EFWs are active in the traditional activities of their communities such as round dances and those with young children can be involved as parents in the school system.



"Be the change you want to see in the world."

Gandhi

#### Draw on the power of the circle

Much of the work in a WTPT programme is one-to-one, but groups can also be used. The circle is a powerful form of support, whether it is an informal talking or sharing circle or an existing group such as Seeking Safety: A Treatment Manual for PTSD and Substance Abuse. Several such group approaches are suggested in the coming pages on topics such as life skills, trauma, and traditional parenting. Guest speakers can address special topics such as budgeting and nutrition. Some groups are "closed" so a group of people start all on the same week and commit to coming back each week until the group content is finished. An "open" group is one where people can join in at any week. We include here a description of a generic format for a circle group and some suggested energy boosters. They are safe for trauma survivors who may be triggered by touch. If you teach a grounding technique like E.F.T. early on (see the section called Partnering), you can use it when someone is triggered or after discussion of an emotionally powerful topic. For example, a smudge clears the room of negative energy.

# Use stories as teaching

Through telling a story about a specific person (named or anonymous, real or fictional), an EFW makes the link between the issue being addressed and the lesson or skill a person can take away from the discussion. Stories are also good ways to instill hope, talk about how things look bleak today but could be better tomorrow, and demonstrate choices people made to find a happier path in life. An EFW who shares her story shows that she is no different or better than they are, she has overcome painful experiences and she continues to walk her own healing journey.

## Develop Healing plans for each person and family

Like the process of decolonization that First Nations communities are undergoing, a person can heal from the effects of trauma and abuse by reclaiming their body, feelings, thoughts and spirit. An EFW can use a Circle to craft individualized plans for a child, an adult, and/or a family. Use all the information learned about the family to choose healing strategies and activities that address any worrisome areas identified and also to build on the gifts of each person. The checklists from the previous section might help parents think about their own childhoods: did they think or feel or do any of those things when they were children? Using the Circle as a framework for healing reminds us to approach all four realms. It's also a visual guide and helps families plan for your time together by contributing their ideas for what they would like to do. It's possible to check in periodically to see if people feel progress in these areas. In the following pages, you will find healing activities to match the four realms. Samples and templates for healing plans developed using the Sacred Circle can be found in Appendix D on page 162.

### Stay grounded in your own healing

Because a healing journey is an on-going process, an EFW can be triggered by issues the families face. Sometimes the perspective and guidance of a third party is needed, like a colleague, supervisor, Elder or therapist. Also remember that what worked for us may not work for the family we are helping. Someone who found Alcoholic Anonymous to be enormously helpful, for example, can support a person's desire to try another approach. Not so much a trigger, but still a problem, is the need to be liked. Some of us learned people-pleasing in childhood. If we do this work only to get praise and thanks, we may not be an effective helper (yet). EFWs, like all helpers, are continuously reflecting on such issues.



## **RECOMMENDED RESOURCES:**

Canadian Association for Addiction and Mental Health (2001)
Bridging Responses: A Front-line Worker's Guide to Supporting Women Who Have
Post-traumatic Stress Disorder [www.knowledgex.camh.net]

Canadian Centre on Substance Abuse (2012)
The Essentials of Trauma-informed Care. [www.bccewh.bc.ca]

National Center on Family Homelessness (2009) Trauma-informed Organizational Toolkit for Homeless Services. [www.familyhomelessness.org]

Spirit Moon Consulting (2007)
Holistic Support Wheel Tool.
Toronto: Best Start Resource Centre [www.beststart.org]

The Medicine Wheel, DVD 24 minutes (2005) [www.firstnationsfilms.com]



## **GENERIC CIRCLE GROUP FORMAT**

This general format can be used with a group on any topic.

#### **Opening**

Open the group using a method reflecting the cultural traditions of the participants. This may involve a prayer in the local language, a Christian prayer and/or a smudge.

#### Circle check in

Group participants in the circle begin with a check in, using an eagle feather or talking stick. Facilitators can structure the check-in using affirmations, quotations or questions such as these:

- How are you feeling?
- What are you grateful for today?
- What have you done as a parent (thought or action) that you are proud of since we last met?
- What did you do differently this week (for yourself) because of being in this group?
- What source of negative energy do you hope to leave outside the room while we talk?

There are many books or cards of affirmations that can be passed around as an opening. A person selects a page or a card at random, reads it out loud and reflects on what it means for them today. Or get a daily affirmation or words of guidance off the Internet at sites such as www.marcandangel.com, www.positivityblog.com or www.healyourlife.com. Some sites send daily words of inspiration through e-mail or via Facebook, like Daily Vitamins for the Soul.

#### Topic of the day

If you have a specific topic to present, outline the purpose of the group and what will be covered. A DVD or YouTube clip is always useful and helps keep people focused. Role play is another technique. For some topics, such as budgeting or healthy eating, assigning home practice can be useful. Get people to report back next week on their experiences. It is by practicing skills that people learn best.

## **Energy boosters and grounding as needed**

If you have two group facilitators, one can monitor the mood and energy level in the room as the other facilitator guides the discussion. When the energy dips, an energy booster can be suggested at any point. Presentation of a triggering topic can be followed by a group grounding exercise (see the section called Partnering). Also, use an energy booster as an opener or after a coffee/smoke break.

#### Circle check out

At the end of the group, go around the circle again to check on how people are feeling and any thoughts they might have about what they will take home with them in terms of insights or new strategies to try.

#### **Evaluation**

It can be helpful to use an evaluation form at the end of each session to give participants a chance to give feedback on what they liked and what they didn't care for. Make it easy to complete so they can do it quickly before they leave. Comments on how the session could have been better are extremely helpful.

### **De-brief of facilitators**

It's important for facilitators to de-brief and wind down before traveling home to be with family. Build this time into your expectations for the time commitment and plan for at least half an hour.

### **ROLES AND RESPONSIBILITIES OF GROUP FACILITATORS**

Where possible, it's good to have two facilitators for a group. If appropriate for the topic, having a male/female team balances the male and female energies.

#### Plan ahead and come prepared

Facilitators are responsible for organizing the materials for the group and having a plan for group content and flow. You may not get to all the material as planned when the natural dynamics of groups start unanticipated but important conversations. So it can be helpful to define the priority "take home message" that you want to convey.

#### Create a safe environment

The facilitators attain and maintain a safe environment, both physically and emotionally, for the participants. This task may start in a screening interview when you ask about potential conflicts and incompatibilities and ensure that no one feels unsafe because of the presence of a particular person. It is also important to create rules for respectful interaction and enforce those rules including, if necessary, escorting a person to another room if they disrupt the group. Use smudging, crystals, soft background music or other strategies to cleanse the room of negative energy, especially after a triggering exercise.

#### Monitor non-verbal signs of distress

If the group content may be triggering, while one facilitator leads an activity or discussion, the other facilitator can monitor participants for signs of distress. Approach a person who seems to be triggered, upset, or dissociating. Ask what they need from you and perhaps escort them out of the room. You may ask for their SUD level (see below) at this point and again before you re-enter the group room.

### **Subjective Units of Distress scale**

The SUD scale provides a way of checking in with women to determine their level of distress.

- A score of 0 represents being completely calm;
- A score of 100 represents being highly anxious;
- EFW tell the woman that they will check with them periodically to ask for a number from 0 - 100 that represents how they are feeling in relation to this scale;
- EFW explain to the woman that it is okay for her to stop the process at any time if she feels overwhelmed;
- EFW stop the process if the woman indicates a score of 50 or higher; and
- If the process is stopped due to the woman feeling overwhelmed or her SUD scale being
  greater than 50, the EFW works with the woman to implement positive coping strategies
  and return to a calm state.

## Be a role model

You walk your talk when you listen more than talk, try to understand the other person's perspective, and maintain a calm and peaceful tone of interaction. Empathy, respect, peace, optimism, sincerity, warmth and encouragement are all styles of interaction the facilitators can model. Listen well. Use body language to signal a sense of peace and comfort in your own skin. While you may incorporate features of your own cultural traditions into the group, when you acknowledge Christianity or other faiths or belief systems, you model inclusivity and tolerance.



# **ROLES AND RESPONSIBILITIES OF GROUP FACILITATORS, CON'T**

## Share your own healing journey when and as appropriate

Part of the role modeling for facilitators will be how they overcame personal struggles and challenges to move towards a healthier place in their lives. Giving too much "air time" to your own story may not be appropriate, if it gives the message that your story is more important than those of the participants or that you think you are a better person than they are. But knowing that you have been in or near their place reduces social distance and gives hope for change.

### Make the links

Many features of a group process demonstrate lessons in parenting, for example. Here are a few. If the climate in group gets chaotic, loud or disrespectful, parallel that to how children perceived life in chaos, noise and tension. Ask participants, "what was that like for you? How did you feel?" "What might children feel when they hear a loud argument?"

### Support each other

Debriefing after group is a priority. Because of set-up and debriefing, expect that 3.5 to 4 hours is required from beginning to end.

### **ENERGY BOOSTERS**

After the break or whenever the energy in the room seems to be dragging, an energy booster exercise might help.

#### Mrs. Mumbleski

Stand in a circle. A facilitator begins by turning to the person next to him or her and saying: "Do you know who Mrs. Mumbleski is?" Here's the interesting part. You say this phrase without showing any teeth. The person replies, also without showing teeth: "No, I do not know who Mrs. Mumbleski is." The first person responds, "Can you ask your neighbour?" And so on around the circle.

#### **Shoe Scramble**

Each person takes off one shoe and puts it in the middle of the circle. Everyone joins hands and one person (while continuing to hold hands) selects a shoe and brings it to its owner, who then says "thank you." The next person does the same until everyone has his or her shoe back.

#### **Free Your Friend**

Have an object that each person can balance on their heads (beanbag, booklet, CD case, Beanie Baby).

Ask people to walk around and if the item falls off their head they must freeze and stand still. They can start moving again once one of the other people bends down and replaces the item on the person's head.

To change things up, ask people to start walking backwards, skip, turn around in a circle, or hop.

#### **The Line Game**

Ask everyone to form a line from the shortest to the tallest person in the room. Next, ask them to re-form the line according to age, youngest to oldest. This involves some cooperation because they have to learn everyone's ages. Then ask them to line up according to birthday, from January to December. You can keep going with other categories (shoe size, number of siblings, how many cars they have owned, what is their house number, what is the last digit in their telephone number, how old is their eldest child, etc.).

## **Group Juggle**

Have several balls of varying sizes (nothing too hard or heavy) or tossable objects like beanbags or hacky sacks or small stuffed animals. Stand in a circle. In the first round, the facilitator tosses a ball to someone in the group while he or she calls out that person's name. That person tosses the ball to someone different, calling out that person's name. Repeat until each person has caught the ball and the last person returns it to the facilitator. Repeat the sequence but faster this time. Repeat the sequence but now add a second ball, and then a third and as many balls as you want or as they can manage.

#### **Belly Button Writing**

Ask everyone to pretend they are holding a pen in their belly buttons. Go around the circle and get each person to use that pen to write his or her name in the air.

#### **Cooperative Simon Says**

In the typical version of Simon Says, one person leads the group and anyone making a mistake must sit out until only one person is left. In the cooperative version, form a line and move forward as a group:

- "Simon says hop together 4 times" "Simon says kick heels up to rear" "Simon says bear walk"
- "Jump 3 times" (if anyone jumps, the whole line goes back to the beginning together)



## HEALING STRATEGIES FOR THE PHYSICAL REALM

Our core human need is for health and safety. At Walking the Path Together, we want children to be safe from harm or injury, healthy, active, well fed and getting enough sleep. The checklist in the section called Learning has signs that a child is having difficulties in the physical realm. You may know of others. Identify also the gifts such as love of being on the land or desire to play sports. A lot of the healing activities in the physical realm is with caregivers, to ensure each child has a safe and peaceful home and is supervised at all times by responsible adults. Promote traditional parenting practices. Join with shelter colleagues and local healing programmes to help families walk away from violence and towards peace.

# Physical safety is needed before healing can begin

The single best thing an EFW can do for children exposed to violence is to help them live in a peaceful and happy home. When a parent (such as a mother) may be abused at any moment, she cannot feel safe, have control over her life, or feel she has choices. We talk about safety first, but it could be an on-going conversation, perhaps over several years. Ending (or healing) an unbalanced relationship takes time and involves both emotional and practical matters. Most women simply want a partner to be happier. Women's reasons to come to shelter change as they evolve in their thinking about the relationship, as illustrated on the following page.

- Some come for a break from the tension at home, or because they are in protection mode (see Appendix B page 157)
- Some want to show a partner she could leave if he doesn't take steps such as getting sober they want to get him help and don't know where to start
- Some are deeply confused and want to sort out their options
- Some have decided to move on without him

At each stage, support may look different. An EFW's goal is not to convince a woman to leave. The goal is to be supportive no matter what she decides. So EFWs encourage women to use the shelter for respite, safety or transition as needed. Some women see coming back into a shelter as a sign of failure. At WTPT, we see it as a step forward. For example, a woman may come for respite but leave with the intake number for a healing programme. That is progress that can be celebrated.

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#### FOUR SAFETY STRATEGIES WOMEN SEEK FROM SHELTERS

### Making a Difficult Decision

**Her Goal:** To think about the future of her relationship

Your Work: help focus on self-care
• encourage see-saw thinking by
helping list the good parts and the
intolerable parts of the relationship

describe housing and income support options • describe legal options she may need • understand her need to return if that is her choice • use the Medicine Wheel Danger Assessment • talk about safe escape using the POP TART tool • help her feel not judged and welcome to come back to shelter in the future if needed

### **Getting Help for her Man**

**Her Goal:** To convince a person she loves to start a healing journey

Your Work: help her focus on self-care

• validate her desire to help her loved one • clarify that we cannot change another person or be responsible for their choices • let her know about healing options for men • encourage her to focus on her own healing journey • use the Walking the Path Together Tools: Danger Assessment Circle (Appendix A page 152) • talk about safe escape using the Walking the Path Together Tools: POP TARTS (Appendix B page 157)

#### Finding a Peaceful New Life

Her Goal: To live in a peaceful home without her partner

Your Work: help her focus on self-care
assist with housing search

- assist with income support if needed
- provide practical assistance related to moving
- show you understand how difficult it is to end a relationship with someone you love • support her emotionally with this grief



## Taking a Break

Her Goal: To get a rest or avoid a bad situation at home

Your Work: help her focus on self-care • understand her need to return • help her feel not judged and welcome to come back to shelter in the future • use the Medicine Wheel Danger Assessment • talk with her about safe escape using the POP TART tool (Appendix page 157)

## People must meet their survival needs before healing can begin

A family in survival mode uses all its energies on daily survival. The goals are simple: have a roof over their heads, have some food in their bellies and be together. Living in a home with violence may be the only way to get those things today. They can't worry much about tomorrow, let alone higher level issues like addictions or unbalanced relationship dynamics. In the WTPT pilot, many of the families had unstable (or non-existent) housing, struggled from cheque to cheque, the children were often hungry, they had no access to transportation, spotty access to cell phones, clothing was not always appropriate for weather conditions, or they needed basic items like beds and school supplies. An EFW can give a ride into town where the groceries are cheaper, or transport items home from the food bank. We budgeted for grocery vouchers to tide people over until the next cheque. We helped with housing searches, provided meals at all group events and advocated with welfare agencies. When you help with basic needs, understand a person's daily struggles, and don't judge them, you walk your talk as a helper who is committed to understand their needs.

### Foster development of adult life skills

The category of life skills might include budgeting and money management, grocery shopping and meal planning, communication skills such as giving and receiving feedback, resume writing and job search skills, general knowledge on health and basic nutrition, time management, self-advocacy skills, self-care, coping with stress and basic computer skills. Some people want to learn to read and write better. Use a pre-existing group, develop one from scratch or find opportunities in everyday life to teach and reinforce life skills. A ride to the grocery store is a chance to talk about shopping on a budget, for example.

### Foster development of traditional parenting skills

Traditionally, parents taught children self-control and appropriate behaviour by demonstrating self-control and appropriate behaviour. Traditional parenting strategies included praise and reassurance, letting children learn by doing (trial and error), storytelling, rites of passage ceremonies, and parenting through example to teach values important to the community like sharing and generosity, equality, humour, respect for Elders, reverence for the land and all living things, cooperation, gratitude and forgiveness, humility, tolerance, and the contribution of hard work to the community. No one person was responsible for raising a child and children spent lots of time with extended family, especially Elders as holders of traditional knowledge, who transmit values and culture from generation to generation. On the following page, we summarize some strategies of traditional parenting as guidance for the parents of today.

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## SEVEN PRINCIPLES OF TRADITIONAL PARENTING FOR TODAY

In traditional times, First Nations people saw "parenting" as everything you say and everything you do in front of children. Words and actions teach children the shared values of the community so they learn to be happy and productive members of the community.

#### 1. Use Words As Medicine

Taste your words before letting them loose from your mouth. Are they poison, like insults, gossip, or anger? Or are they medicine, like praise, guidance and affection? Words are poison when calling a child an ugly name or saying you wish they'd never been born. Use only words that nurture, guide and heal.

Be impeccable with your word: be honest, don't gossip and tell your family how much you love them, everyday.

### 2. Help Children Know What You Expect Of Them

We often think of "rules" as a list of things NOT to do. It is equally (or more) important that children learn what they SHOULD do. Share, say please and thank you, look both ways before crossing a busy road, feed the dogs every morning, brush your teeth before leaving for school. Try and phrase your expectations as DOs instead of DON'Ts. Say "be peaceful" rather than "shut up." Say "pat the kitty nicely" instead of "don't hit the kitty."

## 3. Comment On Behavior You Want To Encourage

When a child does something good, tell them you noticed. "I like how you put your toys away. Good job!" Sometimes, the bad behaviour of children draws all our attention. If a child has to act out to get attention, that child is very clever because he or she is getting attention. Notice their good behaviour instead and you will see more and more of it.

#### 4. Keep Your Cool

When children are driving you crazy – and they will, because that is normal – you might get frustrated and even angry. What you're about to say will teach them something. When you speak with anger in your heart, there will be anger in your words. Calm down before you talk, so you make this lesson a good one.

#### 5. Make The Time To Spend Time With Children

We are all busy. It's easy to forget to sit down once in a while and shoot the breeze, play a card game or go for a walk with the kids. Schedule "a date" for pizza and games night, or set the hour before dinner as wind down time to check in about school, friends and life.

## 6. Keep Adult Matters Among Adults

Childhood is a time of exploration, learning and fun. Keep it that way by finding another adult to talk with about your problems, well away from little ears. Don't expect children to take on adult responsibilities they aren't ready for. Let kids be kids.

#### 7. Walk Your Talk

Don't want your children to smoke? Then quit smoking. If you want them to make their beds, then make your bed. Children learn more from your actions than from your words. They watch how you handle stress, deal with problems that come up, and treat other people. What are they learning?

## Support parents to see "discipline" as teaching

There are a lot of reasons children are maltreated by caregivers. One of them is that an adult mistakes physical punishment for discipline when frustrated by a child's behaviour. If an adult explodes in anger, a child can get hurt. We may call it "spanking," but hitting is hitting. Spanking sends bad messages, like it's okay for a person who says they love you to hurt you. Discipline, on the other hand, teaches. It is done with caring (not anger), helps children learn to control their impulses, and is in harmony with traditional parenting approaches. One way to avoid spanking is to be clear on expectations and consistent with giving feedback when a child misbehaves. Help adults define household expectations matching the ages of children (like bedtimes and chores) and post those expectations on the refrigerator. Some people will need more help with this, such as those whose neurological development was affected by pre-natal exposure to alcohol. An EFW's role may look very much like a "parent coach."

## Organize healthy recreational activities

An EFW can organize fun activities for children in a safe and supervised environment. Recreational activities included sports like baseball, day trips into nature, learning to ride a horse, trips to the beach, outings to the city, birthday parties, arts and crafts projects, movie nights, playing board games and puzzles, celebrations of holidays such as Valentines Day or Fathers Day and fishing. In one WTPT community, the local police joined in with sporting activities, to be good role models and demonstrate how police are people too who like to play and have fun. In another community, the EFW secured a corporate donation to buy bicycles. Parents tell us that the children developed strong ties with the other WTPT children, thereby creating a pro-social peer group. They had fun and were exposed to activities often beyond the financial means of the families. During these group activities, the EFWs could encourage cooperative play and peaceful conflict resolution (as described later).

### Promote good nutrition and health

Healthy food is important for growing children, as is regular access to medical and dental checkups and having opportunities to get exercise and fresh air. EFWs can assist with transportation to medical appointments and help caregivers plan healthy meals on their limited budgets. Group events were usually organized around food and sometimes involved communal cooking. There is a high rate of diabetes and obesity among First Nations people, for example and many poor food habits begin in childhood. Children do better in school when they avoid junk foods and sugar. Safe sex is an important topic to address with teenaged siblings given the high rates of HIV among First Nations people. Assist pregnant women to avoid alcohol and prevent the neurological damage to the fetus that shows up later as fetal alcohol spectrum disorder.





"Discipline is never separated from teaching the right way of doing things. Self-control is as important as social control. Children are taught to have good judgment skills early in life. Children know what is expected of them because the rules are clear and consistent, most often defined by the community as a whole. Children should never be belittled or talked down to. There is no power imbalance [in First Nations culture] as in other cultures where there may be the "I'm the adult" attitude. Children hold their place in the family circle and are treated equally."

Terrellyn Fearn, A Child Becomes Strong (2010: 29)



"Spanking is not a good discipline strategy for any child. For children who lived with woman abuse, spanking is especially bad. The unspoken messages of spanking are the same as some male rationalizations for violence against intimate partners: a big person is more powerful than a little person, some types of people have the right to hit other types of people, a person who says they love you can hurt you, being angry is a good excuse to hit someone, people who get hit are the ones to blame, people who do the hitting always have a good reason, and apologizing for 'losing control' makes what happened acceptable."

Little Eyes, Little Ears: How Violence Against a Mother Shapes Child as They Grow (2007: 19)



"Respect for elders, family and the community leads one to value non-interference and to behave in a way that does not interfere in the choices of others. Adults will go to great lengths to respect the choices of other people without interference. Parenting styles are often a result of the high value placed on non-interference. This can be mistaken for over permissiveness or lack of discipline since children are allowed to make mistakes and learn from those mistakes without scolding."

Positive Indian Parenting: A Reference Manual in Support of Minnesota Indian Parents and Family (2001: 10)



"Needs that must be met for the healthy maturation of the physical body include: oxygen, food, water, rest, exercise, sensory stimulation, safety and security. Deprivation of appropriate amounts of any of these leads to stunted growth, illness and death. For example, abandonment of traditional diets with their health-enhancing foods in favour of a diet of processed foods, high in sugars and fats, has resulted in an alarming increase in diabetes, heart problems and arthritis in First Nations communities. The challenge is for each First Nations person to recognize the threats to his physical health and take responsibility for making positive changes. These changes may take the form of recognizing and more effectively managing his stress levels, making better dietary and lifestyle choices, or becoming informed about how to deal with a diagnosed illness. Here again, self-awareness and self-caring are the prerequisites for change."

Warrior-Caregivers: Understanding the Challenges and Healing of First Nations Men (2005: 116)



### RECOMMENDED RESOURCES FOR THE PHYSICAL REALM:

Alison Cunningham & Linda Baker (2008)
Helping Abused Women in Shelters: 101 Things to Know, Say & Do.
Centre for Children & Families in the Justice System [www.lfcc.on.ca]

Best Start Resource Centre (2010) Let's Be Healthy Together Toolkit [www.beststart.org]

Best Start Resource Centre (2012)
Supporting the Sacred Journey: From Pre-conception to Parenting for First Nations Children in Ontario [www.beststart.org]

Deborah Rutman, Corey La Berge & Donna Wheway (2005)
Parenting with FASD: Challenges, Strategies and Supports [DVD (28 minutes) and Booklet].
University of Victoria, School of Social Work.

John Howard Society of Manitoba Respectful Fathering Group Facilitation Guide [www.johnhoward.mb.ca]

Kathy Khalsa & Ester Leutenberg
Life Management Skills Series.
The Guidance Group [www.couragetochange.com]

Linda Baker & Alison Cunningham (2004)
Helping Children Thrive / Supporting Woman Abuse Survivors as Mothers:
A Resource to Support Parenting.
Centre for Children & Families in the Justice System [www.lfcc.on.ca]

Linda Baker & Alison Cunningham (2008)
Helping an Abused Woman: 101 Things to Know, Say & Do.
Centre for Children & Families in the Justice System [www.lfcc.on.ca]

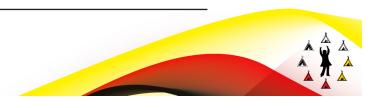
Native Canadian Centre of Toronto
Native Martial Arts Program [www.nativemartialarts.com]

Ontario Federation of Indian Friendship Centres (2008) FASD Tool Kit for Aboriginal Families [www.ofifc.org]

Robin LaDue & Carolyn Hartness (2001)
The Little Mask / Fetal Alcohol Syndrome: Your Special Child Between the Ages of 6-11 Years Old.
Washington State Department of Social and Health Services [www.dshs.wa.gov]

Skookum Jim Friendship Centre Traditional Parenting Program Facilitator's Manual [www.skookumjim.com]

Terrellyn Fearn, Spirit Moon Consulting (2010)
A Child Becomes Strong: Journeying Through Each Stage of the Life Cycle.
Toronto: Best Start Resource Centre [www.beststart.org]



#### CHECKLIST OF HEALING STRATEGIES FOR THE PHYSICAL REALM

- Use Walking the Path Together Tool: Danger Assessment Circle (Appendix A page 152) and/or POP TARTS Tool (Appendix B page 157) to help people be safe
- Encourage use of shelter for respite, safety or transition to new housing
- Help adults recognize characteristics of healthy and unbalanced relationships
- Advocate to find safe and stable housing if needed
- ◆ Encourage visits to doctors, eye doctors and dentists by, for example, providing transportation
- Give access to shelter donations for clothing, household items, Christmas hampers, etc.
- Help families shop on a budget and prepare healthy, economical meals
- ◆ Use communal meal preparation to share healthy, economical recipes
- Facilitate access to food bank in the community and in shelter (e.g., transportation)
- ◆ Provide practical assistance with school supplies, winter clothing, etc.
- Encourage traditional parenting strategies / run traditional parenting groups
- Assist with developing positive discipline strategies / avoiding spanking
- Assist with developing age-appropriate expectations for the home such as bedtimes
- Arrange group activities for children to be outdoors (e.g., beach, fishing)
- Arrange fun recreational activities for children (e.g., movie night)
- ◆ Acknowledge birthdays and holidays with parties and celebrations
- Run workshop or have guest speakers talk about nutrition, diabetes prevention
- ◆ Help families enroll children in organized sports to match children's interests
- ◆ Teach relaxation techniques such as meditation, breathing and grounding
- ◆ Support pregnant women to avoid alcohol
- ◆ Promote safe sex practices including providing condoms

## HEALING STRATEGIES FOR THE EMOTIONAL REALM

In Walking the Path Together, we want children to feel valued and loved and be free to feel and express their feelings, not just happiness but anger when appropriate and in ways that don't hurt themselves or others. We want them to talk about the scary feelings rather than act them out, block them or hide them from others.

## Encourage children to recognize and talk about their feelings

Children can learn about their own emotions, what they were called, and how to express them in healthy ways. You may see children (and maybe adults too) struggle with feeling their feelings and expressing them to others. This may be because they don't know the words to describe all their emotions, are afraid of some emotions (especially anger), think they have the "wrong" emotion for the situation (perhaps because they have been told that), try to bury a feeling because it is too painful, or believe they will get in trouble if they show emotion or that people will laugh at them. Boys may see emotions as something that is not masculine. Here are some strategies to use with children:

- Echo back what a child is feeling, as in "you must be really sad that your best friend moved to the city." And normalize that feeling, as in "that happened to me when I was your age and I was sad, too." Help them know it's okay to feel sad and that you are comfortable with them showing you their sadness.
- Get handouts off the Internet of faces with various emotions designed to help children learn the labels (and facial expressions) for emotions. Children develop an expanding repertoire of emotions as they get older but start with basics such as happy, sad, confused, upset, angry, bored, surprised and scared.
- When reading a story book, pause periodically to talk about the feelings the characters are expressing (or ones they are feeling but not expressing, and why). You can do the same thing with movies or TV shows.
- Get children to make "feelings faces" by asking what people look like when they are confused, bored, etc. Or do "feeling charades" where a child does a feeling face and the others guess the emotion.
- Talk about how feelings can be on the inside when people are afraid to show other people what they feel. If you have access to a craft store, buy blank masks and paints. A child can paint their inside feelings on the inside of the mask and the feelings they show the world on the outside.

There are also many books, board games, colouring books and books of suggested activities on the Internet or for purchase. When you share these strategies with caregivers, they can practice at home what you are teaching the children.



# Talk about anger

Children who live with violence see anger used as an excuse to hurt people. They may become afraid to feel anger and try to bottle it up. Or they may use anger to excuse their own actions or believe they have no control over their outbursts. Key messages are that anger is an emotion, like feeling sad or feeling happy. It's normal and everyone gets angry once in a while. Perhaps by adapting the body tracing exercise described earlier, help children identify the sensations felt when getting angry and make a list of common situations in which they get angry. Show them how to use words (in their heads or out loud) to think about what is driving that feeling. Chances are, the driver is a thought, like "it's my turn to play Wii and it's not fair that he's still using it" or "this homework is stupid and I hate my teacher." When they see the reason, they could address what is triggering the angry feeling, like maybe asking for homework help. Let the emotion drain off before moving on to the next step. Encourage them to understand anger as something that comes from inside rather than as caused by other people. If you share these key messages with caregivers, they can practice at home. An EFW can also use her own responses to anger to show how to stay calm, use words to describe feelings, and think out a way to solve the problem.

## **KEY MESSAGE ABOUT ANGER FOR CHILDREN**

- Every person (adult and child) feels angry once in a while: it's perfectly normal
- Anger is just an emotion, like feeling sad or feeling happy
- It's okay to feel angry: it doesn't hurt people when you are angry
- What hurts people is when you think it's okay to hit someone or use mean words because you are angry
- Learn to feel the signs that you're getting angry (like my stomach gets tight, my face gets hot)
- When you start feeling that way, use your words (out loud or in your head) to talk about what (not who) you feel angry about
- If the situation linked to your angry feelings is about another person, calm yourself down before you go talk to that person. Maybe take some deep breaths or go for a walk.

## Teach and model peaceful conflict resolution

Get a group of kids together and there will be arguments, power struggles and sometimes even bullying. As these normal issues arise, it's a chance to teach conflict resolution skills. At home, power dynamics may dictate that the angry person always wins his way. In conflict resolution, you look for a win/win outcome so both people retain their dignities even if they don't get 100% of what they want. Children also learn to see the other person's perspective which helps them develop empathy skills. Here are the basic steps of conflict resolution and finding a win/win outcome:

- Get the two people to calm down and chill out, maybe by sitting down and taking five deep breaths, for example.
- Ask each person to say out loud what the problem is using the word "I." So it's not: "he won't let me use the Wii," it's "I want a turn on the Wii."

- Ask each person to re-state what the other person said in their own words, as in "He said he had it first and he wants to play one more game."
- Ask each person to reflect back on what they could have done differently to avoid the argument, essentially asking them to take some responsibility, as in "I could have asked what the rules are for sharing the Wii."
- Ask each child to brainstorm at least one solution, as in "I could have my snack and then it will be
  my turn." The other child might say "I will finish this game and then his turn starts." If they can
  both be happy, choose that as the outcome.
- Close the discussion by thanking the children for finding a good solution and maybe ask them to shake hands.

If you teach caregivers this technique, they can use it at home.

## Help caregivers see the emotional coping of their children

When there is conflict and violence at home, children must find ways to cope with the fear and other painful emotions and thoughts they are flooded with. Running to someone else's house is one type of coping, for example, and a good one to be encouraged. Some coping involves things like numbing feelings, blocking thoughts, tuning out noise, distracting themselves or concentrating hard on a video game. They may fantasize about a different life or hope for rescue by a super hero. If they think they were responsible for the "fight," they may try to be better or more lovable. Other worrisome coping strategies include cutting and drug use. These types of coping are quiet and largely invisible so they don't always get adult attention. It's worrisome when children start using them at school and have trouble paying attention. Or when faced with other types of stress. Or violence gets so normal that they don't give it much notice. Caregivers can be helped to understand how children cope and have gentle discussions about what they do, think and feel when there is violence in the home. When an adult lived with violence as children, you can start by asking what they did, thought and felt when they were young. Key messages to help caregivers give a child: what happens between adults is not your fault, you didn't do anything wrong to cause this, I love you and try my best to protect you, and I don't like our life being this way either and I'm trying to fix it.

# Help caregivers think about how they cope emotionally with stress

Living with violence, and the constant fear of violence, is very stressful. A person must manage that stress or life is unbearable. As a caretaker, that person is also teaching children how to manage stress. People who grew up with violence are probably using coping techniques they learned as a child. A person might try to keep life smooth for any adult who is prone to violence. Keep the kids quiet, let him have the remote control, quit your job if he doesn't want you to work. This is called "placating" and it doesn't work 100% of the time because something unexpected always happens and the person seems to explode in a rage. You may hear excuses, like "he's the greatest guy in the world when he isn't drinking." Getting out of the house to avoid the situation is another type of coping. This is part of "protection mode" (see Appendix B page 157). But the real stress is the constant worry of what might happen and when. People might distract themselves with over-involvement in other people's problems, or furious cleaning. Emotional coping includes turning feelings off completely (numbing) or using drugs or alcohol. A group approach like Seeking Safety (see recommended resources) helps adults develop safe coping skills, ask for help, be kind to themselves, cope with triggers, develop self-care skills and see drug or alcohol use as a response to historical trauma and present stress.



## Emphasize the joy of play, stories, humour, reading

As Plato said, "You can discover more about a person in an hour of play than in a year of conversation." As they play, children may act out anxieties and ask questions. And you give them a gift. By playing, you say they are worthy of your time and that you enjoy their company. So encourage caregivers to simply have fun with children. With so many pressures and uncertainties in life, it's easy to forget to make the time for fun. Residential school survivors — and survivors of survivors — may not have learned how to play. Show them. Plus, when there is violence in the home, it can damage the bond of trust and love between children and the people who take care of them. Play can help heal that bond.



**Melanie Heroux** (EFW): Every child deserves to be a child. When we do an activity that brings them back to childhood, it teaches them to play again.

## **Process grief and loss**

The legacies of unresolved grief and the impact of recent losses are barriers to healing, especially when the loss is due to violence or suicide. In First Nations communities, deaths can feel like waves of sorrow, one after the other. The effects of recent losses compound the historical losses of the traditional family, culture and language and community self-sufficiency. EFWs can assist families with arranging wakes and funerals, acknowledging the anniversaries of deaths and other losses and facilitating letting go ceremonies. Be aware of the concept of "ambiguous loss" which is loss that is not as black and white as a death. Examples include having no contact with a father, separation from siblings (as when in foster care), having a child or sibling taken by child welfare, or when a family member is emotionally unavailable because of a medical condition or addiction. Another way to look at it is that a person is "there but not there" or "somewhere but not here." Help people label these situations as true losses and give them permission to talk about the absence of someone they love or the loss of the way life used to be.



#### RECOMMENDED RESOURCES FOR THE EMOTIONAL REALM:

Alana Jones (1998)

104 Activities That Build: Self-Esteem, Teamwork, Communication, Anger Management, Self-Discovery, Coping Skills.

Rec Room Publishing.

Alberta Health Services (2009)

Teaching Your Children to Talk About their Feelings. [www.albertahealthservices.ca]

Best Start Resource Centre (2009)

Have a Ball Together (Aboriginal Adaptation), posters and stickers [www.beststart.org]

Creating Hope Society (2009)

Broken Hearts: Rights for Aboriginal Families with Children in Care [DVD and workbook] [www.creatinghopesociety.ca]

Eliane Whitehouse & Warwick Pudney (1998)

There's a Volcano in my Tummy: Helping Children to Handle Anger.

New Society Publishers.

Gary Chapman & Ross Campbell (2012)

The Five Love Languages of Children.

Moody Publishers.

Klinic Community Health Centre (2012)

After a Suicide: A Practical and Personal Guide for Survivors. [www.klinic.mb.ca]

Linda Baker & Alison Cunningham (2004)

Helping Children Thrive / Supporting Woman Abuse Survivors as Mothers: A Resource to Support Parenting.

Centre for Children & Families in the Justice System [www.lfcc.on.ca]

Lisa Najavits (2002)

Seeking Safety: A Treatment Manual for PTSD and Substance Abuse.

Guilford Press [www.seekingsafety.org]

Lynda Ashbourne, Linda Baker & Cindy Male (2002)

Ambiguous Loss in Adolescents: Increasing Understanding to Enhance Intervention.

Centre for Children & Families in the Justice System [www.lfcc.on.ca]

Office for Victims of Crime, Attorney General of Ontario (2012)

Living Beyond the Murder of a Loved One: Information for Families and Others Affected by Homicide. [www.ovc.gov.on.ca]

Robert Munsch & Sheila McGraw (1986)

Love You Forever. Firefly Books.

Signe Whitson & Nicholas James Long (2011)

How to be Angry: An Assertiveness Anger Expression Group Guide for Kids and Teens. Jessica Kingsley Publisher.



## **CHECKLIST OF HEALING STRATEGIES FOR THE EMOTIONAL REALM**

- Help children put names on feelings and read emotions from other people's faces
- ◆ Send messages that it's okay to feel feelings, all of them even anger and sadness
- ◆ Talk about inside feelings and outside feelings, perhaps by using a blank mask to paint
- ◆ Encourage children to talk about the good things in their lives, what makes them happy
- ◆ Help children be aware of the signs in their bodies that they are getting angry
- ◆ Help children learn to calm themselves when upset or angry
- ◆ Talk about anger as a normal emotion and healthy expression of anger
- Teach adults the key messages about anger so they can talk about them at home
- ◆ Find chances to teach win/win conflict resolution when children are arguing
- ◆ Teach parents the win/win technique so they can use it at home
- ◆ Help adults discuss with children their thoughts and feelings when there is violence at home
- Help adults remember their own thoughts and feelings from when they were children
- ◆ Help adults watch for signs of worrisome emotional coping in children
- Help adults identify the ways they manage stress, both the healthy and concerning ones
- ◆ Help adults identify their survival skills for living with violence
- ◆ Find opportunities to play with children and let them have fun
- ◆ Help adults make the time to play, laugh and read with children
- ◆ Be present and supportive when people experience the loss of a love one
- ◆ Help adults identify the current effects of past losses and unresolved grief
- ◆ Arrange for a letting go ceremony if desired by the family
- ◆ Label and process ambiguous losses for children, teens and adults

## HEALING STRATEGIES FOR THE MENTAL REALM

In WTPT, we want children to envision a happy life, ask for help when they need it, and reach their full potentials in part by being successful at school. Children need to believe that what happens between adults is not their fault, that a victim is never to blame for her own (or his own) victimization, and that men and women are equally valued in their community. We want them to believe that they are valued, accepted and loved and that family peace is possible.

# Help children learn about respect, for themselves and others

In traditional times, children learned respectful behaviour by watching adults treat each other with respect. When children live with violence, they learn that people can be hurtful and disrespectful to each other and (usually) never get in trouble. These are bad lessons and children may grow up thinking violence is normal, okay or inevitable. An EFW can help children with this key message: hurting other people with words or hitting is always wrong, even when adults do it. Teach that message in group activities so they are respectful to each other. This is the way it was in traditional times.



"I grew up in an abusive family and I did not admit or recognize that it was abuse until I was an adult. I didn't know that it was wrong. I didn't have a lot of friends. I didn't go to a lot of people's homes. I thought I grew up in a very loving environment. And then, on the weekends, all hell would break loose, you know: the parties and all the drinking and the violence. I am very accepting of physical violence. It was okay with me; very okay."

Woman cited in Balancing the Medicine Wheel Through Physical Activity (2008: 67).

#### Promote success at school for children

Helping children succeed in school was a major goal of the WTPT pilot. We want them to reach their full potentials at school and see graduation as a realistic goal.

- EFWs can talk about how education was important in their own lives or give examples of other people who gained happiness and success in life through education. (We also saw several examples of caregivers going back to school, acting as excellent role models for their children.)
- Talk about school completion as a desirable goal / counter any messages children are given that school is a waste of time. For example, ask children to think about what career they want as adults or which adults in the community they admire and what schooling they had.

- Talk about school completion as a realistic goal / counter any messages children are given that they are not smart enough to be good at school (e.g., celebrate even small successes and improvements in grades or attendance).
- Help caregivers build effective partnerships and good communication with teachers.
- Help adults talk about how the legacies of residential schooling affect their abilities to partner
  with teachers. For example, some caregivers find it difficult to "force" a reluctant child to go
  to school or be assertive when advocating for a child. Anyone who was sexually abused by a
  teacher may be reluctant even to enter the school building.
- Address any barriers to regular attendance, like perhaps the need for an earlier bedtime, assistance with transportation or even a change of schools.
- Promote school-friendly habits at home like lending books for caregivers to read with children and encouraging caregivers to set times for homework, like perhaps the hour before dinner time, and arrange for fewer distractions at those times (e.g., turn the TV and cell phones off).
- Be aware of learning struggles in children and advocate for any specialized assessment that may be needed. Sometimes a formal diagnosis means extra school support for a child.

In one WTPT community, high-school students could "adopt" a WTPT child to help with reading and homework. Also in this community, an after-school programme was operated at the shelter, from 3:00 to 5:30 p.m. A day was devoted each week to cultural activities (e.g., Cree language instruction), tutoring and literacy issues, recreational activities (e.g., skating, Karaoke), and movie day. One afternoon each week, children chose an activity such as sewing or painting. The EFW was available to assist with homework help for any areas in which a child was struggling and she had a good relationship with the school.

### Promote self-care for adults

People may need encouragement to take care of themselves. They don't value themselves and believe they are not worth the effort. Or other people's needs always come first. EFWs can organize "pampering nights," for example, so women can enjoy pedicures or facials. It sends the message that they deserve to feel special. Perhaps in a sharing circle, explore reasons that people don't feel worthy enough to care for their appearance or eat healthy food. What are the thoughts driving this attitude? Help them believe they are worth it!

# Find ways for children to spend time with positive, optimistic and healthy adults

Two of the WTPT pilot communities have Cadet programmes. Since 2005, for example, the Hobbema Community Cadet Core has been coordinated by the RCMP but supported by all four Nations in the area. Youth as young as five are introduced to drilling, organized sports, self-defence, drug and alcohol education and Cree language instruction among many other topics. Efforts to connect children with healthy adults need not be so formal and might include camping with Elders or working with shelter staff on fundraising events.

## Picture a future of happiness and hope

An EFW can help people cut up pictures in magazines to make collages of the healthy, happy lives they want in the future. When talking about hopes for the future, it's possible that some people cannot picture anything good in their futures. An EFW must always be alert to signs of depression (see page 132). Depression is a topic for the mental realm because it's usually (but not always) driven by negative thoughts, like "I'm not as good as other people," or "no one can love me." Getting rid

of the depression means, in part, replacing the negative thoughts with those of hope, strength and self-worth. Not all depressed people try to kill themselves, and not all people who kill themselves were depressed. But depression is always something to take seriously because of the possibility of suicide, so we recommend that EFWs be trained in suicide prevention and intervention such as safety planning. The close bond they build with people means they may get disclosures of suicidal thoughts from people who are not sharing that information with others in their lives. In the early stages of sobriety, people who masked negative thoughts with alcohol or drugs may also feel depressed. Talk of wanting to be dead should always be seen as a cry for help, even if you don't believe the person wants to die.

## Use words as medicine (and help caregivers to do the same)

In the previous section of this guide, we talked about how harsh words are weapons that attack a child's sense of themselves as lovable, damage their bond with adults they love and depend on and distort their abilities to see themselves as happy in the future. An EFW always chooses words to nurture, guide and teach. She can also help caregivers use words as medicine to build up children's self-respect and sense of themselves as good people. For example, you can find on the Internet a list of "98 Ways to Say Very Good" to use as a handout with caregivers. When they catch a child doing something good, like eating all the vegetables on his plate, they can say "good job on the broccoli!" or "I'm happy to see how you ate your broccoli because it helps you grow up strong." Consistent with principles of traditional parenting, this approach encourages desired actions in children through recognition of those actions rather than by a direct request or promise of a reward. Be aware of how the residential schools experience may have affected a caregiver's comfort with communicating in this way. For example, you could talk about this discomfort in a sharing circle of caregivers. Then encourage them to comment on a child's good behaviour four times the next day and report back to the group what that felt like for them.



"In residential school, we had no voice, we couldn't communicate. So as parents, we didn't communicate."

Janet Gladue, Big Stone Cree Nation Emergency Shelter

### Help children know they can keep themselves safe

The goal here is to help children feel comfortable in their worlds by giving them skills and knowledge to avoid or respond to dangerous situations. Equally important, adults can be aware of how they can keep children safe. Sometimes as adults, we overestimate what young children understand about issues like talking to strangers, assume they know not to play with matches, or we trust a family member to babysit just because they are family. Safety planning with children is a topic frequently addressed in shelters, to help children know how to respond when there is violence in their homes. For example, children can learn how to dial a phone, who to call, and which neighbours they can run to if they need to get out of the house. There are many books for children of all ages on topics

such as fire safety, water safety, Internet safety, being home alone after school, what to do if you get lost and other issues. However, children are too young to protect themselves from every potentially dangerous situation so a big part of safety is when caregivers always know where they are and who they are with. This is especially important to keep children safe from sexual abuse. You can talk about "good touch, bad touch" or "yell and tell," but it is not enough to teach children to run away and tell. Research confirms that most sexually abused children will not tell anyone, at least not for a long time. Adults must be vigilant about the risk for sexual abuse instead of trusting that a child will run away and tell them.

#### SIGNS OF DEPRESSION

Anyone can sink into a depression, especially when there are multiple stresses and losses going on in his or her life. A formal diagnosis of depression can only be made by a trained health or mental health professional, but these are the signs they would look for:

- The person feels sad and empty every day or nearly everyday
- They have no interest in doing things they usually enjoy (or feel no pleasure when they try them)
- Sleep patterns are different (too much sleep, not able to sleep, waking at night not able to get back to sleep)
- Fatigue and loss of energy
- Weight loss when not trying to diet / no appetite
- Feeling worthless, not as good as other people, guilty, like a failure in life, a disappointment
- Finding it hard to concentrate, make decisions or choices
- Feeling agitated, restless, irritable
- Having trouble doing normal daily things (e.g., getting dressed in the morning, fixing a meal)
- Thoughts of wanting to be dead that keep coming back

You don't need to see all these signs before you think about the possibility of depression. If you see at least five of them over at least two weeks, and there is no obvious reason like the recent death of a loved one, it's worth considering a visit to the doctor. Also, a general checkup can eliminate medical conditions that can cause depression-like symptoms, such as sleep apnea, iron deficiency, or thyroid.

Children can be depressed: In children, the most common signs are looking sad, being anxious, not cooperating with others like they used to, withdrawing and wanting to be alone, complaining about headaches and stomach aches, being irritable, and perhaps hearing things that aren't real.

Teenagers can be depressed: Signs you might see are refusing to go to school, drop in grades, changes in eating and/or sleeping, lack of interest in anything, feeling sad and hopeless, weight loss or gain, not taking care of themselves, self-harm, blaming themselves for everything bad, thinking about suicide. Depression can follow (or be made worse by) events such as a break-up with a dating partner, a friend's suicide, the death of someone close to them, a big fight with parents, a significant family change (like parental separation), being arrested, being bullied, being kicked out of school, etc.

Think about sexual abuse: Lots of things can lead to depression in children and teens and sexual abuse is one of them. Young victims might feel sadness, shame, guilt, loneliness, isolate themselves, talk about themselves in negative ways, and consider suicide. This can look a lot like depression.

### **KEY POINTS ABOUT DEPRESSION**

## There is a difference between normal sadness and depression

When a person is sad because of a major loss or stress, like the death of a loved one, sadness is a normal reaction. Think about depression when the signs on the previous page aren't getting better (perhaps getting worse), they represent a big change from how the person usually is, and they can't manage everyday tasks like getting dressed in the morning or taking care of children. No matter what they try, they can't "snap themselves out of it." Maybe they feel trapped in a downward spiral, like being sad about having no job yet too depressed to look for work and convinced that no one will hire them anyway.

# Any person can be overwhelmed by depression

When a combination of bad things comes together in our lives, swamping our abilities to cope, any of us can sink into a depression. It's not a sign of weakness or a character flaw.

## There is (or can be) a biological component to depression

Part of why depressed people feel so tired and hopeless is that their bodies may be pumping out chemicals that cause them to feel sad and empty.

# Some people are more likely to experience depression, or feel it deeper than others

People who feel alone in life, feel treated unfairly by something, and hold negative beliefs about themselves (like feeling inferior to others or unlovable or unattractive or a burden to others) may be more likely to slip into depression when bad events in their lives become unmanageable. They see those events, like perhaps losing a job, as proof of the bad things they already think about themselves.

#### It's important to address the negative thoughts people have about themselves

Help people to see their gifts. Negative thoughts are like poison: "I'm a failure, everything I do is wrong, no one can love me." Resist the temptation to solve what seems to be the problem and instead explore the thoughts underlying it. For example, if a person says "I'm fat and useless," it may not be helpful to suggest how to lose weight. Protecting the person from toxic people who feed into their negative thoughts may also be helpful, so finding a new place for a person to live can sometimes aid depression.

## Addressing the stress in a person's life may help (and increase healthy coping skills)

Depression can result when three things come together: those chemical factors, the negative ideas about self, and too many stresses or losses to handle at one time, such as deaths, homelessness, recent break-up, debt, legal problems, losing a child to child welfare, having a chronic health condition and/or chronic pain, being fired, or facing imprisonment. People who feel "trapped" in an unhealthy relationship may also feel depressed.

#### A note on anti-depressant medication

There are medications a doctor can prescribe and they work well for some people. Other people feel better simply knowing they are taking a pill (called the placebo effect). Other people feel no better at all. In any case, a pill is unlikely to erase all the stresses and life circumstances feeding into the depression, or change the negative thoughts swirling in a person's head. So think of the pill as help with the bad chemicals in the person's body – which might help them think clearer -- but continue to help them reduce stress, change negative thought patterns and develop better coping strategies for stress. Also, become familiar with the uncomfortable ways people can feel when they stop using an anti-depressant. Google "withdrawal syndrome" (sometimes called "discontinuation syndrome") and "anti-depressants."



## **KEY POINTS ABOUT CHILD SEXUAL ABUSE**

## When a child is sexually abused, it's almost always by someone they know

Abuse by strangers is quite rare. In fact, statistically speaking, the most risky place for a child is his or her home. Often sexual abuse occurs in the child's bedroom at night.

## Both boys and girls can be sexually abused

The main difference is that boys are less likely than girls to tell anyone. Also, girls may be abused over a longer period of time than boys, and more likely to be abused by a family member.

# People who want to molest children are very good at tricking them into it

When a sexual abuser uses force, a child will likely be scared and run and tell. So most abusers are more subtle. They use bribery, compliments, make the abuse look like a game, give a child alcohol, abuse them when asleep, say "everyone does this," or tell them it's educational. In a process called grooming, an abuser starts with what seem like harmless shoulder rubs or pretends to teach hygiene while bathing. The abuse gradually gets more sexual and more intrusive.

## People who molest children are very good at getting them to keep the secret

They may use blatant threats, like "I'll kill your dog or kill you or hurt your mother or no one will believe you and you'll be kicked out of the house". They may threaten to end special privileges, attention or treats which the child values. They may cause the child to feel guilty about the consequences for them, like "I'll go back to prison and it will be your fault." They may blame the child, like "if you weren't so sexy, I could control myself." They may say, "it would kill your mom if she finds out about us," or use other types of emotional blackmail.

#### Most children who are abused by a family member do not tell anyone

Reasons children don't tell include: they aren't sure (especially at first) that the behaviour is wrong, they are embarrassed, or they think no one will believe them. They worry about a bad consequence for the abuser (like prison) or for themselves (like being kicked out) or for a parent (like "my mom really loves him and it would kill her to know what he does to me"). They may think people will blame them (rather than the abuser) because they have done something wrong. Children may fear the loss of contact with the abuser, because that relationship is important to them or they know that person is important to someone they love.

## Telling someone is very, very difficult

Parents are heartbroken to learn a child was sexually abused and didn't tell them, but this sadly is normal. Consider all the steps it takes before a child can tell a person who could stop the abuse:

- 1) realize the abuse is wrong and unacceptable;
- 2) decide they don't have to tolerate mistreatment;
- 3) identify some advantage to telling;
- 4) suppress any worries about bad consequences of telling;
- 5) pick someone to trust;
- 6) find the right time; and,
- 7) have the courage to say the words.

So don't just trust that a child will tell you about abuse. Act to keep them away from situations where abusers can be alone with them.

## Always, always take a child's disclosure seriously

Because it takes so much courage for a child to tell, if you fail to respond, they may assume no one can help and they won't tell again for a very long time. You don't have to believe what they say is true – it's someone else's job to figure that out – but they told you for a reason, usually because they want it to stop or to protect another child such as a younger sibling. You must act. So know your agency's policies and relevant laws on reporting the abuse of children.



#### RECOMMENDED RESOURCES FOR THE MENTAL REALM:

Alberta Council of Women's Shelters Hands are Not for Hitting. [www.child.alberta.ca]

At^lohsa Native Family Healing Services (2008)

Mino Bimawdiziwin: Honouring the Voices of Children - Children's Program Manual.

[www.atlohsa.com]

British Columbia (2001)

Practice Principles: A Guide for Mental Health Clinicians Working with Suicidal Children & Youth. Ministry of Children & Youth Development [www.mcf.gov.bc.ca]

Don Miguel Ruiz (1997)

The Four Agreements: A Practical Guide to Personal Freedom.

Amber Allen Publishing.

Douglas Riley (2000)

The Depressed Child: A Parent's Guide for Rescuing Kids.

Cooper Square Press.

Elizabeth Verdick (2004)

Words are not for Hurting.

Free Spirit Publishing.

Linda Baker & Lynda Ashbourne with Margaret Steele (2002)

 $\label{thm:continuous} \mbox{Treating Child \& Adolescent Depression: A Handbook for Children's Mental Health Practitioners.}$ 

Children's Mental Health Ontario [download from www.lfcc.on.ca]

Margie McKinnon & Tom McKinnon (2008)

REPAIR for Kids: A Children's Program for Recovery from Incest and Childhood Sexual Abuse. Loving Healing Press.

Nadine Jodoin & Jennifer White (2003)

Aboriginal Youth: A Manual of Promising Suicide Prevention Strategies.

Calgary: Centre for Suicide Prevention [www.suicideinfo.ca]

River of Life National Online Suicide Prevention Certificate Course

[www.riveroflifeprogram.ca]

Sandra J. Montour & Bill Powless (1993)

The Eagle Child Series.

Ganohkwa Sra Family Assault Support Services [www.ganohkwasra.ca]



# **CHECKLIST OF HEALING STRATEGIES FOR THE MENTAL REALM**

- ◆ Help children expect respect and be respectful to others
- Help children see all abusive behaviour as an unacceptable choice that hurts people
- ◆ Use one of the available "Hands are not for Hitting" activities
- ◆ Help children see graduation as a realistic and desirable goal (e.g., use examples of real people)
- Encourage an effective connection/good communication between caregivers and the school
- Address any barriers to school attendance and success (e.g., advocate for learning assessment)
- ◆ Give or find help for children with any school subjects they are struggling with
- Help adults talk about historical traumas that affect their dealings with the school
- Encourage adults to believe they are important enough to take care of themselves
- ◆ Explore (e.g. in a sharing circle) why adults don't feel worthy of self-care
- Organize pampering nights and other activities of self-care for adults
- Find opportunities (like cadets) for children to spend time with healthy, optimistic adults
- Find funding to compensate Elders for their valuable contributions to children's lives
- ◆ Use a collage activity to help people picture a happy future
- ◆ Be alert to signs of depression in children, teens, and adults
- ◆ Encourage anyone who is depressed to talk to a doctor/nurse practitioner and get a check-up
- ◆ Help depressed adults identify (and replace) the negative thought loops in their heads
- ◆ Consider sexual abuse as one possible driver of signs of depression in children and teens
- Support caregivers to practice using words as medicine (e.g., use 98 Ways to Say Very Good)
- Explore (e.g., in a circle) how historical traumas affect how adults express love and guide children
- ◆ Help children develop safety skills (and get adults to stress them at home)

## HEALING STRATEGIES FOR THE SPIRITUAL REALM

In WTPT, we want children to feel safe and connected to the community, trust adults to take care of them, and grow up to be healthy and balanced men and women. We want them to enjoy childhood and have fun. We want them to be proud of being First Nations, to resonate with the heartbeat of the drum, to feel the strength and pride of the ancestors and work to create a healthy world for the next seven generations.



"Counselling services offered to First Nations people often fail because cultural and traditional beliefs are not addressed in therapy."

Traditional Healing Methods with First Nations Women in Group Counselling (2000: 3)

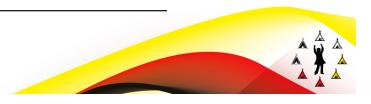
## Help people position today's issues in historical context

Make the links between current struggles and the personal, community and systemic effects of colonialism and residential schooling. Survivors of residential school, and their children and grandchildren, carry the emotional scars of that experience and its consequences. The teaching of healthy traditional parenting across generations was interrupted. Some survivors grew up to parent like the institution in which they were raised, with rigidity, coldness, regimen and even abuse. They lost their language and culture and couldn't teach it to children nor even speak of First Nations culture with pride. A sharing circle can be a place to talk about how this legacy shows up today, in ways such as communication style with children, ability to play, parenting style (perhaps harsh or even abusive), high expectations for cleanliness and order, shame, low self-esteem, no connection with the language or culture, unhealthy coping like substance use, and discomfort interacting with teachers and the school. Understanding the source doesn't make it easier to change patterns, but it can lift some of the shame and sense of failure.



"One has to be cognizant of the historical context in which the cycle of abusive experiences and subsequent parenting behaviours appear. Specifically, the effects of colonization and other traumatic events essentially eliminated many of the traditional parenting practices of some First Nations communities, replacing them with models of abuse and neglect."

Intergenerational Trauma: Convergence of Multiple Processes Among First Nations People in Canada (2009: 17)





"I get emotional when I talk about residential school. I know now that things that happened to me as a child, I had no control over."

## Organize cultural activities for children and adults

Culture is healing. Culture is learned. Cultural activities are both a crucial component to the WTPT programme and enjoyed greatly. For example, mothers can attend sharing circles where Elders teach sewing, beading and other traditional skills. As they work, they discuss common concerns and issues, about relationships and being a parent for example. In some communities, we secured funding to commission each child with a dancing regalia. In all communities, children had opportunities to participate in traditional dance and some entered dancing contests. They also made drums, learned drumming and were exposed to the local teachings on the history and significance of drums and drumming. Rites of passage ceremonies were facilitated for girls. Culture camp activities were both enjoyable and educational, as when Elders demonstrated how to clean and preserve fish and other traditional skills. Adults had the opportunity to attend workshops on traditional parenting, kinship, language instruction, the Medicines, crafts, regalia making, the Tepee Teachings and teachings of the Medicine Wheel. The EFWs introduced several adults to sweats. They also took families to harvest sweet grass, read books to children about history and culture, helped them make family trees and organized many other activities to promote learning of First Nations culture.



"The cultural identity of Indigenous peoples is one of the primary aspects that colonization has attacked and continues to attack. Ill health, including what the West calls mental health, is a symptom of this attack on cultural identity. Treating the symptoms of ill health, including addiction and mental health, is a band-aid solution that does not treat the root causes — colonization and identity disruption. If one recognizes that the assault on cultural identity has played a significant role on the ill health of Indigenous people and that the spirit has been wounded, then healing activities need to include a spiritual understanding of the individual and collective Indigenous culture."

Beyond Recovery: Colonization, Health and Healing for Indigenous People in Canada (2010: 275)

#### Encourage the whole family to explore ways to engage in traditional activities

In addition to the cultural activities organized and facilitated by the EFWs, families participated in community activities such as Pow Wows, Treaty Days, moon ceremonies and Round Dances. Families could feel part of the community and see First Nations culture portrayed with pride.

## Facilitate ways for children and families to engage in social activities

Opportunities to get families involved in community activities including rodeos, parades and festivals, fall fairs, hockey tournaments, and other celebrations. EFWs encourage families to make time to spend time together just to have fun. They can also organize "field trips" like outings into nature or into the city. The goal is to help families have fun together and not be isolated at home.

#### Organize family group conferences to create family plans for children

Family group conferencing (FGC) keeps children out of child welfare care by joining the good minds of the entire circle of people around a child, not just family but teachers, family friends, cadet leaders or shelter workers. Even the children attend. A facilitator starts by organizing a meeting space, arranging for food, inviting all the people and explaining the process to everyone. That part may take several weeks. The facilitator is a neutral person who is respected by all members of the circle. On the day of the FGC, the facilitator oversees the opening and helps the people set ground rules for respectful dialogue and problem solving. Then he or she withdraws and the family talks out a plan for the issue at hand. A FGC might focus on where the children will live while a parent is in a healing programme, or how to get grandparents support for caring for grandchildren so they don't burn out. For example, an uncle who works during the week might take the children every second weekend. An auntie may commit to a month during summer holidays. The circle members develop the plan, not the child welfare system, so the process is very much like the group sharing and problem-solving approaches of traditional times.

### Work locally to promote community healing and health

The WTPT programme works with individuals and families, which is important but not enough. Our dream for children will be realized when everyone has an adequate living, everyone is guided by the principle of "love thy neighbour," there is equality for everyone and world leadership is caring and works for people. So we work as well with our neighbours on the healing of the community.

### Invite families to join the shelter's work to address attitudes condoning violence

Shelters want to put themselves out of business by changing the attitudes supporting family violence. An EFW can welcome families to assist with fundraising and awareness activities: information tables and booths, public speaking, Take Back the Night marches, Walk-a-Mile-in-Her-Shoes events, parade floats, etc. Let's work together to end family violence!



"Aboriginal society, especially male leadership, must commit to long-term undertakings to isolate and weed out factors that condone violence against women and children."

Ending Violence in Aboriginal Communities: Best Practices in Aboriginal Shelters and Communities (2006: 13)





#### RECOMMENDED RESOURCES FOR THE SPIRITUAL REALM:

Aboriginal Canada Portal
Resources for Teachers [www.aboriginalcanada.gc.ca]

Awo Taan Healing Lodge Society (2007)
Aboriginal Framework for Healing and Wellness Manual [www.awotaan.org].

Beyond the Shadows (1993), DVD 28 minutes National Film Board [www.onf-nfb.gc.ca]

Blue Quills First Nations College Family Group Conference Training [www.bluequills.ca]

Canadian Children's Book Centre
First Nations-themed Books for Kids [www.bookcentre.ca]

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Eagle Crest Books [www.eaglecrestbooks.com]

Honoring Children, Mending the Circle
Indian Country Child Trauma Center [www.icctc.org]

Native Dance [www.native-dance.ca]

Native Drums [www.native-drums.ca]

Nortext: First Language Children's Literature [www.nortext.com]

Terrellyn Fearn (2006)

A Sense of Belonging: Supporting Healthy Child Development in Aboriginal Families.

Spirit Moon Consulting [www.safestart.org]

# **CHECKLIST OF HEALING STRATEGIES FOR THE SPIRITUAL REALM**

- ◆ Use DVDs and guest speakers to talk about the legacies of residential schooling
- ◆ Help adults position their current struggles in historical context
- ◆ Explore with adults the links between residential schooling and today's parenting style
- ◆ Organize fun activities for children to learn about First Nations culture
- ◆ Compile a library of children's books and read stories in groups
- ◆ Bring in guest speakers such as Elders to talk about traditional ways of life
- ◆ Organize activities for adults to be exposed to First Nations culture
- Help families organize rites of passage ceremonies and other traditional celebrations
- Make families aware of upcoming community activities such as Round Dances
- Encourage children to learn about their family lineage, clan, and accomplishments of ancestors
- Find opportunities for families to spend time in nature (e.g., hiking, camping, finding sweet grass)
- Organize outings for families in and outside the community
- Help caregivers address personal struggles that may lead to losing custody of children
- ◆ Liaise with child welfare agencies about safe options for children to avoid apprehension
- ◆ Use family group conferencing to create plans to keep children out of care
- ◆ Use family group conferencing to create circles of support around children
- ◆ Work with shelter colleagues on community-level healing activities
- ◆ Encourage families to participate in public meetings about local issues
- Organize public talks about family violence (and invite families to attend)
- ◆ Create opportunities for families to assist with awareness activities of shelter



# THE JOURNEY CONTINUES

Perhaps the greatest satisfaction we have as helpers is when someone doesn't need us anymore. In WTPT, we walked by their sides as people took two steps forward and one step back. We also got to see many of them find the strength to walk away from us. Families let their EFW into their lives to see the pain and struggle, so she is also there to see the joys and celebrations.



"[My EFW] taught me to ask for help when I need it. Not to be ashamed for needing help and not to be afraid to ask for help. She is encouraging and she believes in everyone. She never gave up on me and my kids. She supported me through everything and told me never to give up even when things don't go as planned or when something goes wrong. She taught me to stay strong and to believe there's always a good reason when things go wrong. If something goes wrong that I have to face it and go for it again or go for something else. With all the work she did with me and the support she gave me, I believe that my life will work out fine. My children are well-mannered, well disciplined and respectful, as well as caring and loving. I am so grateful they listen and respect me and others. They play with children their own age and act their own age. I really think my life and my children's lives will be wonderful."

# The families valued the support they received

As the pilot period drew to a close, we got feedback from participants. Everyone we talked with agreed that the programme should continue, that their lives had changed for the better and would recommend the programme to a friend. Reluctance had initially been voiced by a few people, mostly concerns about confidentiality or wondering about the time commitment required. In the end, people were glad they signed up. Benefits voiced by adult participants were many. They didn't have to tell their stories repeatedly to different people, they had one person to call in a crisis, they could ask for help with whatever they needed help with and they appreciated that the EFW could come and see them rather than having to attend appointments at an agency. They liked that involvement could last for two years and that the EFW would check in with them periodically, just to see if things were okay. Asking for help can be difficult. They appreciated the financial assistance and how their children could enjoy fun activities. They liked getting deeply connected to one person so they could open up about issues they don't usually disclose to service providers. Most of all, they made changes in their lives they clearly linked to the support of their EFW.





"Measuring progress for individuals who have embarked on their healing journeys is difficult because it doesn't just mean that the participant got a job or is getting an education. Fundamentally it means the families are living healthier more fulfilling lives, including reaffirming and identifying with their culture, traditions and values. We notice little things such as a mom wearing "colors" whereas she didn't before. They are able to be truer to themselves, and they have acceptance of the past and the things that they cannot change."

Dorothy Sam, WTPT Project Manager

# We saw growing strength in adults

We watched adults make tangible steps forward, like graduating from educational programmes, entering and completing healing programmes, maintaining sobriety, getting children back from child welfare care, finding stable housing, and strengthening community ties by participating in celebrations and ceremonies. One woman got a grant to start a small business. People became independent and confident enough to advocate for themselves. They formed close bonds and supported each other. They connected with their culture and learned to see it as a source of pride and strength. They learned to reach out and ask for help, felt safe to disclose long-buried childhood traumas, opened up about the power of addictions in their lives. Women were no longer ashamed to enter shelter or stopped seeing it as a sign of failure. They came to shelter in a strategic way, as part of plan to move on from an unbalanced relationship or to protect themselves and their children from harm. Several got the strength to end unbalanced relationships and stopped living in fear and started feeling hope. They grew as parents and gained confidence that they could help their children thrive. Perhaps most importantly, they learned to like themselves, felt they were valuable and worth someone's time and effort, and let go of toxic thoughts and patterns holding them back from happiness. They could imagine a happy future.

# We saw the blossoming of children

We watched children become happier and healthier, learn about their culture, form close friendships and enjoy school. They got to know a positive group of friends to play with in a safe and supervised environment. These friendships spilled out into school and the community. They danced and drummed, participated in ceremonies and learned the history of their people. They could respond to conflicts without anger and violence, could talk about their feelings, developed trust in adults, played organized sports perhaps for the first time, felt special and valued, and were more respectful of adults. They were open to trying new things and started thinking about all the possibilities of life. School attendance and grades improved in many children and also the number of suspensions went down. There was less aggression with peers. They were happier and they smiled more.



#### How has being in Walking the Path Together changed your life?

"[My Eagle Feather Worker] has helped me stay in a positive mind and attitude. She has helped me realize that alcohol should not be a part of my life. I've been sober for quite some time thanks to her. She opened my eyes."

"[If we hadn't had Walking the Path Together], I probably would have lost my children to the system. My husband and I would have split."

"I would probably still be with my kids' dad, in an abusive relationship, where nothing was good. I wouldn't have my own place. I would still be asking people for things, asking people for money. It brought up my self-esteem, gave me another way of looking at things, that I had a choice. I didn't have to be in that relationship."

"The families who worked together, we're connected now, like a family. My children, it has raised their self-esteem. That makes me feel good."

"I learned to stand on my own two feet."

"My kids aren't fighting as much, and they became good friends with the other kids."
"I'm a better parent than I was before. Not only do I tell my children I love them but I show them more love now than before. I have more patience with them; I give them praises when they do a good job when they're helping me. I take time to play with them."

"I am able to stand up for what I believe in and know that it's okay to make mistakes. I have faith in myself."

"My children wouldn't be aware of the kinds of abuse there are. I always ask and tell my children to let me know if there are different kinds of abuse that happens to them to let me know as soon as someone tries anything with them."

# We felt changes in ourselves

Having worked this new way, we proved to ourselves – and hopefully to others – that the time and effort of this approach pays off in happier and more peaceful families. We started out being frustrated that we can never give enough help to families that struggle with complex issues like intergenerational traumas, cultural dislocation, poverty, dependence on welfare, homelessness and unhealthy coping strategies like alcohol and drugs. Communities have limited "resources" when you define that word to mean programmes and services. But First Nations communities have boundless strengths we could and did call upon. We all worked together to create a circle of support around the families, not just us but many people. There were times, many of them in fact, when EFWs were discouraged, frustrated, and overwhelmed by the needs and challenges of the families. This work is



difficult. We drew on each other for support and reached into ourselves for strength. We were called together for a purpose and we all knew we were part of something bigger.

# Some families needed more than we could give

We can't minimize the depth of issues many families faced, the layers of trauma and despair, the crushing weight of systemic barriers like poverty and the legacies of residential schooling. The roots of today's struggles run very deep in some families and we only scratched the surface with a few of them. We never found the way to reach them. We hope they feel welcome to find us in the future.

# We see a future with many paths

Other First Nations may use this programme to walk the path together in their communities. As we noted earlier, WTPT is a not a recipe book of specific techniques. It is a framework for understanding and a philosophy of intervention based on core principles and shared assumptions. If 10 communities start the programme, you will see 10 variations. We are excited to see how the programme evolves and changes when adapted in other places.

# We continue the walk in Fort Chipewyan, Hobbema, Morley, Sucker Creek & Wabasca

Based on the positive results of the pilot, the National Crime Prevention Centre and the Alberta Government (Safer Communities Innovation Fund) extended the funding beyond the original three years. Two Eagle Feather Workers have moved on to other opportunities and two women have joined the group to carry on the work. We will continue to support some of the original families and invite new families to join us, now that some people are strong enough to walk forward without us. The journey continues!

# It Was Only Me

When I saw you hungry, it was only me imagining what it's like not to have food in the cupboards.

When I saw your dirty face and messy hair, it was only me wondering why a mother cannot take the extra time.

When I saw your rubber boots on a cold winter day, it was only me thinking this poor child is going to freeze her toes.

When I saw your quiet and passive nature, it was only me assuming that no one pays attention.

When I saw you sad and crying, it was only me wanting to fix you.

When I saw your smile, my world lit up realizing that you are not broken.

You were brought into my life for a reason, it was only me needing to learn from you.

Poem dedicated to the Walking the Path Together children
– written by Lillian Bigstone, Eagle Feather Worker

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# Resilience

Remember that I am your child
Every part of me needs you
Sometimes I get very scared
I am not in control of your decisions
Love me and protect me is all I ask
I am just a child
Every part of me trusts you
Never take me for granted
Create me to be all that I can be...
Every part of me always believes in you

Poem dedicated to Walking the Path Together
– written by Lillian Bigstone, Eagle Feather Worker

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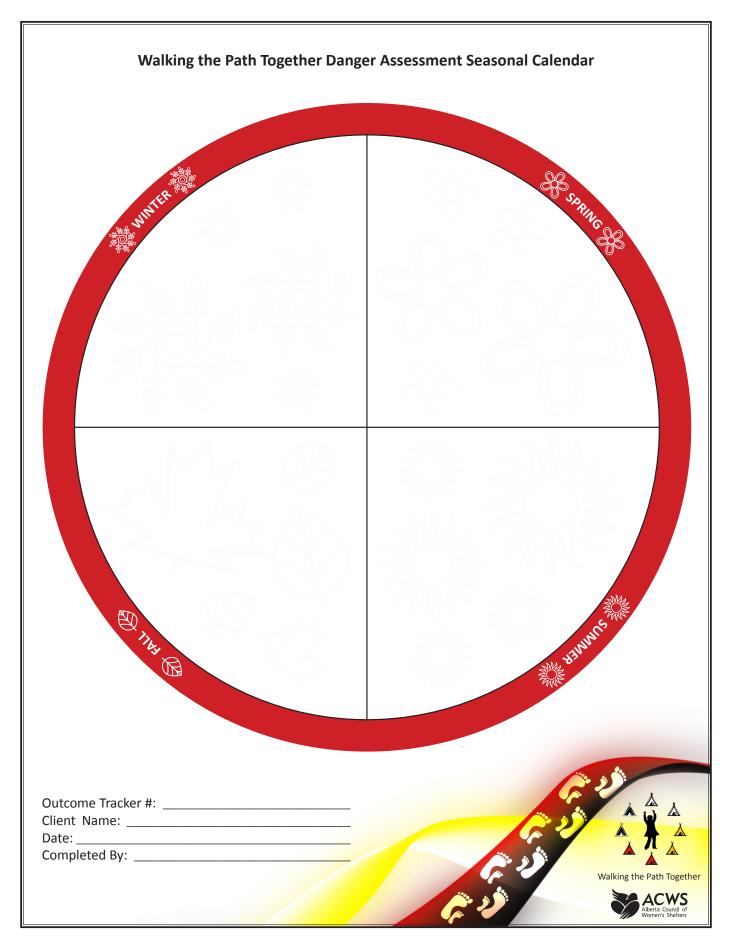
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# **APPENDICES**

# APPENDIX A: WALKING THE PATH TOGETHER TOOLS: DANGER ASSESSMENT



# Walking the Path Together ACWS Alberta Council of SP = spiritual CH = choking Daughter Son S = sexual instructions for completing the Walking the Path Together Danger Assessment Seasonal Calendar Identify the approximate dates using the numbers to indicate the severity of the incident: 4 = threat to use a weapon; head injury, internal injury, permanent injury, miscarriage **F** = financial **Family Friend** Grandmother <u>Grandfather</u> Use the calendar to document incidents of physical abuse by your partner. \* If any descriptions for the higher number apply, use the higher number. **E** = emotional; verbal and psychological Other types of abuse can be indicated by the following letters: 2 = punching, kicking, bruises, cuts, and/or continuing pain 3 = "beating up"; severe contusions, burns, broken bones $\mathbf{1}$ = slapping, pushing, no injuries and/or lasting pain In-Laws Uncle Aunty 5 = use of a weapon; wounds from a weapon Identify Person Implementing Abuse: Mother Father Cousin C = cultural/customs **Brother** Spouse Sister

# Walking the Path Together Danger Assessment Questionnaire

 ${\it Jacquelyn~C.~Campbell, Ph.D.,~R.N.}$ 

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Several risk factors have been associated with increased risk of homicides (murders) of women and men in violent relationships. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide in situations of abuse and for you to see how many of the risk factors apply to your situation.

Before completing the Questionnaire below, complete the Seasonal Calendar per the attached Instructions.

Mark **Yes** or **No** for each of the following. ("He" refers to your husband, partner, ex-husband, ex-partner, or whoever is currently or was physically hurting you – could be a she.)

 1.	Has the physical violence increased in severity or frequency over the past year?
 2.	Does he own a gun?
 3.	Have you left him after living together during the past year?
	3a. (If have never lived with him, check here)
 4.	Is he unemployed?
 5.	Has he ever used a potentially lethal weapon against you or threatened you with a lethal
	weapon?
	5a. (If yes, what was the weapon?)
6.	Does he threaten to kill you?
 7.	Has he avoided being arrested for domestic violence?
 8.	Do you have a child that is not his?
 9.	Has he ever forced you to have sex when you did not wish to do so?
 10.	Does he ever try to choke you?
11.	Does he use illegal drugs? By drugs, I mean "uppers" or amphetamines, "meth", speed,
	angel dust, cocaine, "crack", street drugs or mixtures. If no but there are problems with
	other drugs – e.g. T3's or Oxytocin note what
11a	. If the abuser uses prescription drugs, does he become more abusive when the drugs are
	not available?
12.	Is he an alcoholic or problem drinker?
 13.	Does he control most or all of your daily activities? For instance: does he tell you who
	you can be friends with, when you can see your family, how much money you can use,
	or when you can take the car? (If he tries, but you do not let him, check here:)
 14.	Is he violently and constantly jealous of you? (For instance, does he say "If I can't have
	you, no one can.")
 15.	Have you ever been beaten by him while you were pregnant? (If you have never been
	pregnant by him, check here:)
	Has he ever threatened or tried to commit suicide?
 17.	Does he threaten to harm your children?
	Are you afraid that that he could kill you?
 19.	Does he follow or spy on you, leave threatening notes or messages, destroy your
	property, or call you when you don't want him to?
 20.	Have you ever threatened or tried to commit suicide?
	Total "Yes" Answers

Thank you. Please talk to your Eagle Feather, advocate, nurse or counselor about what the Danger Assessment means in terms of your situation.





Several risk factors have been associated with increased risk of homicides (murders) of women and men in current or past violent or abusive relationships. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide or near homicide in situations of abuse and for you to see how many of the risk factors apply to your situation.

Name of abused person						
Name of abuser						
Their relations	Ship					
Caregiver rela	tionship with abusertionship with abused person					
_						
Before comple	eting the Questionnaire below, complete the Seasonal Calendar per the attached Instructions.					
Mark <b>Yes</b> or <b>N</b>	o (or <b>DK</b> – Don't Know or <b>N/A</b> – Not Applicable) for each of the following.					
1.	Has the physical violence increased in severity or frequency over the past year?  Notes/Comments					
2.	Does the abuser own a gun? Notes/Comments					
3.	Has the abused person left the abuser after living together during the past year?  3a. (If abused person has never lived with abuser, check here)  Notes/Comments					
4.	Is the abuser unemployed? Notes/Comments					
5.	Has the abuser ever used a weapon against you or the abused person or threatened you or the abused person with a lethal weapon? (If yes, what was the weapon?) Notes/Comments					
6.	Does the abuser threaten to kill you, and/or the abused person (or others)?  If someone else, who:  Notes/comments					
7.	Has the abuser avoided being arrested for domestic or family violence?  Notes/Comments					
8.	Does the person who was (or is being) abused have a child that is not the abuser's child (not his/her biological child) - if they were in an intimate relationship?  Notes/Comments  Has the abuser ever forced you (or anyone) to have sex when you (or they) did not wish to?					
	If someone else was forced into sex, who?					
9.	Does the abuser ever try to choke you (or has s/he tried to choke others)?  If someone else, who?  Notes/Comments					

# Walking the Path Together Danger Assessment Caregiver Questionnaire

Jacquelyn C. Campbell, Ph.D., R.N.
Copyright, 2003; www.dangerassessment.com

 10.	Does the abuser use illegal drugs? By drugs, I mean "uppers" or amphetamines, "meth", speed, angel dust, cocaine, "crack", street drugs or mixtures. If there are problems with other drugs – e.g. T3's or Oxytocin note here
 11.	If the abuser uses prescription drugs, does he become more abusive when the drugs are not available? Notes/Comments
 11a	. Is the abuser an alcoholic or problem drinker? Notes/Comments
	Does the abuser control most or all of your or the abused person's daily activities? For instance, does the abuser tell you or the abused person who you/they can be friends with,
 13.	when you/they can see your family, how much money you/they can use, or when you/they can take the car?  Notes/Comments
 14.	Is the abuser violently and constantly jealous of you or the abused person? (For instance, does he say "If I can't have you, no one can." Notes/Comments
 15.	Has the abuser ever beaten the abused person (or you) when they were pregnant? (If neither you nor the abused person have never been pregnant by him, check here:)  Notes/Comments
 16.	Has the abuser ever threatened or tried to commit suicide?  Notes/Comments
 17.	Does the abuser threaten to harm your children or those children in your care?  Notes/Comments
 18.	Do you believe the abuser is capable of killing you or the abused person or anyone in the family? Notes/Comments
 19.	Does the abuser follow or spy on you or the abused person, leave threatening notes or messages, destroy your or the abused person's property, or call when you or the abused person doesn't want him/her to?  Notes/Comments
 20.	Have you or the abused person ever threatened or tried to commit suicide?  Notes/Comments
	Total "Yes" Answers

Thank you. Please talk to your Eagle Feather, advocate, nurse or counselor about what the Danger Assessment means in terms of your situation.



# APPENDIX B: WALKING THE PATH TOGETHER TOOLS: POP TARTS

# The Walking the Path Together Tools: POP TARTS

Protection, Options, Planning: Taking Action Related To Safety

This tool is a guide to a conversation with a woman who lives with someone who might seriously hurt her physically, or who is returning to live with someone who might hurt her. We assume these things:

- Even when the potential for violence is constant, things flare up once in a while to create imminent danger of injury or death
- A woman may get used to a climate of potential violence, but she has a "gut feeling" when the likelihood of violence is building
- She may not want to end the relationship, but she knows how to protect herself and her children from these episodes: we call this going into "protection mode"
- A woman knows she is in protection mode because of signs she sees in her partner, thoughts and feelings she recognizes in herself and visible changes in her children
- The protection strategies of women are usually effective
- But police statistics— and our own experience— show that some women don't get out in time and they are seriously hurt or killed

# CAUTION: A First Nations woman has good instincts about danger, but sometimes her instincts and smarts are not enough.

According to Statistics Canada, the rate of spousal homicide is eight times higher for Aboriginal women compared with non-Aboriginal women. Exact statistics are hard to come by, but we can estimate that about eight Aboriginal women are murdered each year by a spouse or other intimate partner (current or ex). In addition, Aboriginal women are more likely to be beaten up or worse during an incident, more likely to be physically injured, more likely to need medical attention, and more likely to fear for their lives.

The goal here is to help a woman think about her successful protection strategies and when she needs to use them. We also want to help her be safe and perhaps offer options she hadn't thought about before. POP TARTS has three steps:

- 1) being aware of the signs she is entering PROTECTION mode, 2) knowing all her OPTIONS; and,
- 3) having a realistic PLAN to help her leave or get help when she needs to.

# STEP 1: Identify her signs of protection mode

"Protection mode" is what you think, feel and do when the potential for a violent incident is building and you have to protect yourself until the threat blows over. There may be common themes across women, but each woman has her own unique signs. Have her think and talk



about what "protection mode" looks and feels like in her life. She will instinctively know what you mean by "protection mode," but the list of common signs can prompt her with ideas if needed.

Questions to start the conversation could include:

- You look stressed and worried? Am I right about that?
- Remember the last time he blew up and really scared you or hurt you? Did you know that was coming? How could you tell?
- Do you think he could really hurt you badly one day? What might trigger that?
- What is the usual pattern to his moods and his violence? When does it start to feel different, to feel scary?
- How do you know when you need to get out of there for a while?

Or talk about the four stages of the Cycle of Violence model and focus on the Tension Building Stage. For some women, that model matches their experience, while for others it does not. Sometimes there is no Honeymoon stage, for example.

# **STEP 2: List her options**

When talking about protection mode, she is describing a process she may have used at points across her entire life. It gives the two of you a shared language and she sees that you understand her world. Now, ensure she knows all the available options, including the services of your agency or shelter. Who can she contact for help if she needs to get away fast? How? Who can give her a ride? Where she can stay if she needs to leave for a while? What worked in the past? It could be asking a brother to come stay for a while. Or agreeing on a signal for the kids to text her mother to come over. On most reserves, police response times are not quick enough or reliably available 24/7 for a 911 call to be the first or only option. A woman may rely on family for rides, and they may need gas money in order to help. Some potential helpers/rescuers don't have cell phones, don't have minutes on their phones, can receive calls only during certain hours, can make calls but not receive them, or can get texts but not calls. Outline all the ways local services could help. For example, does she know it is okay to come into the shelter for a few days, until things blow over?

# STEP 3: Help her make a realistic pan for the next time she needs to get out fast

Her plan is a strategy for alerting her helpers (perhaps you) that she needs to get out of an situation and for arranging a place she can stay, like a shelter. A plan may also describe when is a good time to leave (e.g. while he is on an errand in town, etc.). As part of the plan, you might create a code word or phrase to signal she is in trouble without alerting the person she is afraid of. She could say, for example, "I have such a craving for Pop Tarts." Or she can text you with a simple word like "help." Advise your colleagues of these arrangements, in case she calls the agency when you are not there. Ensure they know her code word and what to do if she needs help quickly. She will need to advise her helpers/rescuers of her expectations and maybe use a code word with them as well. When everyone knows their role in the plan, mistakes and miscommunication are less likely.

# Walking the Path Together Tool: POP TARTS Protection, Options, Planning: Taking Action Related To Safety Date: Name: Code word(s): \_\_\_\_\_\_ Action: \_\_\_ What are the signs you are in Protection Mode? What changes do you see in him? In yourself? In your kids? Next time you need to go into protection mode, what are your options? Who can you call or text? Who can give you a ride if you need one? Where can you stay? Let's make a plan for next time you need to get away. How will you contact me or the people who can help you? Can we pick a code word or phrase in case you are not free to talk? What important things do you need to take with you?

#### Walking the Path Together Tool: POP TARTS SIGNS YOU ARE MOVING INTO "PROTECTION MODE" Hanging around the house more — even skipping school sometimes— so I am not Trying to be invisible and stay "below his My kids know how to get help (e.g. who Getting angry with me over small things My kids want me to leave him and stay the younger ones, trying to keep them Being clingy, needing to be with me or Asking to go stay with relatives or at a One of my eldest kids is taking care of Being super good so they don't make Refusing to leave if I suggest going to to call or text if things get bad, etc.) They cry or get scared easily, like at Having stomach aches, headaches, wetting the bed, looking unwell or stay with relatives or with a friend What you might see in your friend's house for a while quiet and out of his way close to me all the time somewhere else sudden noises unhappy him mad CHILDREN radar" alone Trying to avoid talking with him because anything Feeling like I'm at the end of my rope / can't take Bad feeling in my stomach / feeling of impending Being grouchy or yelling at the kids for no reason Trying to keep the kids quiet so they don't get on Feeling like I should find another place to stay for My relatives (or his relatives) are worried about me Changes in sleeping (e.g. sleeping with one eye Irying to avoid contact with him, like staying in Feeling like I'm "on guard," can't relax, jumpy, Wanting to be around other people because I Tired of fighting or tired of trying to keep the Finding other places for the kids to stay for a Wanting people to spend time at my home, especially male relatives who protect us What you might think and feel inside Feeling scared to be with him alone because I'm tense and preoccupied open, sleeping in my clothes, etc.) this much longer / going to snap Feeling like "here we go again" the bedroom most of the time I say will start an argument doom / nausea / can't eat tense, panicky his nerves YOURSELF while He is saying things like how he'd be better off Changes in his drinking (e.g. drinking more or He is obsessed with the idea that I am going drinking more often or running out of booze to leave him and I can't convince him that I Things aren't going well for him right now Finding excuses to get angry about things Hooking up with old drinking buddies he dead or he'd be better off if I were dead (e.g. he lost his job, has no money, etc.) Running out of his pills or being near to Finding fault with everything, blaming Giving me that "look" that scares me everything that goes wrong on me Knowing he is going to run out of Yelling at the kids about nothing Giving me the silent treatment or falling off the wagon, etc.) Picking fights for no reason hasn't seen in a while What you might see in money soon running out ₹

# APPENDIX C: LATERAL VIOLENCE IN THE WORKPLACE QUESTIONAIRE

This survey could be used to facilitate a staff-meeting discussion and to remind staff of the behaviours that contribute to a toxic workplace environment. It's a good thing when people answer "true" for numbers 1, 4, 13, 16 and 19. It's worrisome when people pick "true" for the others.

out	eral violence is when the effects of colonialism go sideways, and we tak on each other. It can show up as gossip, undermining, criticism and fav nymous. Circle true or false to match your opinion about this workplac	oritism. Your	
1.	Our staff work together effectively as a team for client	☐ True	☐ False
2.	Some staff don't work as hard as others because they know they won't get in trouble	☐ True	☐ False
3.	The biggest type of communication around here is gossip	☐ True	☐ False
4.	If I take the initiative to start something new, I know my co-workers will support me	☐ True	☐ False
5.	Other people here take credit for my work	☐ True	☐ False
6.	I feel more stress and pressure from the other staff than from the clients	☐ True	☐ False
7.	I feel more stress and pressure from the management than from the clients	☐ True	☐ False
8.	I hear through the grapevine that a few people have a problem with me, but they don't talk to me directly	☐ True	☐ False
9.	The crab syndrome is common here: people will drag you down if you try to better yourself	☐ True	☐ False
10.	To get a job here, it helps to be related to someone high up	☐ True	☐ False
11.	To get a promotion here, it helps to be related to someone high up	☐ True	☐ False
12.	We privately talk about how unhappy we are but no one wants to bring it up in a staff meeting	☐ True	☐ False
13.	Lines of authority are respected when someone has a complaint	☐ True	☐ False
14.	When someone has a complaint about another staff, they just talk about her behind her back	☐ True	☐ False
15.	Sometimes I feel like calling in sick even when I'm not sick	☐ True	☐ False
16.	I trust my co-workers to keep our private conversations just between us	☐ True	☐ False
17.	When something goes wrong, I am afraid that I will be blamed	☐ True	☐ False
18.	I think we have a problem with lateral violence in this workplace	☐ True	☐ False
19.	I believe that management is open to talking about these issues	☐ True	☐ False

# **APPENDIX D: Healing Plan Samples and Templates using the Teachings of The Sacred Circle**

# **Child's Challenges**

# **MENTAL** - Forming thought process (child already forming his own beliefs) **SPIRITUALITY - Connection to all things** Homelessness, Violence, Poverty, Addiction - No exposure to spirituality teachings - Nobody wants us in the home or from family members. - I'm a hindrance to my mom - We will never have our own home - We will never have our own food - I will never have my own bed - My mom is sick that's why she takes pills - My mom is sad that's why she drinks - My dad doesn't like us that's why he's not here This is what life's all about. **PHYSICAL - Actions EMOTIONAL - Emotions and feelings** - No motivation, listless - What's the use - People pleasing - Nobody takes time for me - Nobody cares - Internalizing - I'm not lovable - Withdraws - Follower - I'm not worthy - I get scared when adults yell - I get scared wy adults fight - I get scared when my mommy takes pills - I get hungry when my mom drinks - There is no place to hid when I'm afraid

# Emotions are energy in motion

# **Healing Plan**

# **SPIRITUALITY - Connect**

- Teach child to be proud of who he is
- Teach child that he has a good spirit
- -Teach positive beliefs about self
- Teach child about family and how he fits in the family unit
- Teach respect for self & others
- Teach how to respect his surroundings
- Teach child about nuturing self

# **MENTAL - Thought Process**

- Start downloading new beliefs
- Focus on his Truths such as:
   That he is unique and special
   That his mommy loves him
   That he is artistic and creative
   That he deserves a home
   That he is worthy of all that is good
- -Validate his strengths

# **Teach better life choices**

#### **PHYSICAL - Actions**

- Mentor child
- Take child to cultural events
- Teach him how to make a drum
- Teach him to sing with a drum
- Read books to child
- Teach child to trust himself
- Visit child in the school and praise his love of learning and achieving
- Get child involved in community

# **EMOTIONAL - Feelings**

- Validate child's emotions using: Love, Respect and Care
- Praise child's accomplishments
- Praise child's talents
- Praise child for being a good listener
- Validate child's feelings for mom
- Nurture and love the child like he is my own
- Share his journey to greatness

"Every child deserves at least one adult who is absolutely crazy about him or her." Dr. Marten Brokenleg

# **Healing Plan MENTAL - Thought Process SPIRITUALITY - Connect** - Start downloading new beliefs - Teach child to be proud of who he is - Focus on his Truths such as: - Teach child that he has a good spirit That he is unique and special -Teach positive beliefs about self That his mommy loves him - Teach child about family and how he That he is artistic and creative fits in the family unit That he deserves a home - Teach respect for self & others That he is worthy of all that is good - Teach how to respect his surroundings -Validate his strengths - Teach child about nuturing self Teach better life choices Love **PHYSICAL - Actions** - Mentor child **EMOTIONAL - Feelings** - Take child to cultural events - Validate child's emotions using: Love, - Teach him how to make a drum Respect and Care - Teach him to sing with a drum - Praise child's accomplishments - Read books to child - Praise child's talents - Teach child to trust himself - Praise child for being a good listener - Visit child in the school and praise - Validate child's feelings for mom his love of learning and achieving - Nurture and love the child like he is my - Get child involved in community - Share his journey to greatness

"Every child deserves at least one adult who is absolutely crazy about him or her." Dr. Marten Brokenleg

Spiritual Intellectual

Our spiritual side is that which helps us feel connected and a sense of belonging to the world in some significant way. It is about hope and trust.

The intellectual aspect of ourselves encompasses our knowledge, wisdom and understanding of ourselves, and the world around us.

What are you doing in your life to build your spirit now?

What would you like to add?

What specifically can you do to strengthen/maintain this area of your life?

What do you do to challenge your mind now?

What would you like to add?

What specifically can you do to strengthen/maintain this area of your life?

Balance

How do you take care of yourself physically now?

What would you like to add?

What specifically can you do to strengthen/maintain this area of your life?

How do you express yourself and your emotions now?

What would you like to add?

What specifically can you do to strengthen/maintain this area of your life?

# **Physical**

Our physical bodies are a crucial part of our lives. If we are healthy and active it will have a positive impact on our lives.

# **Emotional**

Our emotional side is the part of us that expresses feelings and reactions to things around us. Some people are very touched with feelings and are able to express them freely, others have difficulty acknowleding this part of their lives.

# **Honouring My Path**

Spiritual  Things I do now	Things I'd like to add	Things I do now	Mental  Things I'd like to add
Things I do now  Physical	Things I'd like to add	Things I do now	Things I'd like to add  Emotional

# **APPENDIX E: Walking the Path Together: Training Activities and Interventions**

# Community Workshops - WTPT participants involved in

Anger Management

**Traditional Parenting** 

Woman's Life Management Life Skills

Lateral Violence

Dealing with Trauma

Techniques in Dealing with Anger

Making a Teepee and Family values

Women's Group

Kid's Group

Drum-making

Self-esteem

Regalia-making

Sewing groups

Rapper Litefoot (kids esteem workshop)

Child/Parent Group

Picking sage/sweet grass and protocols

Spousal Assault (Working with Men)

Volcano in my Tummy (Working with Children)

**Family Budgeting** 

Kid's Anger Management

7 Teachings

Nutrition

Addictions

Mental Health

Why my Kids Make me so Angry;

Safety Planning (Group-setting with Children)

Violence Awareness

Mothers and Daughter's Groups

New Directions Domestic Violence workshops

Cycle of Violence and Finding our Voices

Healing in the Community

Actions Speak Louder than Word Conflict Resolution

**Grief and Wellness** 

Women Having "Mother" Issues

Learning to Talk About Childhood Issues

Learning to Can

Coming to Womanhood Ceremony

# **Community Events - WTPT Involved with**

Meet & Greet

Walk a Mile in Her Shoes

Father's Day Cards

Beach day

Birthday parties

Learning to jig

Learning to cook

Dream-catcher making

Movie night

Camping

**Cultural Camp** 

Hand games

Soccer

Baseball

**Native Dancing** 

**Drumming** 

**Pool Party** 

Kids Drop-in

Making pouches for smudge

Teens reading with kids

Family Violence Awareness Walk

Talk Back the Night

**RCMP Meet and Greet** 

Calaway Park Outing

Stampede Outing with family

Arts & Crafts Night

Powwow

Rounddance

Reading with kids

Skating

**Making Decorations** 

Potluck dinner

Kid's after school activities

Field Trips with Children

**Community Feast** 

Easter egg hunt

Canada Day Events (i.e. parades & activities)

BBQs (Family & Back to School)

Attending sweats

A Day at the Park

**Haunted House** 

Halloween Activities

Magician Show

Puppeteer

Horseback riding

#### Interventions used in WTPT

**Individualized Healing Plans** 

Healing Plans (in groups, collages, verbally)

Motivational Interviewing

**Empowering Clients** 

Hierarchy of Needs in the context of First Nations

Client Interventions (brain-storming and problem-solving)

Enrolling children into sports (i.e. Hockey, baseball, soccer)

Volcano in my Tummy (Working with Children)

Transportation (Time with the Caregivers and Children)

Giftcards (Connecting with clients and Engagement)

Looking at ways of working with Child Welfare and Schools

**Danger Assessment** 

Danger Assessment & Medicine Wheel

Tree of Life Activity with Family

Intervention Manual

Working with Men (Sucker Creek)

**Letting Go Ceremony** 

**Treatment Centres** 

Children in Cadets

**POP TARTS** 

Clinical Hypnotherapy sessions - working with Children and Caregivers

# **Training - WTPT project**

Elder's Teachings (Linda Oldpan, Michael Merrier)

Self Care (Rosa Medicine-Traveller)

Whatever It Takes Model (CCFJS)

Danger Assessment Certification (Dr. Jacquelyn Campbell)

Family Group Conferencing Certification (Blue Quills College)

Circle of Courage (Dr. Martin Brokenleg)

Appreciative Inquiry (Roxanna Stumbur)

Home visitation and Hazard Assessment (CCFJS)

Client Intervention (CCFJS)

How to Connect and Engage Clients (CCFJS)

Motivational Interviewing (CCFJS)

Ways of Interviewing Clients (CCFJS)

Vicarious Trauma (CCFJS)

Data Collection Forms (ACWS)

Outcome Tracker system (ACWS)

Consultation and One-on-One Mentoring with EFWs (CCFJS & ACWS)

Group mentoring (CCFJS & ACWS)

Cost/payoffs - Working with clients (EFWs)

How to Empower clients (CCFJS)

Working with Caregivers with Addictions Issues (CCFJS)

Knowing When a Client is Ready to Make a Change in their Life (CCFJS)

Stress Management (CCFJS)

Lateral Violence (CCFJS)

Outcomes Conference (ACWS)

Team-building (Rosa Medicine-Traveller)

Communications with EFW & PGC (Rosa Medicine-Traveller)

Conflict Resolution (Rosa Medicine-Traveller)

Individual EFW meetings with CCFJS

What to do When a Client Becomes Empowered (CCFJS)

Working with Adults with FASD (CCFJS)

Working with Adults with Brain Injury (CCFJS)

Working with clients on their Healing Journey (CCFJS)

Aboriginal Literacy and Parenting Skills (Further Education Society of Alberta)

Aboriginal Parenting After Violence (Further Education Society of Alberta)

Advanced Danger Assessment Training with new WTPT DA Tool (Susan Plesuk, M.S.W.)

Consultation and one-on-one mentoring with EFWs (Sharon Meredith, Clinical Psychologist)

Discovering New Paths Conference (Dr. Bruce Perry and Dr. Cynthia Wesley-Esquimaux)

Executive Director Leadership Training (Banff Centre)

Traumatic Stress Response in First Nation's Communities for Executive Directors – What we have learned (Kathleen Gorman, M.S.W)

The Impact of Colonialism and Assimilation Practices on Indigenous Peoples for EFWs (Kathleen Gorman, M.S.W.)

# **Training - Shelter**

Tattered Teddies (Suicide Intervention)

Home Front's Cycle of Abuse

First Aid

Victims of Homicide conference

Women's Shelter Crisis Intervention Worker program (Portage College)

Clinical Hypnotherapy session

# **Recommended Training**

Orientation

Medicine Wheel (with Directors)

**Elder Training** 

a) Protocol

b) History

c) What Makes for a Healthy Nation

Self Care

**Danger Assessment** 

Data Collection training

Home Visitation & Safety & Awareness

**Victim Services** 

Advocacy training

Self Defense for safety **De-escalation of Conflict situations** Hazard Assessment training CPR/First Aid Safety Plans for families Suicide Interventions in Children "Tattered Teddies" Anger management for kids/ adults Grief and Loss (George Tuccaro, grief & recovery.net) Constellation / Family Group Conferencing Child Advocacy / Protection Judges to Speak **Traditional Parenting Child Welfare Protocols** Legislation Cross-training / Succession Legislation Cross-training / Succession