

An Intergenerational Decolonizing Path to Healing: Envisioning Change with Indigenous Mothers and Girls.

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Abstract

Programs and interventions designed to reduce or remedy social, political, economic, and health disparities have varying levels of both short-term and long-term success. Within First Nations and Metis communities in Manitoba, health status and wellbeing, especially of women and children, is an ongoing concern, influenced largely by history, culture, and systemic experiences.

Women and girls were recruited to participate in an activity based research project to answer the question: “what do you need to be happy, healthy and safe and how do you try to make sure that girls grow up to be happy, healthy and safe?”. Recruitment criteria included self-identification as First Nations or Metis, a mother (or other female family member providing care) (n=24) of girls ages 8-12 (n=36), lived within Winnipeg, and the ability to commit, with her daughter, to an evening a week for seven weeks. Three workshops were conducted between September 2015 and March 2016.

This study employed two key methodological study design components. A participatory workshop provided space for shared learning and intergenerational engagement while a community based research approach utilizing process and evaluation design components allowed for the collection and initial analysis of data within the workshops. Through activities, such as crafts, games, and discussions, participants shaped this study. The predominant theme that emerged was that in order to achieve health, safety and wellbeing, historical trauma needs to be addressed.

This is a grouped manuscript style thesis. Chapter one provides an introduction to the study. Chapter two explores how the methodological approach provided a space for reconciliation, self-determination and healing. Chapter three explores the concept of harm reduction within family

contexts as demonstrated through three arts-based activities. Chapter four provides a theoretical discussion about historical trauma, cultural memory and the workshop environment as a space for testimony and witnessing. The final chapter depicts a series of dissemination products and the incorporation of ethical research practices used to ensure that products were useful, and relevant for participants (women and girls), as well as their families. The thesis concludes with possible future directions for research, policy implications, and final thoughts about the study.

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Dedication

To all those who have lost people that they love, especially those still seeking answers, may you find healing.

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Chapter 1: Introduction

Each week, for seven weeks, First Nations and Metis women and girls (ages 8-12) within their care gathered together and discussed what it means to be happy, healthy and safe.

Each week we tackled a different theme through art, games, group discussions and a shared meal. Each activity spanned 10-40 minutes in length, and had fun titles that appealed to girls and their mothers, like “Secret Messages” or “Silly Songs”. Knowing the schedule for the evening was important to the girls. I brought a small easel with a whiteboard to each session and wrote down the activities planned for the session.

Although the formal research participants were women and girls, younger siblings were always welcome. I believe a lack of childcare should not prevent participation in research, especially research centred on family wellbeing.

During one of the final sessions, a younger sibling ran up to the easel and, giggling, took the sleeve of her shirt and wiped off all the words. The girls in the workshop asked me to rewrite the activities, which I did. The younger sister ran up and wiped off the words again, falling over giggling with the sheer entertainment of it all. A ten-year-old participant said “it’s okay. I’ll write the words, you just tell me what they are”, and she listed the planned activities. As she walked away, the four-year-old ran up to the board, erasing the daily plans yet again. Just as I was about to remove the board and put an end to this entirely too exciting and distracting activity, an eight-year-old said to me “it’s ok. I know what we do here. I’ll write it down”. I replied with an affirmative comment, handing her the marker. She wrote in big letters “listen, love”. No one altered the words,

and the instructions remained for the rest of the evening. In each of the three workshops conducted, at some point a child put into writing that this workshop was the “love workshop” [Audry] and stated that the real purpose of the research project was to learn about love.

1.1 Introduction

This chapter provides an introduction to *An Intergenerational Decolonizing Path to Healing: Envisioning Change with Indigenous Mothers and Girls* a grouped manuscript-style dissertation.

This thesis documents the predominant themes that emerged from a series of three intergenerational participatory activity workshops that employed an Indigenous partnership approach with women (n=24) and girls (n=36) who self-identified as either First Nations or Metis in Winnipeg, Manitoba. Participants were asked “what do you need to be happy, healthy and safe and how do you try to make sure that girls grow up to be happy, healthy and safe”. The workshops were called “Girls Night Out”. Women who participated in the study said that girls need to be involved as equal stakeholders in determining what it means to be healthy, happy and safe; thus, all research activities were conducted with both women and girls. Participants noted that there is a need to create a safe space where people can explore autonomy, determination, community wellbeing and mental health. Participants explained that these must be addressed thoroughly, prior to discussing physical health and that they were not ready, nor interested in pursuing specific conversations about physical health and wellbeing during this project.

Within this thesis, the term “Indigenous” is used. This term recognizes the shared international experiences of the first peoples of various lands. Participants completed a demographic survey at the start of the research, and identified as First Nations (status or non-status), Metis or Inuit. For many participants, self-identification of identity was fluid. Regarding Indigenous status,

participants referred to themselves by various terms related to Indigenous identity. These included status First Nations, non-status First Nations, specific First Nations community names, Cree, Oji-Cree, Anishinaabe, Metis, Indian or half-breed. There were no Inuit participants within this research. The identifiers Metis and First Nations are used, when appropriate, within this work.

This chapter attempts to ground the reader in the overarching themes present within the various, stand-alone chapters while highlighting various important components of the research. This introduction chapter includes a summary of the project and objectives, my own positioning, composite sketches of a woman a girl, and a grandmother, an overview of the methodology, ethical considerations the role of participants and finally a brief synopsis of the papers that follow in subsequent chapters.

1.2 Project Summary

This research project began through a series of informal conversations with women and girls within public venues such as community picnics and public education sessions, followed by a more formal consultation process with the Manitoba Metis Federation. Initially, this project was Metis-specific; however, the parameters of recruitment were expanded to a pan-Indigenous approach at the request of participants within the first workshop and the public urban Indigenous community in Winnipeg. Those consulted identified that there is limited knowledge about protective factors that exist within families who have custody of their daughters. This limited knowledge is mirrored within academic and grey literature. With the high morbidity and mortality rates among First Nations, Metis and Inuit people in Canada, as well as the staggering numbers of youth in care, shedding light on what works within families who still have custody of children is of vital importance.

Research has the potential to be transformative, not only for the development of products or policies, but for those who participate within the research process. Unfortunately, many people are hesitant to participate in research. There are three main reasons why potential research participants are tentative about the research process and experience. First, some people have had negative experiences when they, or people they know, have participated in research projects (Tuhiwai-Smith, 2006); second, methodologies used to collect data may not be conducive to Indigenous research (Kovach, 2009; Wilson, 2008); and third, participants do not necessarily receive results from the project that are useful or meaningful to them (Brant Castellano & Reading, 2010; Estey, Kmetc, & Reading, 2008).

Often, health research is based on a deficit model (Lavallee & Clearsky, 2006) with a focus on negative health outcomes, such as suicide, diabetes and renal failure. When participants are asked how they mitigate risks to their health, they often are asked to list steps taken to actively improve their health, such as eating healthy food. Often the ability to improve uptake of 'healthy' behaviours, such as eating more vegetables and drinking water is mitigated by factors such as access to clean water and access to affordably priced food. Negative association with research may be compounded by feelings of racialized discourses and disenfranchisement. Using research methods that generate-pride rather than stigmatization is an important part of the process of reconciliation.

By focusing on the assumption that positive outcomes are both desired and achievable, this project allowed participants to be more forthcoming about challenges in their lives. They posed questions to both the researcher and to one another in an attempt to figure out what is needed to experience positive health outcomes. Indigenous people within Canada have both the youngest and fastest growing demographic. They also face significant health, education, political and

societal challenges, and have for generations. To bring about change, we need to understand the experiences within families, particularly in the concrete operational phase of childhood development, often referred to as the ‘tween’ years. During this period, children begin to identify challenges, recognize potential outcomes, and present individual opinions based on evidence. They typically have not entered into established patterns of risk behaviour at this point, but may be experimenting with various activities that include self-harm behaviours (Mersch, 2015). By understanding the general situation participants face with regard to decision making processes, it is possible to have a better understanding of the kinds of targeted interventions that are needed. This study used a participatory, intergenerational approach to unpack the complexity of peoples’ lived experiences and decision-making methods.

The overarching assumption of this work is that mothers, or female familial caregivers, who chose to participate in this project with their daughters (girls age 8-12) would be committed to doing the best they could to see their daughters grow up to be happy, healthy and safe. It was also assumed that the girls’ cognitive reasoning is sufficiently developed at this age to articulate their own insights into what these concepts mean. The research was conducted over a series of three workshops. Each workshop involved a weekly two to three-hour weekly session and spanned seven weeks. This timeframe provided sufficient opportunity for relationship building and member-checking, and corresponded with the length of time suggested by a local Elder. Sufficient time for relationship building activities, spanning approximately a two month period, was needed to ensure that priority setting and decision-making methods used by participants could be reported with confidence. Once trust was achieved, and group dynamics were solidified, apparent barriers began to dissipate and it was possible to have confidence in the research results.

1.3 Purpose and Research Objectives

This project used an asset-based, decolonizing lens (Brooks & Kendall, 2012; Crooks, Chiodo, Thomas, & Hughes, 2010; Linklater, 2014; Thomas, Mitchell, & Arseneau, 2015) to explore the priorities of First Nations and Metis mothers (or other familial female caregivers) and their ‘tween age daughters. Research and health service programming often focus on a specific task, deficit, or ‘problem’ rather than exploring what is already working and instilling a sense of pride. Using a community-based, integrated knowledge translation and participatory approach (Banister, Leadbeater, & Marshall, 2011; Blumenthal, 2011; Conrad & Campbell, 2008; Gagnon, 2011; Israel, Schulz, Parker, & Becker, 1998; Mitton, Adair, McKenzie, Patten, & Waye, 2007; Pretty, Guijt, Thompson, & Scoones, 1995; Tuhiwai-Smith, 2006, 2012), participants were given sufficient autonomy to shape the research process. This involved the use of multiple methodologies, such as arts-based methods (Liamputtong & Rumbold, 2008), circle/yarning methods (Kovach, 2009; Walker, 2014), go-along methods (Carpiano, 2009), sports-based methods (Kidd, 2008), theatre of the oppressed (Barak, 2016), and land-based methods (Wildcat, McDonald, Irlbacher-Fox & Coulthard, 2014). Some methods lend themselves more naturally to unpacking specific issues than others; for example within this study, a conversation about traditional medicines and hunting practices followed naturally while outside building a fire, whereas conversations about self-esteem emerged more readily through arts-based approaches used within this project. Through the combination of methods, engaging with decolonizing and gendered methodologies, a picture of self-determination, harm reduction, and historical trauma as issues of importance for female familial caregivers and ‘tween girls began to emerge.

Within health research, a disease or event-specific approach is often used when exploring health issues. However, health and wellbeing are largely informed by determinants of health, and often

outside the control of an individual, leading to co-morbidities and multiple experiences of both illness and trauma (Reading & Wien, 2009). In an effort to not guide participants to discuss specific determinants of health, specific illnesses, diseases or experiences that shaped their health, the overarching question for this study pertained to being happy, healthy and safe. Through exploring this overarching question, a more realistic understanding of community priorities that were guided by participants experiential knowledge rather than an academic contextualization of health priorities informed by policies, procedures and organizations, and the specific objectives listed below could be answered. By adopting a strength based approach, it quickly emerged that addressing historical trauma was a central priority for participants.

Participants within each workshop expressed similar goals they wished to achieve through the workshop process. These were related to, but separate from the research objectives. Through exploring both the goals and objectives of the project, the needs of all stakeholders could be addressed.

Both research objectives and workshop goals were considered within the methodological design. The hope was that this would lead to a meaningful experience and create a space where participants saw themselves as true stakeholders within the research process.

1.3.1 Research Objectives:

1. To assess overarching community priorities of Metis and First Nations girls and their female familial caregivers in Winnipeg, Manitoba.
2. To explore the legacy of colonialism, especially as it pertains to health decision-making practices.
3. To determine potential barriers to knowledge uptake and provide insights to aid in the design of knowledge translation materials.

1.3.2 Workshop Goals:

1. Create a platform for intergenerational programming and relationship-building activities for girls aged 8-12 years and their female familial caregivers.
2. Explore important health and happiness issues for First Nations and Metis girls and their female familial caregivers.
3. Provide opportunities for capacity building and skill development in order to understand public health messaging
4. Provide a supportive space for personal growth and increased interest in wellbeing and health literacy.

1.4 My Positionality within the Research Space

I grew up in a two-parent household in an upper-middle class neighbourhood in Winnipeg, Manitoba, as did my parents and my paternal grandparents. My maternal grandparents grew up on farms in northern Manitoba and northern Saskatchewan. On my father's side, I am a seventh-generation Canadian of British re-settler descent and on my mother's side, I am a third-generation Canadian of Polish (grandmother) and Sāmi/Swedish (grandfather) descent. While my paternal grandparents lived within Winnipeg, we were not particularly close. My maternal grandmother died before I was born. My maternal grandfather was a central fixture within my childhood and adolescence. He had a profound influence upon my positionality and the decisions I made, and continue to make.

Much of what happens during childhood affects your understanding of the world around you, and influences your decision making processes. While I could read by the age of three, and do not remember a time of not being able to read with ease, my younger siblings have significant learning disabilities that resulted in functional illiteracy. I write functional illiteracy because,

while they could technically read the words or understand spoken phrases, their visual/auditory processing disorder, depending on the sibling, prevented them from understanding what they read/heard. My siblings have excellent coping skills. As children and teenagers, unless you knew to watch their eyes for tracking movement across the page, you would never know that they were not reading materials they were given and relying exclusively on other cues for contextual information. This often resulted in gaps in knowledge application, as people would assume that my siblings had understood written instructions, when, in reality, they had no idea what was expected from written documents¹. When I started working as a front-line staff within care facilities, I saw the same types of coping mechanisms from my co-workers, and subsequently from research participants during my undergraduate, masters and PhD work in Indigenous health. I also saw the same people (co-workers, research participants etc.) provide the “expected” answers to verbal questions, later disclosing that they had not been completely honest, as they wanted people to see their strengths rather than their weaknesses. I also saw people falsify research data, such as behavior modification tracking charts, claiming that the researchers were not ‘smarter’ than they were, and that the data collection tools would not ‘tell you anything about real life’.

My undergraduate degree was in Religious Studies and History. I was particularly interested in ethics, and how people justify the choices they make, or policies implemented by employing religious sentiments. During the third year of my undergraduate degree, I spent a summer on Baffin Island as part of an experiential learning program offered through Native Studies and Environmental Sciences. While I was working directly with Indigenous people as part of my

¹ With extensive support, my siblings eventually learned how to read, although they still have learning disabilities. They were all aware, and provided consent for me to disclose information about their disabilities in this document.

full-time job taking care of people with disabilities, I had not been exposed to Indigenous research methods before. I thoroughly enjoyed learning from the Elders and community members, and left with the promise to continue to work, when possible, with Indigenous communities. Upon completing my undergraduate degree, in a moment of panic from not hearing back about applications to graduate school, I applied, and was hired to act as the event coordinator at Sangam, one of the four (now five) international Girl Guide and Girl Scout World Centres. Sangam is located in Pune, India. I was able to defer my acceptance for graduate studies until I returned from my year abroad. During the year, in addition to my full-time volunteer position as event administrator, I learned to speak functional Hindi, volunteered with a local health organization working with scheduled tribal mothers and families living in poverty. When I returned from India, I began graduate studies in Religious Studies at the University of Manitoba. My interest in the impact of missionaries as an agent of colonization was better suited to Native Studies, and I transferred departments. My degree took me back to the Arctic, but this time to the Northwest Territories. I explored the development of hospitals and role of missionaries within Aklavik and Inuvik during the mid-twentieth century through an ethno-historical study. While completing my master's degree, I began working in Community Health Sciences at the University of Manitoba as a research coordinator. I worked on a number of projects; however, a project centred on the experiences of First Nations and Metis with pandemic H1N1 was especially powerful. The project focused on trust and decision making, themes that resonated with my experiences during my work both in India, and in the Northwest Territories. I was convinced that neocolonialism plays an important role in experiences and decision-making practices within Canada, including access to services and supports, however literature about this was scant. In addition, the more work I did with various communities, the stronger my

conviction that we frequently do not ask the right questions when conducting research. I felt that if we approached research through a strength-based lens, we would have a better understanding of what is working, rather than simply what is not. I also realized that I needed more training to develop the skills necessary to conduct decolonizing research within Indigenous communities.

I went to New Zealand to further this skillset as part of my doctoral training. This opportunity also expanded my ability to conduct discourse analysis. I completed a four-month internship on Indigenous methodologies and evaluation at the Whāriki Research Centre at Massey University in New Zealand. During the internship, I had many frank discussions about how to conduct strength-based research that increases opportunities for capacity building, while creating confidence in the quality of information collected. I was advised that if a project is undertaken with the best intentions and involves community-directed research, the experience will be valuable. I was also advised that if I thought an intergenerational workshop would provide the space to achieve the research goals, even though I had not seen examples of projects that used this methodological approach, and if there was sufficient community support, that I should have the confidence in my ability to undertake the study. My mentors in New Zealand explained that because I had extensive experience conducting interviews, focus groups, and textual analysis did not mean that I needed to rely on those skills for the PhD research. If an activity based research approach did not elicit the results I needed for research purposes, I would be able to return to more traditional data collection approaches.

My committee in Canada was supportive of this shift in data collection approach and I felt comfortable engaging in this style of participatory research, acting as both researcher and facilitator. I have conducted multi-age workshops with youth and adults since I was in high school. I was involved in Girl Guides and Scouts from childhood until commencing my PhD

studies, and learned invaluable facilitation skills through local, national and international involvement in these organizations. I am also trained as a Suzuki violin teacher. The Suzuki music education process involves children and parents acting as co-learners within the training environment. I taught music to individuals, families and ran group music lessons for children for nineteen years. My personality allows me to be confident in my ability to “go with the flow” and make informed changes on the spot, if needed.

I knew that time management is of utmost importance in playing the role of researcher and facilitator. I also knew that successful facilitation of a program requires substantial preparation ahead of time. Activity preparation was completed while thinking about the research results to date. One week I folded over 100 origami hearts and glued questions to the inside for a “family story scavenger hunt”. Another week involved cutting out over 1 000 images participants had drawn on plastic, punching holes in each image, and making the charms into bracelets to be returned to participants the next week. I was aware prior to the start of this research of the time commitment involved, and had the ability to plan my week accordingly to ensure that I had completed the necessary preparation for the weekly activities, both to conduct activities and to return products that had a research element, such as the charm bracelets, to participants within a one week period.

I had expected, when I asked what participants need to be happy, healthy and safe, that the narrative would focus on nutrition, physical activity, and health service delivery. In retrospect, it is not surprising that in a safe forum, where participants seemed to feel comfortable sharing, they wanted to talk about ways to address trauma. While there are cultural, historical and systemic differences between me and my participants, there were often similarities in our personal stories. By the time I was sixteen years old, I had lost friends to suicide, cancer and car accidents. By

nineteen, the list included murder, anorexia complications, diabetes complications, and drug overdoses. If I had children, I certainly would not want them to experience violence, or to lose peers at a young age. I shared many stories with participants, talking freely about comments and questions they raised, no matter how personal. For example, while we discussed my finances, housing, travel, education, family, pets and past romantic relationships, my own experiences of trauma never came up. I think that participants saw not only empathy, but understanding when they shared their experiences with, and thoughts about, trauma and hope with me, as well as one another.

My father's family taught me that we have benefited from living on Indigenous land for over two-hundred years, as such, we have both an ethical and moral responsibility to be respectful and give back whenever possible. My mother's family instilled in me a respect for the land, traditions and all generations regardless of ethnicity, age, or religious belief system. While I am not First Nations, Metis or Inuit, I was raised with similar values of respect, trust, courage, honour and humility. I was taught that working with people in a respectful way, and to help whenever possible is the only way to live a good life. My national and international work experience has allowed me to understand some of the challenges and successes of working in Indigenous health and health interventions in various contexts, and to apply some of the lessons I have learned to my work at home.

1.5 Participants – Three Vignettes

This project could not have taken place without the authentic participation from women and girls. They took to heart the task of learning and sharing together, both within and outside the research space. It is essential that they remain front and centre within this work. As such, a series of composite vignettes to help situate the reader both to the nature of the study, the participants,

and some of the common experiences, all based on the research and data collected, is located at this point in the dissertation prior to the literature review, methodology or analysis.

1.5.1 Vignette 1: A Composite Sketch of a Mother

My participants were from Manitoba, and most had grown up in Winnipeg. While every person had a different story and different experience, there were many similarities. This is a composite case-study sketch of an adult participant; I have named her Kate, drawn directly from conversations with mothers, stepmothers, aunts, older sisters and grandmothers. This vignette takes place during recruitment, and the first week of the research workshop.

Kate got pregnant at seventeen. After leaving her group home, she got her own apartment with the support of the government. Kate still often couch-surfed; she did not want to be alone. As a young parent, finishing school was difficult, but she did it. Kate secured childcare, went back to school, and completed her GED by the time she was 21. She went on to get married, and was hired as an administrative staff in an office. She had her own home, a car and could afford family vacations if she planned for them. She prided herself on helping family and friends whenever possible.

Kate also prided herself on not being like the parents you see on the news, and she knows she is not living the stereotypical life the public often imagines when they hear the word “Native”. She has three children, Julie, Abby and Daniel, and they all have the same father. Everyone is fed, clothed, attend school and are signed up for extracurricular activities. Her kids have never been apprehended by child and family services although she does have a social worker, since the kids sometimes miss a lot of school. She is proud of her ability to own her own home, hold down a

regular job, and not live on government handouts like her cousin. Lately, she is not even living paycheck to paycheck. Kate often reflects on how far she has come since her days of couch-surfing with a baby as a teenage mom.

Kate's eldest daughter, Julie, is now a teenager. Kate had wished she could save her child from the pain of losing friends to suicide, overdoses and murder. For her eldest, however, it is already too late for that. Julie is not going to school very often anymore, she is making dangerous choices and Kate is unsure what to do to help her. Whenever she tries to bring up her concerns, her daughter will walk away, leave the house, and Kate will not hear from her for a few days. She is not quite sure why her child is making the same choices she made as a teenager. After all, none of her children have been in foster care. They have always had food to eat and parents who love them. Kate suspects that the way she raised her teenage daughter when the girl was ten or eleven, led her to be the teenager she has become. She wants to make sure her younger daughter follows a different path.

Kate has always wanted a different life for her children than the one she had. She wants her daughter to have opportunities and choices. She also wants her to be proud of her heritage, something she has struggled with over the years. Kate is trying to learn some Cree and some Michif so she can teach her daughter the language her grandparents spoke. Since her mom never learned these languages, Kate never learned, but it might be possible to change things for her children and grandchildren. Hopefully grandchildren are still a number of years away.

Many of the cultural programs offered within the city do not allow parents to come with their children. Abby, her ten year old, comes home knowing things that Kate, herself never had a chance to learn. Kate will often be asked by her children if something is true or not, but often she

cannot answer. Her second daughter, Abby, makes fun of her for not knowing the stories, for not knowing how to cook food or for not knowing how to do the crafts she learned in her after school programs. But since no one has ever taught Kate these things, she does not know. She asks her daughter to show her, but her baby boy starts crying and her teenager, Julie, is in trouble yet again. There is often no time or space to sit with nine-year-old Abby and try to learn all the things that her middle child now knows. At least Abby is learning something.

The mom sees a poster for a research project. She has been involved in university research over the years, in studies that check to see if she has diabetes, answering questions about whether she uses condoms or not, but she has never done one where people ask you about being happy and healthy. She desperately wants to do something special with her nine-year-old, and this poster has pictures of people doing stuff that her daughter might like to do. Kate calls to find out more information and is told that she will be able to help decide on what the focus of the workshops will be to make sure that they do the things they really want to do during the evening. This seems scary. She does not have the chance to make decisions at work, and her husband makes most of the choices at home. Kate figures she can try: after all, she has nothing to lose. If she does not like it, she just will not go back.

However, Kate comes the first day and comments to another mom that she has never been in a space that is so beautiful before. She looks around the room and points out the Indigenous art to her daughter. She shows Abby the moss bag that hangs proudly on the wall, and says “I had one of those for you, my girl”. She sits down in a circle and hears a little more about what they will be doing for the next few weeks. Her daughter climbs into her lap to listen. She absently begins to braid Abby’s hair. Looking at the other moms, Kate sees that they are just as nervous as she is.

This makes her feel a little less alone in the new environment. She whispers to the woman next to her about how hungry she is. Kate did not eat very much at lunch today because she was nervous about coming to the workshop in the evening. The other woman tells her that she is hungry too, and that she also did not eat lunch that day.

The dinner looks good, and Kate's daughter looks really happy. "Did you hear that, Mommy, we get to play games together, you and me," Abby whispers. Kate had been thinking that she was just going to see what the program was like, and to have a free dinner with some other moms, but now, looking at the grin on her daughter's face, Kate decides to give this "research" thing a shot. Who knows? Someone here might have ideas about how she can break some of the patterns she seems to share with her own mother, her cousins and now her oldest daughter: not finishing school, having a baby as a teenager, and experimenting with substances. Kate hopes she can help her daughter have a happy and safe future.

1.5.2 Vignette 2: A Composite Sketch of a Girl

More commonalities existed among the women than the girls, in terms of life experiences. This reflected the nature of a diverse group of children ranging in age from seven to thirteen. Some of the girls had already reached puberty, while others were still far from reaching this physical developmental point. Some of the girls were shy, while others were outgoing. All of the girls wanted to spend time with their female familial caregivers. This reflection piece captures some of the characteristics and approaches shared by multiple participants aged nine and ten. Many of the girls did keep diaries, wrote songs, and wrote short stories. Often they would bring these creations to show before the start of the workshop sessions. While this composite sketch of a girl called Destiny does not include direct written examples from participants, all of the information

presented, including nuanced speech mannerisms, have been drawn from data collected within the research space. This vignette takes place on week four of the workshop.

Dear Diary,

I just got home from “Girls Night Out” with my mom. It’s soooo much fun. I mean, like really fun. I really like that when Teacher Liz says that she will do something, or that we will do something together, that we always do. Teacher Liz says this is a workshop, and that she’s not a teacher. She says she is a researcher and that we are learning together. I know she is really a teacher. My grandma taught me that good teachers also learn from you.

Teacher Liz at “Girls Night Out” is so different from my teacher at school and the teachers at the other girls programs I go to. Usually adults say something like: “we are going to do a craft.” Then we don’t do the craft. I hate that. At “Girls Night Out” we learn about respect and we learn that when you make a promise, you should do what you say you will do. Sometimes I think adults don’t respect me very much. Maybe that’s because I’m a girl. My cousin says they don’t respect me because I’m Indigenous. I think that’s stupid. If someone is a good person, you should respect them no matter how old they are, what they look like, or what their culture is.

Last week Teacher Liz said that we were going to go play outside tonight, even though it’s winter and there is snow. Mom said Teacher Liz didn’t mean it when she said we would be playing outside since it is winter, but I knew she did, so I wore my ski pants and warm mittens. Last week we talked about things we really like to do, and lots of the girls said they like to play outside at recess. Some moms said that they like to go ice fishing and most people said they like

to go for walks outside. Teacher Liz asked us what kinds of things we would like to do outside, and we told her some of the games we like to play, like tag. She said there is a park that is close to “Girls Night Out” and it has a field. She said it was only ten minutes to walk there. We thought that sounded like a good place to go, so I knew we would go to the park tonight even if Mom didn’t think so, and we did! We had chili for dinner tonight when we got back from playing outside. It was so good. I didn’t even know I liked chili, but maybe I just liked putting grated cheese on top.

When we got to “Girls Night Out” we got to play tag outside. Even Mom played tag. It was so much more fun to play with my Mom and the other moms and girls than just with the girls. Teacher Liz knew that some people might not remember that we were going outside and they might not dress warm, so she bought mittens, hats and scarves from a store and let people borrow them. She says she will donate them to charity and asked us where we wanted them to be donated to. We talked about different places that will take donations. The moms had so many ideas. We decided to give them to an Indigenous shelter and drop-in centre.

Did you know there are lots of people who don’t even know what to wear in the winter to stay warm? And some people don’t know what to do in the summer to stay cool? Even some of the moms and girls at “Girls Night Out” don’t know. Teacher Liz says that the posters and commercials that tell you about that are called “health messages”. I’m going to ask my teacher at school tomorrow if she knows what “health messages” are. I bet she doesn’t. There are lots of things my teacher doesn’t know. That’s why mom and dad say it’s okay for me to skip school and help take care of my brother and my cousin’s baby.

You know, my cousin Kayla and her baby girl still stay with us. Kayla is almost 16 now. Her baby will get to go to Head Start in a few months when the baby is 2. Mom says Head Start is really awesome for babies because they get to learn real things, they get snacks, and they get to learn about their culture. I already know about my culture a little. I go to powwows and dance sometimes. We also have sweet grass over the picture of my other cousin who is missing so that the creator will help her. I wish we knew where she was. Kayla says that when I'm 14 I'll probably have a baby too, or that maybe I will run away like my other cousin did. I don't ever want to run away. Some of my friends at school are already talking about running away and we are only in grade four. I think that is so sad. They say that people are mean to them. I don't know if people are mean to them or not. My friend Amber wants to run away. She doesn't always have food to eat at her house so she just always comes to my house. Mom says she can always come to my house, and she should never be left alone and she shouldn't be at home when her mom and stepdad are having parties. Mom says that nine-years old is too young to be alone and around that stuff. I'm not sure what 'that stuff' is and Mom won't tell me. Maybe I'll ask Kayla. Mom says that if Amber wants to run away, she should just run away to our house. Mom also says whenever Amber comes over we need to tell her family so that they aren't scared when Amber doesn't come home. Last week Amber came with to "Girls Night Out". She had so much fun, but it was kind of sad. We were talking about things we like to do with our Moms and all the Moms were saying things they love about the girls and Amber's mom wasn't there. That was okay. My Mom said why she loves Amber. This week I asked if I could take some chili home for Amber since she didn't come with. Teacher Liz said if it was okay with my Mom, I could.

Also, I don't care what Kayla says. I don't want to quit school, even if I don't go all the time. I love science and learning new things. I want to go to High School. My teacher talks about the

cool science experiments you get to do when you are in High School that we can't do now because we are too young, like experiments with fire. I don't want to have a baby until I'm at least 20. You know, only some High Schools have daycares for babies. I want to go to a good school with a science lab and not have to only think about schools with daycares. Mom and Dad and my Grandma all say I need to graduate from High School. I really love them and I want them to be proud of me so I'm going to do that. They know I try really hard, that I'm strong and that I'm smart, even if they never say so out loud.

Anyway Diary, it's really late and I need to go to bed. Next week at "Girls Night Out" Teacher Liz says we get to pretend to be astronauts and that we get to help cook dinner. That is going to be sooo cool. I bet she brings vegetables again. She always brings us vegetables to eat with dinner. Since we started to go to "Girls Night Out" I learned that I love vegetables. Now Mom buys some every time that she goes grocery shopping. I really like cherry tomatoes. Did you know a tomato is a fruit, not a vegetable? Abby's mom, Kate at "Girls Night Out" told me. I still call them vegetables.

I love my mom so much. I'm so glad she said we could go to "Girls Night Out" after Auntie called to tell her about the poster she saw at the Friendship Center. I love going so much. One time I was sick and I couldn't go, and I actually cried. Kayla said I was being a baby but I don't care. Mom says being strong means crying when you have to. Anyway, I can't believe I wrote so much! Now it's way too late! Dad is going to be mad if he sees I'm still awake... so good night Diary!

Love Destiny xoxoxo

1.5.3 Vignette 3: A Composite Sketch of a Female Family Caregiver

The following story is based on the other family caregivers in the group, and the experiences they shared at the end of the workshop and in informal follow-up encounters within Winnipeg. Many of these women had current interactions with family services. This vignette takes place two weeks after the research concluded.

Loraine sat in a chair. The armrests were torn and gum was stuck to the cloth on the chair next to her. She carefully caressed the small, coil bound book in her lap and waited to be called in for her monthly meeting with Nadia, her social worker. She crossed and uncrossed her legs, looking at the toddler table where a little boy was flipping through a colouring book, his support staff sitting close by texting, rather than interacting with the child. He was probably there for a visit with his family.

“It’s too bad when the little ones have to have arranged visits to see their parents. The least they could do around here is get some crayons to go with that colouring book” she muttered

“What was that?” The receptionist asked.

“Nothing” Loraine replied, looking back down at her hands.

“Lori, you can come in now” her social worker called from the doorway.

Loraine got up slowly and shuffled towards the door, head down. She signed and whispered, almost too quiet to hear “My name is Loraine, not Lori” but her social worker, Nadia, was not listening.

Nadia was preoccupied with thoughts of the toppling pile of incident reports to review and court appearance on her schedule for the afternoon, never mind the fact that her coverage partner was away for the next three weeks. He left her a post-it note that said “thanks” rather than anything useful. She found out earlier in the day that none of his cases were up-to-date and was dreading the challenges that were bound to come up because of that. For the next three weeks, she would be managing a caseload of 140 families, a task that seems impossible to do. She hoped there were no new crisis that came up during the day, and that this check in with Lori was uneventful. She did not have time for any more fires that needed to be put out.

They got into the meeting room and Nadia sat across the table from Loraine.

“So, how’s it been going? How are the girls?” Nadia asked.

“They’re okay. Crystal had a nosebleed this morning, but it stopped.” She looked down, crossing her arms across her chest.

“And you’re getting them to school ok? They’re eating ok?” Nadia asked, trying to get Loraine to open up a little more.

Loraine just looked at her, and then looked down.

“Yes, I know you are doing your best.” Nadia said, folding her hands on the table, looking at the clock. They were only a minute into the meeting.

“If I could have found the money, I wouldn’t have asked to be their foster parent. But my daughter, their Mom, is in jail. That no-good husband of hers can’t take care of the kids because he is in jail too. I always feed them and make sure they do their homework and go to school”

Loraine said defensively.

“I’m sorry, I didn’t mean anything” Nadia said, trying to not let Loraine see how overworked and exhausted she was.

Loraine looked up briefly, then down again.

“So... when you were here last month, you were telling me about a research study you joined” Nadia said, trying to figure out a way to ease the tension in the room. These grandparents who are taking care of young children are some of the hardest foster parents to meet with. They always seem to act like they are under investigation. They do not seem to realize that these days social workers would always prefer to keep families together than rip them apart. Many of the grandparents, like Loraine, were part of the sixties scoop, and they don’t trust social workers easily. It’s to be expected. It’s hard to trust the people who took you out of your parents’ arms without any cause when you were a toddler because of a government decision that Indigenous parents were not fit to raise their own children. When other foster parents come in, or agency staff come in, you often cannot get a word in edge-wise. For family taking care of younger children, especially grandparents who have children in jail, it was usually a different story. Nadia sometimes felt like pulling teeth would literally be easier.

“Yup.” Loraine said, responding to the question about the research project.

“So, is it still going on? How is it?” Nadia asked.

Loraine had been holding a book on her lap since she sat down in the meeting room. She carefully slid it across the table to Nadia.

“It’s done” she said. “They gave me this.”

Nadia started reading the document. It was a story about Loraine, the Super Grannie. It was filled with photographs of the girls doing activities with Loraine and it shared the hopes that Loraine had for all of their futures.

“Wow, this is amazing” Nadia said.

“Ya. The researcher, she always asked us questions and we talked about what really matters.”

Loraine said.

“I care about what matters to” Nadia said.

Loraine just looked at her. No words had to be said to understand what Loraine thought of Nadia’s remark.

Nadia put the book on the table and pointed to a picture, “what were you doing here?” she asked.

“That day we sat in a circle on the floor around a star blanket pattern that is inlaid into the hardwood floor. It is such a beautiful library. Have you been there? I don’t know why all the places I go to can’t be so nice. We deserve nice places” She paused, looking poignantly around the barren meeting room.

Nadia re-directed her, asking about the picture once again.

“That week we all shared about what respect means. The seven teachings are important to me. I didn’t know it was so important to other First Nations and Metis women. My girls knew about the teachings already. I didn’t know that they knew those. But I never asked them before I guess” Loraine said, her voice getting softer as she talked about her grandchildren.

Nadia flipped the page, “and this one?” she asked pointing to a picture with Loraine holding both of her granddaughters on her lap.

“Oh, we were telling stories about the old days when we were girls. I told them that I want them to be proud of who they are, and to believe in themselves. I wasn’t always proud of being Cree. They told me they love me, and that they will always take care of me. I said I wish their mom was there to take care of them and see how strong and beautiful they are. Carol told me it’s okay, they know if she could, she would.”

“That must have been a hard conversation to have. I hope they are proud of being Cree too.”

“It was hard. I know those girls miss their Mom. I miss her too. I didn’t have my mom around when I was growing up, and I wasn’t a great mom to my kids, I wasn’t always sober then. I started going to Sundance’s about fifteen years ago now. After I danced, I changed my life and haven’t looked back. Got clean. But I couldn’t get my kids to stop with the gangs. Some of the other women at the group said the same thing. But they also said that Crystal and Carol never need to start doing that kind of stuff.” Loraine said, looking Nadia directly in the eyes.

“I had no idea” Nadia replied, surprised at how much Loraine was suddenly sharing.

“You didn’t ask” Loraine replied, in a matter of fact tone.

That’s true, I didn’t. Nadia thought to herself. “Why does it say Super Grannie in the book?” she said out loud, trying to change the topic away from her role as a social worker and back to Loraine.

“Some of the other girls in the group said that’s what I am.” Loraine paused for a long time before continuing.

“There are too many of us who are raising our grandchildren. We raised our kids the best we could, but it wasn’t enough. Too many things happening in those days. Residential schools... sixties scoop... we couldn’t even vote until 1960”. She paused, Nadia waited for her to continue. “Now we have to raise our kid’s children because their parents can’t. Too much healing still to do for them. Too many things the government has done to us.”

“How does that relate to being a super grannie” Nadia asked.

“The girls said that grannies who are raising their grandchildren are called super grannies. I don’t feel like a super hero. I said that. But some of the women at the workshop with their children said that I am. I am teaching the girls about their culture, I am asking for help to make sure they get what they need. That’s why I am a foster parent instead of just their grannie, and I am doing what I can to make sure they have a better life. They said that makes me a super hero”.

“I’m sure Crystal and Carol think of you as their super hero.” Nadia said.

Lorraine shrugged

“So, where do you go from here?” Nadia asked

Lorraine looked at her thoughtfully. “In the research group we talked about change. There will still be racism, there will still be hard times, but we can make changes. Crystal and Carol can finish school, they can stay out of bad things. They can be the people the creator wants them to be, and the grandmothers in the spirit world, will hold them close. Even when they have trouble, even if I lose them too like I did their mom, the grandmothers will hold them in their arms. We need to keep our culture strong, but we also need to be okay with modern things like cellphones.

The kids learn from those things too. We just need to teach them how to listen smart.” Loraine stopped talking suddenly, as if she felt that she had already said more than she intended to say.

“What do you mean listen smart?” Nadia asked

“I mean, ask questions and keep asking questions until you get the answers you are looking for. Keep going to school. Get a good job. Maybe go to University. Never stop learning.” Loraine pushed another document across the table to her social worker.

“We each got this.” she said.

Nadia turned it over, it was a certificate of participation from the university.

“This is great. What are you going to do with this?” Nadia asked.

“Frame it.” Loraine said matter of factly. “And I’m going back to school. I’m going to get my GED and frame that too. We talked a lot about how girls need to see anything is possible and that it’s never too late to make a better choice with our lives. Carol says she will help me with my math” Loraine said chuckling.

“Well, that is amazing news” said Nadia. “Do you need any help finding programs to do your GED?”

“Already done. One of the other participants from the research helped me. She’s gonna watch the girls while I go to class in the evenings. They can play with Destiny, that’s her girl. We’re helping each other out. She’ll watch my grandchildren and I’m teaching her some Cree words in exchange.” Loraine said proudly.

“That is great Lori. I really mean it. I look forward to seeing you next month to hear how it’s going. If you need anything before that, you just let me know”. Nadia stood up, indicating the meeting had come to an end.

“You know, we are going to be fine. I don’t know about my girl in jail. But me and these grandchildren of mine, we are going to be fine. We are going to be proud, and brave, and honest. And we are going to change the future for the next seven generations.”

She took the certificates and her storybook, smiled a knowing smile. She walked out the door without looking back, saying loudly, “And my name is not Lori, it’s Loraine. I will see you next month.”

1.6 Literature Review

1.6.1 Indigenous Health

To understand the concept of health, one must begin to contextualize the social, psychological and spiritual contexts of being healthy (Tester & McNicoll, 2006). The biomedical discourse around health and wellbeing, frequently positioned as western or colonial, does not necessarily translate easily to other contexts. What it means to be healthy is often seen as a subjective term based upon notions that stem from the language, ideologies and positioning of lived realities (Adelson, 2000; Crawford, 2013; Denham, 2008; Duran, Duran, Yellow Horse Brave Heart, & Yellow Horse-Davis, 1998; Fleming & Ledogar, 2008; Kirmayer, Simpson, & Cargo, 2003; Linklater, 2014). Although definitions of what it means to be healthy may differ, certain realities are disconcerting within the Canadian context, especially that pertaining to Indigenous health. Many of the apparent health disparities between First Nations, Metis and Inuit people within Canada and the general population can be attributed to the social determinants of health. For

Indigenous peoples, this continuum is not only social, but also historical and political. It involves the loss of language, land and social identity (Bourassa, 2014; Cooke, Wilk, Paul, & Gonneville, 2013; Dyck, 2009; 2007; Postl, Cook, & Moffatt, 2010; Reading & Wien, 2009). It is important to remember that Indigenous determinants of health, while involving many of the same categories of the social determinants of health, recognize that not all categories are considered social within all communities, and that cultural understandings of what 'social' means need to be taken into consideration (De Leeuw, Lindsay, & Greenwood, 2015).

In general, Indigenous peoples face various challenges in regard to health and wellbeing. Self-rated health is considered an excellent predictor of overall health status (Martens et al., 2010; Menec & Chipperfield, 2001; Mossey & Shapiro, 1982; Nielsen, 2015; Sirois, 2015). However, Metis in Manitoba rate their health significantly lower than that of general population Manitobans (Martens et al., 2010), as do off-reserve Indigenous people in general (Statistics Canada, 2002). Metis in Manitoba have higher mortality rates, higher adolescent pregnancy rates, higher substance abuse rates, a greater number of children in care, lower high school completion rates and a shorter life expectancy (Martens et al., 2010). First Nations populations within Canada also have high suicide rates (Chandler & LaLonde, 2009; Kirmayer et al., 2007), substance abuse rates, higher rates of intimate partner violence (Chansonneuve, 2007), lower high school graduation rates, are less likely to be employed and have shorter life expectancy rates when compared with the general population (Assembly of First Nations, 2011). Given that data about Indigenous peoples frequently are not separated into distinct categories, such as First Nations, Metis or Inuit, some very general claims about health and wellbeing have been made. Indigenous peoples in Canada are disproportionately affected by violence, and often times individuals experience repeat trauma requiring medical support (Snider, Jiang, Logsetty, Strome,

& Klassen, 2015). In addition, sexually transmitted infections are reported more frequently than in the general population, as are rates of heart disease, diabetes, and respiratory illness, including tuberculosis (Assembly of First Nations, 2011; Chandler & LaLonde, 2009; Chansonneuve, 2007; Health Council of Canada, 2005; Kirmayer et al., 2007).

The issue of Indigenous children in care is one that attracts significant national attention in Canada, with more children in care now than there were children attending residential schools at the height of the residential school system (Blackstock, 2003). Children are strongly influenced by the environment in which they are raised, and the resources they have available, if and when they experience challenges (Street, 2005). In 2011, 14,000 Indigenous youth under the age of 14 were in care. This accounted for 48% of the children in foster care within Canada. Within Manitoba, 25% of the Indigenous youth in care were from Manitoba. Within the province, 85% of youth in care are Indigenous, while Indigenous youth only account for 28% of the overall child population within Manitoba (Statistics Canada, 2016). While the number of Indigenous youth in care needs to be addressed, it is important to note that many parents have custody of their children. In Canada, First Nations children under the age of fourteen living in a two-parent household accounted for 40% of First Nations youth, and single-parent households account for an additional 40%. Metis children under the age of fourteen living in two-parent households account for 57% and single-parent households account for an additional 31% of the Metis population in Canada (Government of Canada, 2016).

Being a girl is considered to be a protective factor for mental illness (Smith, 2002). Girls are seen as more resilient with better communication skills and more able to express any challenges they are facing. Even with improved general communications skills, Indigenous girls have more mental health issues than girls from other social groups within Canada (Depauw & Glass, 2008).

Girls also have lower self-esteem and tend to link personal happiness to the happiness of other people, whereas boys link personal happiness with hobbies and activities. Girls generally tend to value social relationships more highly than boys and as a result if there are challenges within these relationships, the results could be deleterious for girls (Street, 2005).

1.6.2 Indigenous Women

There is an ongoing need to understand gender constructs and positionality, especially in Indigenous contexts. Gender neutral claims often reflect the possibility that gender has not been considered, and not that there is equal gender representation within organizations, societies, policies or research (Canadian Institute of Health Research: Institute of Gender and Health, 2012; Cornwall, Harrison, & Whitehead, 2008; Sneider, 2015). The assumption is often made that if women are included at the table, then their needs are met and their concerns addressed. This assumption is flawed, for even when women are at the table, it does not ensure participation, equality or assurance that their experiences and associated concerns will be addressed (Cornwall, 2008a; Leclair, 2006; Woodford-Berger, 2007). Nonetheless, sex and gender are important and need to be addressed. It is recognized that coercion and resilience are frequent aspects of the experiences individuals go through in decision-making processes (Banister & Begoray, 2006a, 2006b; Canadian Institute of Health Research: Institute of Gender and Health, 2012; Moewaka Barnes, 2010).

Creating space for Indigenous feminism involves creating space for self-determination, sovereignty and the revision of the colonial ideals that have been embedded into social perceptions about the role women should embody (LaRocque, 2007). The Canadian Constitution enshrines the right for women to have their voices heard and recognized, and although their cultural traditions are protected (Government of Canada, 1982), their voices are often silenced,

as women, as Indigenous women, and as Indigenous peoples. Indigenous women historically were perceived by popular culture as ‘savage’, ‘half-savage’, illegitimate and without legal rights or freedoms. It is only in the past fifty years that Indigenous women have started to see and document changes as they strive to reclaim legal autonomy within Canada (Dorion, 2003; Flueckiger, 1997; Green, 2007; LaRocque, 2007; Welsh, 1991). It is important to note that Indigenous feminism is not at odds with Indigenous masculinity (Innes & Anderson, 2015) and both derive a certain amount of theoretical underpinning through decolonizing methodologies (Green, 2007; Sneider, 2015). Equally, the focus on research with Indigenous women does not preclude the need to conduct research with Indigenous men. Indigenous men suffer similar devastating health and social outcomes as Indigenous women (Anderson, 1999; Innes & Anderson, 2015). Although this study centres on the health and wellbeing of women and girls, both the researcher and participants recognize the need for research that focuses on the needs of men and boys to address historical trauma.

1.6.3 Girls

Research specifically designed to explore the needs and experiences of girls is a growing field. The first research specifically exploring girls and experiences within girlhood began in the 1970s and 1980s (Kearney, 2009; McLean Taylor, Carol & Sullivan, 1995). Much of this work situated girls within a feminist, equity or youth studies lens rather than specifically exploring the experiences and perceptions of girls as being unique, autonomous, and serving a role within families and society (Driscoll, 2002; Kearney, 2009). The first academic journal devoted to girlhood studies was launched in 2009. Although there is a growing body of literature, girls continue to be positioned as passive actors within the liminal period of ‘girlhood’ (Driscoll, 2002). The idea of girls as innocent and sweet is often present within social discourse. There are

limited opportunities for girls to expand their consciousness of what a girl should be beyond the glitz and glam of ballerinas and princesses (Orenstein, 2011; Turk, 2014). While girls are positioned as pretty and sweet, the strength, power and endless hours of work that go into the success of a dancer or political impact that a princess may have is lost within the popular narrative (Orenstein, 2011; Turk, 2014). Programs and interventions that work with girls often embody a ‘fixing’ or ‘blaming’ mentality, focusing on anxieties and fears (Brown, 2008) and framing products and consumerism as central to success as women, even to the extent of marketing menstrual supplies to girls as a means of achieving the “perfect period” (Mazzarella, 2008). There are a few exceptions, but these are the norms within the broader western context (Williams & Ferber, 2008).

Much of the literature positions Indigenous children globally within a deficit lens rather than looking at positive and protective factors that contribute to health and wellbeing. Research tends to focus on detrimental education and health outcomes (Rae, 2006) rather than on the social and structural experiences that contribute to negative outcomes or may lead towards positive outcomes. The ability to navigate complex social situations is often difficult for girls, yet it often goes unrecognized as girls are seen as ‘acting out’ rather than needing support (Street, 2005). This characterization is often heightened among visible minority communities (Kehily, 2008). Too often girls are positioned as limited in autonomy or potential, as needing to be helped or saved, rather than recognizing and building upon the power girls have to effect significant and lasting change (Brown, 2008). In 2006, Pamela Downe wrote that “Aboriginal girls remain among the most invisible and silenced in Canadian society, erased from even the most exemplary postcolonial work in the area of Indigenous rights and identity construction” (2006, p. 2). This gap in research, and in programming, remains today.

1.6.4 Historical Trauma

Historical trauma, or intergenerational colonial trauma, is an intergenerational response to colonial policies and programs resulting in multiple health problems that extend beyond the lifespan of a single individual (Duran et al., 1998). Within Canada, traumas include, but are not limited to, residential schools (Bombay, Matheson, & Anisman, 2014; Elias et al., 2012), forced sterilization (Grekul, Krahn, & Odynak, 2004), the Sixties Scoop, the impact of child and family services (Johnston, 1983), as well as the growing number of missing and murdered women (Amnesty International, 2014; Government of Canada, 2015; Metis National Council, 2015). Historical traumatic response is often identified as one of the problems faced by people within communities affected by colonialism. The historical traumatic response often manifests in high rates of suicide and suicide ideation, depression, alcohol and drug abuse, gambling, feelings of hopelessness, sexual abuse, anxiety and low self-esteem (Crawford, 2013).

Historical trauma was first recorded among holocaust survivors and their families, who experienced ongoing negative challenges. Within the North American Indigenous context, people experienced similar consequences, referred to as “soul wounds” by Duran and Duran and as the “American Holocaust” by Yellow Horse Brave Heart (Duran et al., 1998; Duran, Duran, Bonnie., 1995; Duran, Firehammer, & Gonzalez, 2008; Yellow Horse Brave Heart, 1998; 2003). Evans-Campbell defines historical trauma as “a collective complex trauma inflicted on a group of people who share a specific group identity or affiliation [...] it is the legacy of numerous traumatic events a community experiences over generations and encompasses the psychological and social responses to such events” (2008, p. 320).

The response to trauma for a person who experiences a stressor, such as witnessing an accident, is greater for a person who has experienced historical trauma than that of a person who does not

have a family or community history of trauma (Gagné, 1998; Kirmayer, Gone, & Moses, 2014). While historical trauma response shares some characteristics with post-traumatic stress disorder, it is distinct. Post-traumatic stress disorder fails to capture the complex, cumulative, collective and intergenerational nature of historical trauma. Positioning people who experience post-traumatic response as experiencing post-traumatic stress disorder negates the long-term index of trauma that people with historical trauma experience. Approaches to address post-traumatic stress disorder also do not provide space to shift collective identity and meaning within the historical societal context. These aspects are necessary to effect change and healing for individuals, families and communities experiencing historical traumatic response.

Historical trauma may function as a public narrative, explaining how trauma influences health among specific cultural groups that have shared experiences (Gone, 2013). It is not a model and, although some indexing of historical trauma response has been done, the focus has been on using it as a way to destigmatize self-blame, legitimize cultural practices as therapy, and move towards a path of reconciliation and change (Maxwell, 2014). Healing from historical trauma often involves a multifaceted approach, including Indigenous cultural education, ceremonial participation, cultural identification, and community involvement (Gone, 2013). It must also include considerations of gender, race and power, as well as recognition of past harms and traumas (Gagné, 1998; Linklater, 2014; Miracle, 2006). Historical trauma crosses the psychological and social boundaries and is embedded within the Indigenous determinants of health. Also, the concept of historical trauma can be used to understand the gaps in knowledge and the pressure on Indigenous peoples to achieve certain standards that fit within the dominant cultural context as success. It also assumes the need to find a different pathway to achieve ongoing healing within individual, familial and community contexts.

1.6.5 Resilience and Community Empowerment

Resilience is often associated with the ability to overcome an event or series of events with perceived negative outcomes. Research on resilience often categorizes a person as resilient if (s)he has met a defined outcome measure, such as graduation. Defined outcome measures ignore the fluidity of decision making and resilience in the face of long-standing trauma (Wexler, DiFluvio, & Burke, 2009). Grouping actions as risk-taking behaviours rather than reactions to trauma is problematic. This often leads to the assumption that resilience is something that can be quantified, and people can be categorized as resilient or not. It was previously thought that resiliency was an individual characteristic; a person was or was not a 'resilient person'. The person either engaged in a behaviour that is deemed as questionable or dangerous or the person did not. The person met a desirable outcome or the person did not. This discourse has shifted to one of community resilience, recognizing that the challenges people face are beyond an individualized experience (Kirmayer et al., 2014). Indigenous resilience may be exemplified within cultures and collectives rather than individuals (Thomas et al., 2015) through measurable outcomes such as lower suicide rates or higher reports of Indigenous traditions and practices, such as Indigenous language competency (Chandler & LaLonde, 2009).

Addressing historical trauma involves recognizing that resiliency comes from a series of successes and challenges. A single act or action does not define who a person is, and although praise may be warranted, it needs to be handled with caution. Attempting to praise an individual for his or her achievements may have the unwanted effect of causing a sense of shame for those who may not have achieved certain categorical goals, such as quitting smoking or graduating high school (Wexler et al., 2009). It is important to remember that resilience, especially resilience that facilitates healing from historical trauma, is a process (Fleming & Ledogar, 2008).

Resiliency is often characterised by a series of protective categories and those categories frequently include determinants of health such as literacy. It is important to recognize that one of the legacies of colonial policies and practices is an influence on skill development, such as literacy skills (Episkenew, 2009). Enrolling children in school or in programs to develop their written literacy skills may not be a priority for parents who have had negative experiences or associations with formal education, such as residential school systems or have experienced race-related violence. For these parents, the development of other skills may be a greater priority for their children (Episkenew, 2009). Protective factors that increase resiliency and the ability to address the effects of trauma include family networks, spiritual resources, community resources, generational relationships, collective relationships and shared cultural memory (Kienzler, 2008; Linklater, 2014).

Protective factors that are associated with resiliency and the ability to either withstand stressors and/or achieve post-traumatic growth are important to note (Black, 2008; Stewart, 2011).

Cultural continuity is recognized as a protective factor promoting health and wellbeing (Chandler & Dunlop, 2015; Chandler & LaLonde, 2009). Family supports (Black, 2008) and the ability to share one's experiences (Rappaport, 1995; Williams & Ferber, 2008) are also protective factors. Resilience often coexists with autonomy and empowerment. For a person to be empowered, it is important that (s)he is able to feel free to make decisions, and that his/her ideas are meritorious (Cornwall, 2008a). A collectivist, culturally relevant approach needs to be considered when undertaking health promotion intervention work (Bartlett, 2005; Reading & Wien, 2009). All intervention work must address needs identified by the community (Absolon, 2005; Campbell, 2014; Coward, 1999; Crooks, Snowshoe, Chiodo, & Brunette-Debassige, 2013; Marks, Cargo, & Daniel, 2006; McDonald, 1999; Schnarch, 2004).

This study involved two separate components that were intertwined together: an intergenerational activity program and a participatory action research study. Combined, these two items formed a location for decolonization and improved self-determination. The study was comprised of a series of workshops that were designed to meet the needs and interests of adult and youth participants. The workshops also provided a participatory research space to unpack knowledge and priority setting around the health, safety and wellbeing of Indigenous women and girls within an urban centre. There were opportunities throughout the workshop and following the workshop for participant feedback and evaluation about activities and initial data analysis.

1.6.6 Participatory Action Research

Participatory Action Research (PAR) finds its origins and use throughout many disciplines, including but not limited to: International Development Studies, Indigenous Studies, Education, Sociology, Agriculture and Health Studies. Rural rapid appraisals were used in the 1970s, leading to the development and growth of PAR through the late twentieth century (Chambers, 1994). The late twentieth century saw increased growth in the popularity and utilization of PAR (Chambers, 1994). PAR is often used for international research and evaluation in low and middle income countries (Chambers, 2007); however, the research techniques are relevant for community-based research within any geographic context. PAR finds a theoretical base in various frameworks, including feminist, international development and social justice theory (Chambers, 1994; Chambers & Guijt, 2011; Leal, 2007; Scoones, 2011). PAR is a way of “collecting research through meetings and socio-dramas, critical recovery of history, valuing and applying ‘folk culture,’ and the production and diffusion of new knowledge through written, oral and visual forms” (Chambers, 1994, p. 954). Common tools used within this method of inquiry include Q sorts, scoring and ranking activities, community walks, and constant member-checking

activities including group analysis (Chambers, 1994; Mukherjee, 2002; Pretty et al., 1995).

Variability is expected within participatory research. Responses may differ due to differences in religious, socioeconomic and cultural backgrounds. Responses can also be affected by the gender and age of participants as well as their level of comfort with the research techniques (Pretty et al., 1995). PAR provides an important process through which various disparities can be assessed. PAR tools can be used in evaluations. Various tools can be used to help unpack and conceptualize issues in potentially unexpected ways. PAR provides room for research to be shaped by the experience and perspectives of participants.

PAR offers the opportunity to build skills, confidence and ownership of the findings among participants in a different way than other research methodologies such as interviews, focus groups or surveys (Cohen & Uphoff, 1980; Cornwall, 2008b; Saxena, 1998). It is recognized that interactive community participation and self-mobilization take time to foster and develop. This is especially true if participants are not experienced with participatory action and/or evaluation activities. It is hard for people who have not had autonomy within formal activities to take control over the direction of research and subsequent decision making (Mukherjee, 2002; Scoones, 2011). Using methods that appeal to participants and move beyond the seemingly standard repertoire of PAR to other arts-based and participatory activities is an important part of creating space for community consensus, and developing meaningful opportunities for data collection (Conrad, Smyth, & Kendal, 2015; Kope & Arellano, 2016; Rappaport, 1995; Schwan & Lightman, 2015; Walker, Fredericks, Mills, & Anderson, 2014).

1.7 Methodological Approach: Data Collection and Analysis

This study employed an Indigenous partnership approach using a participatory activity format and engaging with decolonizing, qualitative methodologies (Adelson, 2009; Chambers & Guijt,

2011; Fals-Borda, 1991; Kovach, 2009; Wilson, 2008). First Nations and Metis women and girls gathered together weekly to explore what it means to them to be happy, healthy and safe through an intergenerational activity program. A variety of data collection methods were used in order to realize the workshop goals and research objectives and to address specific interests raised by participants. For example, land-based research methods were used to explore safety and the role of nature within people's lives within urban park settings while arts-based methods were used to create jewelry, and drawing was used to explore self and relational priority settings. More formal participatory action research methods, such as ranking activities, were used with limited success for decision-making and consensus-building activities. Sports-based methodology was used in various sessions, though many participants were more interested in arts-based activities than sports-based activities. Indigenous methods, such as storytelling and circle activities, were used to explore various themes, such as the medicine wheel and health. Theatre of the oppressed tools and activities were used to explore family relationships. Community-based, consensus-building activities were also used, especially within the second workshop, for the development of a board game that acts as a decision-making, discussion tool for families. In addition, various participatory activities without specific research objectives were conducted. These often led to learning activities, such as how to make and use home-made beauty products such as soap and lip gloss. Some of these activities led to unstructured conversations whereas others did not result in data being collected, beyond some photographs that were later returned to participants documenting the activity.

The workshop was offered on three occasions between September 2015 and March 2016 within Winnipeg, Manitoba. Seasonality did not seem to factor into participation, nor results captured within the data.

1.7.1 Recruitment and Adult Participant Characteristics

Participants were recruited via posters (print and electronic), pamphlets, e-mails, and word of mouth. Inclusion criteria for the first workshop included self-identification as a Metis mother with one or more daughters between the ages of 8-12 who live within Winnipeg, Manitoba. A woman had to be able to commit, with her daughter(s), to a weekly session over a six-week period. Potential participants were advised that the seventh week was a community celebration/feast where all family and friends would be welcome. Following public concerns, as well as participant feedback, inclusion criteria were modified. For the second and third workshops, adult participant criteria included self-identification as an Indigenous female familial primary caregiver for a girl between the ages of 8-12 who lives within Winnipeg, Manitoba and was able to commit to weekly participation with her daughter.

Consent forms were reviewed and distributed to participants on the first week of the study. People were given the option of signing the forms during the first session, to take the forms home to review with family and friends and bring them back the next week, or to provide audio-recorded oral consent. Overall, three families who attended the first session did not choose to complete the consent form or attend subsequent sessions. The families who decided to not continue called to provide information about why they did not want to participate in the study. One family decided to not participate because the workshop was conducted in English, one family decided to not participate as the daughter would be turning thirteen before the end of the session and was not interested in a workshop with younger children and the final family chose to not participate due to unexpected changes with government provided respite services that she required for other children to enable her attendance. This mother was advised that all children could attend, but she did not feel comfortable with this option. Three families participated in the

first workshop, eleven families participated in the second workshop (ten completed the workshop) and ten families participated in the third workshop (eight completed the workshop). All but one woman who withdrew from the workshop prior to the final session called to let me know that they would not be returning and provided an explanation. Reasons for not returning included moving out of the city, custody issues, desire to attend programming in Indigenous languages rather than English, and the realization that participation was voluntary and could not be mandated by agencies². Overall, twenty four women and thirty-six girls provided meaningful participation during the research study.

Most adult participants had completed high school, and many had post-secondary education experiences. While family income varied from under \$10,000 to over \$60,000 according to demographic information provided, most families fell within the \$30,000-\$40,000 range. It is possible that participants did not understand that household income includes all wages within the household. The figure provided for household income are the expected incomes for the salaries for the types of employment held by women alone, while participants disclosed that other adults within their households were gainfully employed with similar or greater annual income levels. With the exception of women who had children under the age of two, all women were gainfully employed, actively seeking employment, or in school. The family composition was mainly two-parent households. The number of children within a household ranged from one child to seven children. Most families had two or three children. All children were registered in public school; however, not all children attended on a regular basis. While recruitment criteria for girls was age

² Due to visible positive changes seen among parents during the first workshop, social workers had strongly encouraged other parents on their client case-load to participate in the research.

8-12, in reality, the ages spanned from 7-13 years of age. Most girls were between 8-10 years of age.

1.7.2 Weekly Sessions

The workshop spanned seven weeks. The first week was an introduction to the study, the second through sixth weeks focused on specific themes as identified by participants and the seventh week was a community celebration/feast. I acted as both the primary researcher and workshop facilitator. An assistant trained in early childhood education and development with over thirteen years' experience working directly with children affected by trauma was present to help care for children, both participants and siblings³, each week. Weekly sessions lasted between two and three hours and were structured over a series of twenty-minute activities. These activities included ice-breakers, arts-based projects, sports-based activities, group discussions and a shared evening meal. Weekly themes included topics such as neighbourhood safety where participants explored concepts of race, space and place, self-care where participants explored mental health and wellness, nutrition where participants engaged in self-determination activities and a games night that focused on fun, non-competitive interactions and relationship building opportunities between women and girls.

1.7.3 Data Collected and Analytic Strategy

Data collected during the workshops included photographs (n=877) taken during the workshops and of art projects, videos (n=99, total video time: 3 hours, 14 min and 39 seconds), audio

³ Adult participants were told that additional children were always welcome at the workshops, and that lack of childcare should not impact ability to participate. We would always have enough food to eat. Adults were also asked that the primary attention during the workshop be the interaction with their daughter(s) participating formally within the study. Participants were also advised that activities would not necessarily be at a skill level for younger children to complete, and asked to bring activities to help entertain siblings or neighbourhood children within their care on Tuesday nights.

recordings (n=19, total audio time: 7 hours and four minutes), and 60 hours of participant observation (field notes were completed).

Participants were not comfortable with long videos, thus video recordings tended to be short and used strategically to capture descriptions of art-based projects rather than activities conducted. Participants were slightly more comfortable with audio-recordings, as they would often forget the recorder was active. However, when participants did remember that a recorder was on, they would become uncomfortable and oral contributions from these participants would cease for the remainder of the evening. There was an attempt to be as transparent as possible, placing recorders in visible locations such as in the centre of a table. When any discomfort was noted, either by changes in body language or verbal comments, the recorders would be turned off. A verbal comment such as “the recorder is here” or “I turned on/off the recorder” was always made to increase transparency about the recordings. It is very important to note that approximately forty hours of direct engagement with participants was not audio recorded. Often, conversations about trauma, or about the success of the research were not audio recorded. It is also important to note that many of the conversations recorded were with children who, quite appropriately for their age, did not speak in long or articulate sentences and would frequently interrupt one another, changing the topic of conversation in the process. While this was not a barrier for data collection, it does pose a challenge for the triangulation of data in terms of demonstration through the use of quoted materials.

Participants were very comfortable with the researcher taking photographs. The comfort with photographs may be in part because they knew they would be receiving photographs at the end of the workshop documenting some of the activities completed.

All recordings were transcribed and audio-verified for accuracy. Voice-attribution, when possible, was completed. Due to the quality of the recordings, especially during group activities where people were laughing, moving and speaking at the same time, voice attribution was not always possible.

Data analysis was organized using NVivo 9TM. Transcripts, field notes, and written descriptive notes of art projects were imported into NVivo 9TM. Photographs and videos were reviewed for nuances, including expression and the physical positioning of participants within the space and between one another. Observations were noted. While notes about photographs and video transcripts were included in the NVivo project file, photographs and videos were not imported. Transcripts and descriptive notes were reviewed for emergent data-driven themes (Guest, MacQueen, & Namey, 2012). Discourse analysis, the process whereby patterns of knowledge and communication techniques including physical use of space, written text and verbal reports are understood in terms of knowledge production, power dichotomies and latent meaning, was used to try to explore concepts of affect and positionality and identify themes (Keller, 2011; Nairn & DMcCreanor, 1991; Wexler et al., 2009). A coding guide was developed that combined these theme identified by participants during weekly sessions, themes that emerged through discourse analysis that was conducted after the completion of the participatory workshops, along with other theoretical constructs such as gender and colonialism (Hankivsky et al., 2014). An inductive process (Braun & Clarke, 2006) to code the data was completed. Key transcripts were re-coded a month after completion of coding to ensure reliability. The software package was used to explore intersections between themes and to group data.

1.7.4 Reflexivity

Reflexivity was a major component of the research process. This involved recognizing my own theoretical gaze, as well as the gaze of participants. The participants appeared to be centred within an intergenerational colonial trauma and neocolonial theoretical framework. In these circumstances, a researcher must be cognizant of his/her role within the research process and to ensure that (s)he is not placing his/her own biased expectations upon the results generated through the research process. It is important to try to unpack whether responses given match what participants believe is expected of their responses, if answers should be taken at face-value, or if there are other aspects that need consideration (Bucharski, 2006; LaRocque, 2010; Reinharz, 1997).

Positioning oneself as an active player within the process of data analysis is important (Drake, 2010; Pillow, 2003; Young, 1990). I was intimately involved in both facilitation and analysis. During the data collection research phase, I was not a passive observer, but rather an active participant in trust and relationship building. While I attempted to provide as little direction as possible to the conversations and activities, I was still present within the space and I was still affected by information disclosed during the data collection process, such as various experiences with trauma and abuse. These instances were reported, as per University ethics and legal mandates that had been previously explained to participants. I was affected by the acceptance of racialized trauma as part of what it means to be a woman, and I was heartbroken at the expressed fear many women had that their daughters would never live long enough to be adults. As with the participants in the workshops, I too, want the best possible futures for all of the women and girls to live happy, healthy lives free of addictions and violence. Hence, I could not be impartial. Like the participants, I also want the women and girls to feel proud of who they are, to be brave,

and to complete high school, if not go on to further studies. I also want all women and girls to be able to find out, and understand information that will provide the data necessary to help them make choices that will allow them to be as healthy, happy, and safe as possible.

Once the workshops concluded, with the results coded in NVivo 9™ for nuances that emerged from within the data and the initial analysis completed, I realized that I needed to do more reading and re-engage with critical theory in order to better understand what the results meant. I spent six months in careful reflection, reading, journaling, reviewing the data and thinking about why my results did not match what I had thought would become part of my dissertation.

Participants filled in a demographic questionnaire on the first week of each workshop. I knew that most families' income was above the poverty line, and I knew that most parents had completed high school, and many had completed post-secondary education. I had to shift my thinking to try to understand why the themes that were emerging differed from what I had expected. Eventually, I realized that, although participants often did not specifically discuss colonization at length, many of the challenges they face in their capacity to be happy, healthy and safe related to historical trauma. These historical traumatic responses were further compounded by gender and gendered expectations, specifically those proposed within girl studies. Once these frames were applied to the data, a clearer image began to emerge of historical trauma and the need to find tangible approaches to work towards intergenerational healing.

Reflexivity is essential for understanding generated data, especially within participatory research projects where the researcher is an integral part of the data gathering process. Individuals are never free of bias, but reflexivity and positionality allow for the uncovering of layers of bias, and making sense of data gathered (Berger, 2015; Drake, 2010; Jackson, 2013; Pillow, 2003; Sword, 1999).

1.8 Ethical Considerations

Within this project, ethical considerations went beyond those required by academic intuitions to include the needs of participants and encourage growth within relationships, both within the research environment and within family groups. Ethical research involves relational ethics, institutional and procedural ethics, situational and cultural ethics, and exiting ethics for processes that occur when a study is complete (Tracy, 2010). The project also explored how research is conducted, and provided a space for reconciliation and decolonization. A nuanced approach that positioned culture and safety as paramount addressed ethical concerns about situational ethics. Results were returned to participants immediately upon completion of the project, addressing exiting ethics, and relational ethics were addressed within my role as both a researcher and facilitator as I worked with participants rather than conducted research about participants to address the research and workshop objectives.

Ethical research practices go beyond receiving ethics approval from an academic institution. Within community-based research, ethical processes require engagement at all steps of the research process. Policy documents and protocols such as OCAP® (ownership, control, access, possession) or the Tri-Council Policy Statement are useful tools to help prevent harm. For this project, as the Manitoba Metis Federation were partners in the initial design phase, the project focused on stewardship, rather than possession. It is important to note that the Manitoba Metis Federation does not follow OCAP® principles, but rather ownership, control, access and stewardship (OCAS) (Martens et al., 2010). The practical implications of what this would look like was determined in partnership with participants, as outlined in conversations with the Manitoba Metis Federation prior to the study commencing. Participants chose that transcripts would remain with the researcher at the University. Participants took home all art projects, and

received photographs of other activities to act as memory aids, thus they maintained personal access to the majority of data collected. Integrated knowledge translation provides a way to ensure that ethical principles are met by ensuring an ongoing feedback loop between researcher and participants or other stakeholders. Successful knowledge translation efforts can shape behaviours, influence policy and improve health outcomes. Ethical practices concerning knowledge translation include creating tools that address the needs of the participants who will interact with the knowledge translation product or event. Barriers to knowledge use, targeting communication and knowledge translation activities need to be considered on a case-by-case basis. This is essential to ensure that appropriate communication strategies are used to adapt to local contexts. If possible, monitoring the use of knowledge, and continued evaluation of knowledge are part of the product roll-out, thereby allowing for change (Banister et al., 2011; Gagnon, 2011; Graham & Logan, 2004; Graham et al., 2006; Graham & Rhomberg, 1996; Martens, 2012; Mitton et al., 2007; O'Grady, 2012; Straus, Tetroe, & Graham, 2009; `Straus, Tetroe, & Graham, 2011).

Within this study, initial results were returned from week to week such as the return of any materials, and a verbal summary of the conversations and products created as part of a group discussion. A more formal returning of results was conducted in week seven at the family/community feast. A workbook containing a summary of weekly activities, data collected, photographs, sample quotations, instructions for crafts completed, activities played, song lyrics, stories and recipes was provided to each family on the final week of the study. Participants were given a storybook written specifically for their family, with photographs and observational findings of familial relationships. In addition, participants received a certificate for participation,

a framed family photograph taken at the workshop, adults received a \$50 cash honorarium and girls received a toy valued at \$20.

In addition to obtaining university ethics approval from the University of Manitoba (ethics number: H2015:169), the Manitoba Metis Federation was consulted through a formal process. The Federation also played a central role in supporting the roll out of the first workshop, which acted in part as a pilot study. Local organizations that support Indigenous women, such as the Indian and Metis Friendship Centre and the North End Women's Centre were also consulted through informal discussions.

Participants self-selected for participation in this study. To promote relational ethics and ensure informed consent, the first session of each workshop included a twenty-minute discussion about what research is, who conducts research, and why we need research. We also discussed realistic outcomes that the participants were likely to witness by participating in the study, such as helping to shape the research, making new friends, and learning new skills. We discussed how this research was not likely to result in immediate policy or funding changes for families with school-age children, and that it might never result in these hoped-for outcomes as outlined by participants. In addition, the initial discussion highlighted timelines for change. This was a question that was raised by participants, as they questioned how government and policy development happens within formal organizational structures. Participants also discussed experiences from participation in other research studies, reasons for participating in different studies, and how participation in this multi-week workshop was different from other research, and programming that they had been involved in. After this conversation, the consent form was reviewed verbally and participants were given an additional 15 minutes to review and sign consent/assent forms, or to give verbal audio recorded consent. Participants were also advised

that they could bring their forms back the next week if they wanted to have the opportunity to review the information with family and/or friends. Throughout the workshops, ongoing consent was confirmed during activities that were likely to result in participants sharing more confidential information. Resources were made available for participants who needed more help than could be provided within this research context.

It was very important that transparency about the process and realistic ideas of what would happen, both within and following the workshop, be understood. Many participants expressed the desire to have advocates to help navigate services, to see changes in policies and programming, and to receive financial assistance resulting from the program. An important part of the relational ethics was to ensure that participants understood what my role was, or rather was not, in terms of informing change within both the city and the province. Subsequently, consent, assent and demographic forms and writing instruments were distributed, usually by a helpful child, to all participants⁴. The consent forms and assent form were reviewed orally with the group. A consent form was signed by the adult participant for her participation and a consent form was signed as the parent/guardian of the girl(s). Assent forms were signed by the children. While the entire forms were reviewed, participants understood the clear obligation of the researcher to report any abuse or illegal activities witnessed or disclosed to the proper authorities. It is important to note that planning to commit a crime, as well as knowledge of criminal activity, is illegal in Canada. While it is possible to gain ethical approval at the

⁴ We sat in a circle to have the conversation about consent, assent and research. As children distributed papers and writing instruments, some of the signatures were in marker, pencil and pen. Attempts were made, without the girls witnessing, to get adult signatures in pen on consent forms, as a consent form is an official document and pencil can be erased. The girls had been asked to give pens to the adults and it would have potentially caused embarrassment in front of a new group of people if I had gone around and visibly replaced pencils with pens.

institutional level to not report criminal activity if working with a specific population or on specific issues, such as street-involved youth, this was not the focus of this research and ethical approval to not report illegal activities participants may be planning to do, or engaging in, was not sought. Consent forms provided transparency about legal duties to report criminal activities. The use of photographs and consent for images, the use of names or pseudonyms, the provision of honorariums and the meaning of consent were emphasized. Participants commented that this reporting process for both abuse and illegal activities is similar to public school regulations. Some participants chose to provide verbal (recorded) consent, although most chose to sign the paperwork.

1.8.1 Names and Identity

Participants were given the option of having their names associated with quotations and images, or for pseudonyms to be used, as per ethical approval (University of Manitoba, ethics number: H2015:169). The decision to offer participants the option of being ‘named’ or anonymized was an ethical choice and a recognized practice within Indigenous research (Riddell, Salamanca, Pepler, Cardinal, & McIvor, 2017). Although there are many instances where Indigenous people have not been identified by name, this was not a reflection of respecting privacy and confidentiality. Rather, this was a reflection of positioning Indigenous people as ‘lesser’ than settler populations (Brown & Peers, 2005). There are many photographs without any identifying information in archives, as well as many photographs that label an individual as “Plains Woman” or “Indian Child” that have been published. Within this study, some participants were victims of the Sixties Scoop in the 1970s and had their name changed without their consent. Some of these women were in the process of reclaiming their names and identities. Assigning a pseudonym for these individuals and their children was a potentially harmful act.

Participants were asked on the first week of the workshop to think about what their preferences were for identification in study results. Participants were told that quotations may be used in books, papers, presentations, posters, and classroom settings. Participants were advised that these products would not be limited to their city. They were told that the information may be seen internationally within public spaces and be accessible on the internet. Participants were asked to discuss the options at home with their family and friends, and to let me know on the final week what their decision was. On the final week, women and girls were approached individually for their decisions. All women and girls requested that their first names be used. One mother requested that a pseudonym be used for her daughter due to safety concerns. All participants noted that they were happy with their contributions throughout the workshop sessions, and that they wanted their experiences to be attributable to them. It is important to note that participants' first names are common first names within the city, thus allowing a degree of anonymity, which is the rationale many women gave for using their first name, but not their family name.

At times during the workshops, participants asked that specific information disclosed remain confidential. At these moments, consent was reviewed for the use of materials in data analysis. If consent was granted, participants were promised anonymity for the specific information shared. When asked individually if participants wanted to see a copy of the thesis, or sections where their words or experiences were used, all participants declined, stating either that they were not interested, or that they trusted me to make ethical choices that would not cause harm or embarrassment. As such, at times judgment calls were made about anonymizing information, especially if data highlighted a gap in knowledge that might be potentially embarrassing for participants. This includes anonymizing who has had formal interactions with child and family services, who has addiction issues, or identifying who can or cannot read. Data was also

anonymized if voice attribution was not possible. This was often the case in group discussions as there were upwards of thirty people, mainly children, in the space laughing and talking at the same time.

1.9 Shaping the Workshop: Participant Involvement

Community-engaged research ideally involves participation throughout the course of the project, from start to finish and beyond. Participants and community priorities should be first and foremost, with the objectives of the researcher addressed only if it is feasible within the parameters identified by communities. As a community-engaged researcher, it is important to listen to participants and communities, and to accept that they might not want to be involved in all aspects of the project. Providing opportunities for capacity building within activities that might appear to participants to be academic in nature, such as the analysis of transcript data, might not fit with their current interests. This project attempted to include both adults and girls as central to the ongoing development of the project, to varying degrees of success, throughout all stages of the study. In order to conceptualize the multi-faceted involvement of participants, many of the key ways that participants were involved is detailed below.

1.9.1 Initial Design and Recruitment

The Manitoba Metis Federation-Health and Wellness Department was involved in initial conversations and helped establish the research objectives and provided input regarding poster design and places to put the poster up to aid in recruitment. The Manitoba Metis Federation Health and Wellness Department provided space for the first workshop. When the research moved from Metis specific to a pan-Indigenous approach, the workshops were conducted at a local library that reflected a pan-Indigenous mandate.

Participants within the first group provided feedback on the recruitment poster, and it was revised accordingly. Participants suggested that clip-art image be replaced with photographs, that the font colour be changed, that the project be geared to girls rather than mothers, while at the same time, ensuring that all female familial caregivers be included in the recruitment criteria, and that the project be open to anyone who self-identifies as Indigenous from Canada. After these changes were made, recruitment was very successful. Not only were the sessions filled to capacity, a waiting list was formed.

During the first week of each workshop, participants were involved in a discussion about the types of activities they would like to do and their rationale for attending. Through this process, the workshop objectives were created. These objectives remained consistent across the three workshops.

1.9.2 Determining Activities

In terms of weekly session design and implementation, both women and girls struggled to suggest activities of interest that were reasonable options for the workshop setting. Crafts suggested by participants were often overly complex (building kayaks), or overly simplistic (gluing cereal onto paper designs of rainbows). Modifications were made to suggested activities to ensure activity completion was feasible within a 20 minute timeframes, would match typical skill levels of 'tween girls, and would allow for intergenerational interactions and varying attention spans. For example, instead of complex beading activities such as beading intricate designs onto mittens, a beaded bracelet (as described in chapter three) was created instead. Participants expressed that commonly-used participatory action techniques, such as those mentioned earlier, were not suitable for their families. They wanted more freedom to help guide the development of activities. Consequently, other methods such as storytelling, crafts, and

children's games, such as telephone, were used within the workshop setting. Many women noted that one of the reasons they were participating in the research project was to learn how to interact with their daughters in age-appropriate contexts.

During the first week of the workshop, a group discussion revealed priorities in terms of types of activities and initial themes for exploration. Broad weekly themes were determined such as an "outdoors night" or a "pampering yourself night". These themes became further refined as the weeks went on and participants began to ask for concrete activities to be included in the sessions. For example, in session one, participants asked if they could learn about Photoshop, in workshop two participants asked if they could do an activity that involved sculpting, and in workshop three participants asked if they could learn how to do basic wound care. By week five, participants were beginning to take an active role in facilitating activities.

1.9.3 Determining Organization of Time During the Sessions

Participants in all the groups requested that the time be extended from two-hour sessions to three-hour sessions, and provided input into the session design structure, such as the time for dinner within the three hour period.

A list of planned activities was written on a whiteboard and participants had the opportunity to modify the list each week. At the end of each night, activities for the following week were verbally suggested both by participants and by the researcher/facilitator. Participants had the ability to speak within the group or privately about questions, concerns or preferences pertaining to the following sessions. Participants were also able to think about the plans during the week and voice their opinions the following session. Additionally, participants were encouraged to contact the researcher throughout the week if they had any questions, preferences or suggestions. The majority of feedback was provided in person at the sessions.

The researcher ultimately determined many of the specific activities, and prepared appropriate resources and supplies needed for various crafts and games prior to each session, participants had the ability to modify the activities for the week within the sessions. Most activities provided flexibility in how the activity was completed to allow for participants to guide the roll-out of activities within their family setting, for example an assortment of craft supplies would be provided with instructions to design an image/product that relates to the question “who are you”. There were always more planned activities than would be possible to complete within the timeframe in order to allow participants flexibility with the design of the weekly session to choose the activities that appealed to them and not conduct those that were not of interest, although participants usually wanted to do everything planned. This was addressed by either providing opportunities before the session began the next week to complete the other planned activities if participants arrived early or to take activities home to complete on their own.

1.9.4 Engaging in Analysis and Evaluation

Engaging in analysis, even simple evaluations such as the use of emoji icons to indicate satisfaction with an activity, often made participants uncomfortable. Participants often noted that these activities were new, and that they did not have the same autonomy within their homes as they did within the research project. Many opted to not participate in such activities for the first few weeks of the workshop. By the end of the workshop, participants were asking more questions and providing critical insight into the development of activities and points for discussion. Participants often noted that the opportunity to assert self-determination without fear of judgment within a public setting was a new experience. Photography and videography were central tools for data collection. Participants were given the opportunity to take photographs and videos during the workshops, using either their own equipment or equipment provided, although

most declined and requested that the staff at the location, or the research team take photographs and videos.

Participants engaged in descriptive and thematic analysis around specific data collection activities, providing nuances and context to results. Often participants also collectively discussed how to change assumptions and create tangible changes to daily experiences, such as assisting one another with the development of life-skills, such as cooking and shopping. These concepts provided the base for the development of the dissemination workshop workbook, as well as analysis conducted by the researcher after data collection was completed.

Participants were offered the opportunity to be involved in formal analysis of transcripts and photographs. All declined. Participants were also offered the opportunity to review academic papers, and the dissertation. All declined. Participants explained that after weekly involvement over the seven week period, they trusted that their information would be used appropriately.

1.9.5 Determining End of Project Dissemination Products

In terms of dissemination of results, preference about the format for returning results was an ongoing weekly discussion between the researcher/facilitator and participants. Many participants had difficulty envisioning potential dissemination products. Participants were vehement that they did not want to have a standard research report, stating the complexity of language and the time-commitment needed to review the reports in addition to their involvement in the study, was problematic. Generally speaking, the dissemination products participants received from having participated in other research studies were identified as not being useful, such that participants reported destroying the reports received from other studies. Girls in the first group requested that they receive certificates. Subsequent workshop participants were asked if they would also like certificates; they agreed.

Participants said that they wanted images of activities they had been involved in, and they wanted instructions so that activities could be re-created at home. A workshop workbook was created to meet this need. Participants did provide “yes” or “no” answers for aspects they would like highlighted in the workbook they received at the end of the workshop, and asked for specific recipes or crafts to be included in the workbooks. In addition, short anecdotes describing the activities and a weekly summary bullet point list that highlighted discussions and observations was included. While participants were given the option of determining specific information to include, as well as the review of specific information, all participants declined.

Participants asked to have a way to ensure that mothers knew that they did have positive parenting skills, and they wanted a way for girls to know that they were always loved. A creative non-fiction storybook with information pertaining to each family was written and given as a gift to accomplish this goal. As this was a gift, participants were not offered the opportunity to be involved in reviewing the product prior to its distribution on the final week, however specific content, as identified by participants, was included in the stories.

Participants were involved in planning a celebration/feast for the final week to showcase the workshop to family and friends that they chose to invite. Participants determined a theme for the celebration, selected a menu, created invitations or provided direction about the content to be on the invitations, requested or arranged for entertainment, and provided suggestions for activities, such as making dream catchers (further information is provided in chapter five).

In addition to the above dissemination tools provided to all participants, the second group wanted to create a board game. These participants identified the need for a tool to help facilitate discussions about decision making practices at home. Throughout the workshop, a period of time

in each session was spent determining what the board game would look like. A board game was produced, with revisions provided by participants, and distributed to all families within this session.

1.9.6 Identification of Future Directions for Dissemination

Participants in each group requested that images and quotations be exhibited publicly.

Participants voiced the concern that there is a lack of images depicting Indigenous girls and women having fun and supporting one another. Many women believe that this would be a successful intervention to raise pride among Indigenous families and reduce experiences of race-related trauma. Participants did not want to review any subsequent products before they are made public, stating trust in the researcher. One such project under development, is a tabletop book.

While participants are not reviewing the book, they will be given co-authorship as the information provided is largely quoted materials and themes that emerged from analysis conducted with participants. A book proposal has been submitted to a local publishing company. The book would feature a series of photographs and quoted materials from the workshop. There would be short anecdotes and definitions on themes such as harm reduction, research and food security. These would be written by the researcher. The book would include approximately 80 images and quotations and 5000 words of text written at a grade four level. The book would be presented as a table-top book, and the target audience would be Indigenous communities, the general public, and special interest groups such as public libraries and academics engaged in community based research.

1.9.7 Continuation of the Program after Data Collection

While the initial intention, as discussed with the Manitoba Metis Federation Health and Wellness Department, was to provide the means for the project to continue after research was completed,

this did not materialize. As the participant base switched from Metis only to a pan-Indigenous approach, at the request of participants and the general public who had seen the poster at service organizations that served both Indigenous and general populations in Winnipeg, this project, rightly, no longer fit within the mandate of the Manitoba Metis Federation. While some of the women indicated that they would like to take over the program, they also requested two additional years working alongside the researcher in order to develop the skills they felt were necessary to undertake the project. Similar time requests were made for engaging in more complex data analysis. Other organizations expressed an interest in the program; however, without external funding, they were unable to support the endeavor. Applications were made for external funding, but these were unsuccessful. Feedback from funding agencies indicated that this project, although important, was likely unsustainable. Some of the participants, using the workshop workbook as a model, have continued a grassroots, home-based project promoting intergenerational female and community relationship building.

1.10 Overview of Papers

This thesis is divided into four distinct chapters. Each chapter has been developed for submission for publication within specific journals, and meets the requirements of the journal, including headings and approximate word count.

The second chapter, *Embodying ethical Indigenous health research among urban First Nations and Metis mothers and girls* reflects on the methodological challenges associated with creating an intergenerational space for self-determination. Using a combination of community-based, decolonizing, and participatory research methods, a space for self-determination and reconciliation was created. Within this space, the researcher takes on the role of facilitator and participants have the opportunity to work together to explore issues that are important to them in

a culturally relevant manner that meets their interests and needs. This article was written for an audience that uses participatory action methods such as those who might read *The Canadian Journal of Action Research*.

The third chapter, “*Mommy slow down, I’m walking in your footsteps*”: *Developing a harm-reduction approach within familial relationships* examines results from three arts-based activities completed by participants within all three workshops. The chapter explores key themes about resiliency, empowerment, and self-determination while exploring the intersection these concepts have with historical trauma. This chapter proposes the need for a harm-reduction approach to planning for the future, as identified by participants. This article is written with the intention of submission to a journal with a readership of policymakers, researchers, and people who work directly within community research and practice who are interested in social change, such as those who might read *Journal of Community Practice*.

The fourth chapter, “*If you fall down, you get back up*”: *Creating a space for testimony and witnessing by urban Indigenous women and girls*, provides a theoretical underpinning for the results that emerged from the data collected. The chapter discusses the rationale for creating a ‘space’ for testimony and the use of locations that centre on the provision of support to urban Indigenous community members. Focusing on cultural memory as a central component of historical trauma, this chapter explores the need to shift the story of cultural memory from that of the general public and popular culture to reflect Indigenous perspectives and experiences. This is possible by creating a space where both witnessing and testimony can take place. This was written with the intended audience of academics interested in unpacking issues pertaining to identity, resilience and space, such as those who might read *Resilience*.

The fifth chapter, “*The importance of explicit and timely knowledge exchange practices stemming from research with urban Indigenous families*” provides a description of how results were returned to communities in various formats upon immediate completion of the project. There were some practical reasons for returning results quickly. Some of the participants are transient, traveling to other locations in the summers with the likelihood of not returning to their previous addresses in the future. Many participants do not have consistent phone numbers and do not use email. Returning results quickly ensured that results were, indeed, returned to the participants. There were some ethical considerations, including the need to assure participants that their voices were heard, and that their opinions matter, while providing an opportunity for member-checking. By identifying priorities by participants, dissemination efforts could be targeted to not only return results, but engage in the process of ethical reconciliation practices where people are truly heard. There is an attempt to understand, to unpack and reshape the lived cultural memory of settler society and indigenous engagement policies and practices. This article was written with the intended audience being people who actively engage in community research and the delivery of health services, such as those who might read *Health and Social Care in the Community*.

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Chapter 2: Embodying Ethical Indigenous Health Research among Urban First Nations and Metis Mothers and Girls

Abstract

Background: There is a gap in research on children and familial caregivers that documents how participants can take an active, ongoing role in shaping a research study. Recognizing that community-based research needs to position the needs of participants first and foremost, this paper explores how a flexible participatory research within an intergenerational setting can meet not only the proposed research objectives, but participants' ever-changing questions and concerns pertaining to health and wellbeing.

Method: An activity program was offered on three occasions for a seven-week period.

Participants were asked the broad question "what do you need to be happy, healthy and safe and how do you try to make sure that girls grow up to be happy, healthy and safe". The objectives for the program were centred on participant empowerment and wellbeing, whereas the research objectives involved understanding decision making and priority setting around the Indigenous determinants of health for Urban First Nations and Metis women.

Findings: Developing an asset-based project that simultaneously promoted personal agency and capacity building while addressing the reconciliation needed to unpack the legacy of historical trauma with an intergenerational First Nations and Metis participant group (women n=24 and girls n=36) was challenging, yet important.

Conclusion: Decolonizing methods, embedded within a participatory action workshop can promote healing and capacity building among Indigenous families.

2.1 Introduction

The last five years have seen many important milestones within the Indigenous and non-Indigenous landscape within Canada. Idle No More (2012-2013) called public attention to land sovereignty and Indigenous rights. The Truth and Reconciliation Commission report (TRC, 2015) called public attention to the legacy of the residential schools and shed public light on issues and experiences that have too long remained in the realm of silence. Specifically, the TRC calls to action (2015) highlight ongoing issues of equity within Canada, especially in terms of access to services, programming, funding and opportunities. The Missing and Murdered Indigenous Women and Girls Inquiry (2016) has raised public awareness about racialized violence. Indigenous peoples in Canada and elsewhere are demanding that treaties be honoured, traditions valued and positive changes take place. Collectively then, there are a number of challenges associated with trying to address change, especially within health research. To address disparities, all involved in a project need to come from a place of mutual respect with the intention of reconciliation.

This space needs to be driven by partnership, and needs to recognize that everyone, regardless of age, experience and knowledge, brings something useful to the table. Within both academic research and community programming or education settings, we need to create a place for decolonization to happen. Among these groups of people, everyone needs to recognize the impact of historical trauma on multiple generations, including generations to come. Within the academy, we need to find a way to meet participants where they are, to provide tools to address recognized challenges and to provide a mechanism to support participants within their own journeys. In partnership with women and girls (age 8-12), a study (university ethics approval:

H2015:169) centred on decolonizing, participatory action methods created a space for reconciliation and capacity building.

This paper discusses the need for intergenerational research, and how intergenerational research can offer opportunities for skill and capacity building, essential components of healing from historical trauma. This paper will highlight three activities designed by the researcher to address specific participant-identified needs. A medicine wheel game was used to address mental health, a memory game with readily available hygiene supplies was used to address risk-taking activities, and journals were created to address concerns about media.

2.2 Choosing a Methodological Approach

Community-based research highlights the need for the involvement of community stakeholders to ensure that both research and results are relevant (Blumenthal, 2011; Minkler, 2005). Action research uses a collective approach to gather and analyze data. It often involves the use of activities, such as photovoice or community mapping (Chambers, 2002; Wang & Burris, 1997), to identify priorities and understand data. These methods put the priorities of participants as central and research interests as secondary (Chambers, 2007). Decolonizing methods provide space to unpack preconceived notions of what should or should not be incorporated into research through the use of a culturally responsive approach. Decolonizing practice, in its essence, is a healing experience. It is not an act of anti-colonialism, but rather creates a shift in understanding and positionality (Adelson, 2009; Duran, Duran, Yellow Horse Brave Heart, & Yellow Horse-Davis, 1998; Episkenew, 2009; Linklater, 2014; Prussing, 2014; Schwan & Lightman, 2015; Tuhiwai-Smith, 2006). Indigenous methods are informed by Indigenous ways of doing things, including the incorporation of traditional knowledge (Funston, 2013; Rothe, Ozegovic, & Carroll, 2009; Walker, Fredericks, Mills, & Anderson, 2014). While these different methods

have tools and approaches that differ, they often can complement one another, especially in the attempt to create a space that is suitable, accessible and acceptable for ethical, indigenous-based research (Kovach, 2009; Tuhiwai-Smith, 2006). Combining these methodological approaches creates a vibrant space through which reconciliation and capacity building can begin.

Within this project, there were two components, a research component and a workshop component. Each of these had separate objectives. The goal of the research was to explore what it means to be happy, healthy and safe. This was a tangible goal that could easily be understood by the multi-age audience. The workshop goals included 1. Creation of a platform for intergenerational programming and relationship building activities 2. Exploring the importance of health and happiness issues for First Nations and Metis girls (age 8-12) and their female familial caregivers, 3. Providing capacity and skill-building opportunities to understand public health messaging and, finally 4. Providing a supportive space for personal growth and increased interest in wellbeing and health literacy. The research objectives included 1. Assessing overarching community priorities of Metis and First Nations girls and their female familial caregivers in Winnipeg, Manitoba, 2. Exploring the legacy of colonialism, especially as it pertains to health decision-making practices and 3. Determining potential barriers to knowledge uptake and providing insights to aid in the design of knowledge translation materials. While some participants may have been interested in specific research objectives, it was quickly evident that the majority did not have interest in specifically discussing decolonizing methodologies or barriers to accessing services. Adult participants wanted to have the opportunity to engage in a positive manner with their daughters. Many noted that there are such opportunities for infants, toddlers and pre-school age children, but these opportunities halt abruptly once children reach school-age. Within this project, a mix of activities were used to both collect data for further

analysis and meet the objectives as indicated by adults and girls. The latter often included an education component, such as learning how to de-bone a chicken breast, how to apply a bandage or how to make home-made beauty products such as lip gloss.

Within this project, Indigenous women and girls were encouraged to feel like equal partners with both each other and with the researcher in the workshop design and weekly session experiences. Activities were used to create a fun, interactive space for data collection and capacity building. Participants were challenged to unpack concepts perpetuated within general society and popular culture. These included, but were not limited to, concepts of intelligence, beauty, success, support and community, as discussed further within this paper. As participants began to examine these concepts, participants began to incorporate aspects of Indigenous methods. These included engaging with the medicine wheel, incorporation of sacred teachings and providing a space for meaningful shared intergenerational learning and sharing of knowledge. Creating a research space where Indigenous women and girls feel like equal partners in research and are able to voice their own opinions can prove to be challenging (Minkler, 2005). Participatory research needs to allow for the freedom to explore various perspectives and research, as well as educational spaces, and the need to provide sufficient freedom and flexibility to modify activities and expectations for this to happen. This research setting involves the creation of a space to not only understand the shared objective of the project, but to provide a space for healing from historical trauma.

2.2.1 Contextual Positioning

It is important to consider the context in which healing needs to take place. While change is happening and inequities are being publicly recognized, the experiences individuals and communities have had and the values attributed to policies and communities by both Indigenous

and settler communities remain within cultural memory. Historically Indigenous peoples have been unable to act as equal partners within Canadian society and government. In addition to historical experiences, there are ongoing systemic and social challenges involved in accessing appropriate services and supports. For people who have often experienced inequities, being asked to step outside that long-held expectation and act as an equal partner, or even take the lead in decision making, may prove challenging. This was the case for many of the adults within this project. Recognizing historical and current inequities is essential to create a space for decolonization and move towards reconciliation. This research worked specifically with First Nations and Metis individuals, as no Inuit chose to participate in the study. As such, much of the literature discussed refers to First Nations and Metis experiences. It is important to note that there are many common historical experiences of First Nations and Metis people that were also shared by Inuit.

Some of the major policies that have limited the capacity of First Nations and Metis individuals and communities to act as equal stakeholders within the political fabric of Canada include: being forced to live in settlements (First Nations) or on road allowances (Metis), requiring passes to enter or exit communities (First Nations) and enfranchisement, or loss of Indian status (First Nations and Metis). Loss of status due to enfranchisement occurred when a person obtained a university degree to become a doctor or lawyer, served in the armed forces, or wanted the right to vote. Status was also lost when an Indigenous woman married a white man (Dickason & Newbigging, 2010). Metis did not have status within the Indian Act, and continue to seek political recognition as a distinct Indigenous group. While many regulations no longer apply in the broad sense, the legacy for those who lost status continues for future generations (de Finney, 2014). First Nations, Metis and Inuit experienced inequitable education opportunities. These are

well documented, spanning from residential school experiences (Bombay, Matheson, & Anisman, 2014; Elias et al., 2012; Truth and Reconciliation Commission of Canada, 2015) through current challenges with physical access to schools in order to complete high school, and resource distribution challenges including recruiting qualified teachers for extended employment (Chiefs Assembly on Education., 2012). Healthcare rights are also complex, and require a holistic understanding of Indigenous rights (Bartlett, 2003; Boyer, 2003; Cook, 2003; Lux, 2016).

2.2.2 Acknowledging Historical Trauma

By exploring the causes for colonial-derived harms, it is possible to envision a path towards healing. Developing decolonizing methods that are relevant both within contemporary contexts and cultural contexts provides a space to begin the process of both healing and reconciliation. The legacy that colonization brings has influenced the health of individuals, families and communities for generations. Intergenerational colonial trauma includes oppression and negative consequences that span multiple generations. These affect health, wellbeing and increase the disparities related to the determinants of health between people who have experienced intergenerational colonial trauma and those who have not (Aboriginal Healing Foundation, 2004). Historical trauma is described as cumulative emotional and psychological wounds that span generations and start from a massive group trauma (Yellow Horse Brave Heart, 2003), such as the Canadian genocide which targeted Indigenous people (Truth and Reconciliation Commission of Canada, 2015).

Historical trauma often includes symptoms of post-traumatic stress; however, it goes beyond this as there is no start or end to the trauma (Bombay et al., 2014; Kirmayer, Simpson, & Cargo, 2003; Maxwell, 2014; Whitbeck, Adams, Hoyt, & Chen, 2004). Historical traumatic response

involves generational grief and chronic sadness, anxiety, guilt, increased rates of addiction, increased rates of suicide, increased rates of poverty, and increased rates of violence combined with an inability to talk about the underlying causes of trauma (Aboriginal Healing Foundation, 2004).

By using a combination of activities, while always remaining cognizant of the lived experiences participants, their families and communities may have faced or continue to face, there was room for the use of Indigenous methods. Participants noted that working within an environment that featured beautiful Indigenous artifacts, as were featured in the locations where the research was conducted, working together to answer questions about what is needed to achieve health and wellbeing, and to gain tools necessary to interact effectively across generations, that both capacity building, specifically in terms of exerting self-determination, and healing took place.

2.2.3 Self-Determination and Empowerment

One of the greatest predictors of health is the ability to have self-determination (Aboriginal Children in Care Working Group, 2015; Reading & Wien, 2009). To be able to explain why you are making a decision or to question and explore why a recommendation has been made is a powerful experience. Self-determination and empowerment ultimately improve both mental and physical health as people are able to make decisions that better reflect their needs (Canadian Reference Group World Health Organization Commission, 2006). While it is impossible to empower someone, as empowerment must come from within, it is possible to provide skills, tools, and opportunities through which a person can voice his or her thoughts, experiences and engage in active decision making (Kirmayer et al., 2003; Rappaport, 1995; Williams & Ferber, 2008). While not making a choice is still a choice, when there is a sense that a decision was not

forced upon a person, either because of societal norms or a lack of opportunity to undertake different options, it is possible to see people exert empowerment and self-determination.

Using research approaches that are simple and approachable is central to building community, and building capacity (Saxena, 1998). For groups of participants new to the concept of engaged participation in directing research, having a researcher who can also facilitate sessions is essential. The role of facilitator involves an active component in the engagement of participants. A facilitator needs to be aware of engagement styles, various approaches to learning, be able to observe participants to ensure comfort, guide conversations without overtaking discussions and support participants as they gain cohesion as a group (Pretty, Guijt, Thompson, & Scoones, 1995). The researcher is embedded within the research process by the very nature of working within a politically charged research area. It is essential that the researcher is cognizant of personal biases. This helps to mitigate potential research biases that may emerge through the facilitation and engagement process (Bucharski, 2006; Larocque, 2010; Reinharz, 1997; Young, 1990). I recognize that my European settler background has placed me in a position of privilege. I am a seventh-generation Canadian on my paternal side, with British ancestry, and third-generation Canadian on my maternal side with Polish and Swedish ancestry. I know that my family has benefited from the privileges allotted to settler communities, and I believe I have a role to play in the process of reconciliation. By creating an ethical space, with research approaches that unpack the power divisions that may exist within a research arena, it is possible to combine action research with a decolonizing lens. This will lead to the potential of creating a decolonizing space where self-determination, capacity building, healing and reconciliation may occur.

2.2.4 What We Did

A series of three, seven-week long participatory workshops, referred to as *Girls Night Out*, and part of *An Intergenerational Decolonizing Path to Healing: Envisioning Change with Indigenous Mothers and Girls* were conducted between September 2015 and March 2016. Participants were recruited based on self-identification as an Indigenous female primary familial caregiver of a girl between the ages of 8-12 years willing to commit to attending a weekly workshop with her child, or children, for the duration of the program. The majority of participants (24 adults and 36 girls) were recruited through posters and handbills distributed by local non-profit organizations that work with both women and families within the city. Some were referred to the research study by word of mouth from friends, family and social workers. All participants identified as First Nations, Metis, or both and lived within the urban centre.

Participants met one evening a week for between two and three hours. The official time was two hours; however, participants would arrive early and stay late. Two of the workshop groups requested that the evenings be planned for two and a half hours. The workshop was divided into twenty-minute segments, though participants often took longer than anticipated to complete an activity. A typical evening would begin with an icebreaker activity or game; followed by a game used to generate a discussion activity; a craft; dinner, which typically took forty minutes; another craft or game; and a closing discussion and planning for the following week (see a detailed sample schedule found in appendix 1). Participants determined key themes for exploration such as self-care, nutrition, and personal safety. Participants also provided insight into the kinds of activities they would like to undertake and questions they would like to address.

The program spanned seven weeks. The first six weeks were specifically designed for women and girls, whereas the final week was a community celebration with family and friends. The rationale for the length of the workshop involved many points of consideration:

1. It follows the advice of a local Elder who said that programs should be divisible into periods of approximately 21 days. It was explained that this reflected the important phases of the moon, and the length of time needed to see meaningful change. The workshop spanned 42 days.
2. It provided sufficient time to build relationships and collect data, as was established during the initial workshop, which functioned as a pilot test of the workshop data collection method.
3. It was important to consider the number of evenings participants would have to commit to an unknown project. Seven weeks was deemed through collaboration with the Manitoba Metis Federation Health and Wellness Department to be not too onerous a commitment for families.
4. It was important to have a session where the dissemination of initial findings could occur, and participants could invite their friends and families to celebrate their hard work. A feast, or final celebration, was a culturally appropriate way to wrap-up the workshop.
5. It provided a familiar length of time for a program. The City runs a series of recreation and leisure programs throughout the year, and these programs typically span six to eight weeks.
6. It would not have been possible to continue the research indefinitely, as participants requested as the program neared its end. By using a familiar length of time that matched with a City program, the reason for the program ending was comprehensible and

justifiable. The intent was for the program to continue in a community-led way; however, with experience working in non-profit youth-based service sectors, I knew this is not always a feasible outcome.

7. It was based on the principle that the research project should not become too embedded within the community context, in order to minimize the loss experienced by participants when the researcher, and workshop facilitator, leaves the community. This is particularly important for any research project that is providing a series of services to participants as part of a research process, but for which there is no foreseeable mechanism to continue these services when the research ends. Given that all the participants requested to “repeat” the workshop, or attend a similar program with a slightly different focus, emphasizes how profound the loss might have been had the workshop lasted longer and closer relationships between the researcher/facilitator and participants developed.

2.2.5 An Intergenerational Space for Data Collection

The initial intention of the workshop organization was for some activities to be conducted with women and girls together. There would be a shared meal, and then girls would go with an experienced childcare staff member to spend some time on games and crafts in another part of the space. During this time, women would have a chance to have coffee or tea after dinner and have a discussion with other adults about certain topics, such as at what age should children be allowed to make independent decisions about extra-curricular activities. The evening would end with another shared activity. This was not how the workshop was conducted. While girls were fine with the idea of going into another part of the shared space together to make a craft or play a game, women were strongly opposed. As a central tenet of the study design was to ensure participants had the opportunity to shape the research and create a safe space to explore issues,

this modification was made immediately. Women stated that they wanted their daughters to have a chance to learn from other women. Women explained at various points in the research that the cultural continuity of children and adults engaging together often appears to have been lost as a result of colonial practices and policies.

Assumptions about participant skill levels, including literacy, need to be sidelined prior to commencing the research study. I found that conducting activities with any written components, even words such as 'I don't like' was not practical due to the needs of participants of all ages. Basic cooking skills often required support, such as opening cans or cutting up vegetables, demonstrating a gap in nutritional literacy, and basic health literacy, such as how to apply a bandage, also could be challenging. It is also important to address differing skill levels and competencies, especially when conducting research within an intergenerational context. Many women also expressed gaps in personal knowledge, and did not want their daughters doing activities or playing games that they did not know how to do. Many activities that I believed would be uninteresting to adults proved to be important skill building opportunities. Upon reflection, being able to ask questions about how to play a game, do a craft or complete an activity under the guise of helping their daughters was an important strategy used by many participants to address gaps in knowledge. While the reasons for gaps in knowledge are unknown, as there was no 'right time' within this project to ask a woman why she did not know how to use scissors or cut up an apple, it is possible that these relate to adult participants' lack of opportunities as children to learn certain skills due to historical trauma or a lack of access to supplies, supports and programming resulting from systemic barriers. These aspects were all discussed at various points in the workshops, although not as explanations for gaps in knowledge. Some of the activities parents and girls spent extra time completing were activities

that involved using elastic bands as a craft supply, tracing and cutting out patterns on foam and paper, as well as playing interactive games, like hot and cold or capture the flag (see game instructions in appendix 2). Providing the opportunity for participants to learn together, and explore a shared lack of childhood experiences, such as tracing and cutting out items, is an important part of healing from colonial trauma. By engaging in these activities, adults learned alongside their daughters, demonstrating that it is okay to ask for help to overcome challenges. Participants explicitly stated that while they have been trying to find ways to address the legacy of being in care, part of the sixties scoop and other issues associated with historical trauma, this was the first time they were finding real healing. When asked what people do to be healthy, at the end of the workshop they stated, as Tammy did, that “I come here” and other women said they hope programs like this one will continue, because learning and working together with their daughters as a community is “the only way” [Julieen] they will see change within the community for future generations.

At times, women would send their daughters, independently, or as a group of girls, to complete an activity, such as helping to set the table for dinner. There were never any instances when girls were asked questions privately without their caregiver’s knowledge. With the exception of specific, research-related questions such as what food will we be eating for dinner, when girls posed specific questions to the researcher, they were always asked what they thought, then re-directed to ask their family members, followed by other mothers; only if these options had been pursued would I intervene. With the exception of one large picture that some girls drew together on a large piece of paper to demonstrate what their ideal community would look like, women and girls completed art projects, crafts, and activities together. The rationale for women not drawing

on the paper was likely due to the girls requesting to lie down on the ground to draw rather than work at a table. The women gave permission for the children to draw on the ground.

I was apprehensive that there might be sensitive topics I would like to explore with participants that would not be suitable to talk about in front of young girls. With the shared role in caring for one another's children that developed during the workshop structure, this was not an issue.

Women would either stay late, or ask another woman to help her daughter while she would privately talk about issues that might not be appropriate for public discussion, for example, concerns about personal safety and previous traumas. Most of the time, women had no problems speaking openly in front of girls. The only complaint I received from parents about women speaking 'out of turn' was regarding a discussion about financial decision making.

Women voiced that the girls were old enough to understand why decisions were being made, often stating that they had become parents when they were not much older than the girls in the group. Women determined that girls should be equal stakeholders within the data generation process. Girls were equally involved in determining topics for discussion, activities that should be completed and areas in which they would like to see skill development opportunities. They also completed all the same activities as the adults, either independently or with the adult they came with. This allowed for rich results that provided a point for comparison between the perceptions of adults and girls. Women would ask girls to answer questions, guide discussions and complete activities first, and then would provide commentary on what the girls had shared. This provided an important opportunity for skill building, relationship building and was culturally appropriate. Children of these girls' ages would traditionally have been with their families and involved in all aspects of day-to-day life (de Finney, 2014; Welsh, 1991).

As the weeks passed, women and girls expressed that the workshops provided a shared opportunity for discussion external to the workshop and allowed for continued efforts to develop self-determination skills throughout the week.

2.2.6 The Use of Participants' Names

Participants were given the option to provide written or verbal consent or assent, depending on the age of participants. Participants were given the option of having a pseudonym or their own name associated with results presented from the study. By providing the option of using the names participants identify with, it addresses the historical anonymity and blanket statements that have been made about Indigenous people, such as “Plains Indian Woman”. It also addresses the loss of identity through residential school experiences, extended stays at hospitals and the Sixties Scoop. Some participants within this project experienced name changes during the Sixties Scoop and were in the process of reclaiming their names. For women within this research, the concept of name and identity as Indigenous women are intertwined. Providing the opportunity to be referred to by name within the research and within subsequent reports was an important part of the reconciliation process. With the exception of one girl who will be referred to by a pseudonym, all participants requested that their first names be used during research. It is important to note that the names of participants are common first names within the region. If voice attribution was not possible on recordings, as was often the case in large group activities when participants were talking at the same time, participants are referred to as “woman” or “girl”. If quotations are confidential in nature, as identified within the workshop by participants, participants are referred to as “woman” or “girl”. Although female caregivers included aunts, grandmothers and stepmothers as well as biological mothers, the term “daughter” is used within

this paper. The terms “daughter” and “my girl” were used freely by participants to refer to all girls participating in the study, in addition to first names.

2.3 Increasing Opportunities for Self-Determination, Critical Reflection and the Exchange of Knowledge

Within this study, both women and girls often seemed to feel uncomfortable acting in decision-making capacities. While I anticipated a certain level of unease, as this was a new environment and people did not know each other nor did they know me, I did anticipate that some of the tasks would be completed with more ease, and require less time than they did. The extended time seemed to result from challenges in making decisions. Even the act of choosing a colour for a nametag on week one was challenging for some participants. As the weeks went on, where everyone freely praised one another, and built upon decision-making experience the process seemed to become a less daunting task for participants. The phrases ‘I dunno’ and ‘no one asked me these things before’ were replaced by overt decisions, such as ‘let’s eat now and do the game later’. Reassurance for decisions made was given and participants became more comfortable and confident with the process of public self-determination within this space.

It was difficult for participants to actively engage in planning. Many adults and girls expressed that they had not had the opportunity to provide input into activities conducted within a formal setting before. Adults also asserted that beyond planning for major activities, such as career changes or the purchase and renovation of homes, they did not spend a lot of time thinking about the smaller choices in daily life. Women indicated that a primary reason for attending the workshop was the ability to learn what they can do to be happy, healthy and safe. Women in each group explained that they did not have confidence in their own capacity to make decisions that would lead to these results, or to teach their children the tools necessary to reach these ends.

On the first week, participants were asked to vote for the meals they would like to eat during the week. There were envelopes taped to a wall with pictures of different meals that were visible from when participants entered the workshop space. Participants disclosed food allergies upon registration. Participants were given enough tokens to vote for a meal per week. The meals were all foods the researcher and Indigenous faculty members at the university thought participants would be familiar with. The meals were easily prepared in large quantities by the researcher, and were affordable, such as a spaghetti dinner. As there were food security issues within some families, enough food was prepared for three servings per person. Participants took any leftover food home at the end of the night. The final decision about what meals we would eat would be determined by most votes per meal. This was an extremely difficult activity for most adults and the majority of girls to do, although girls experienced far less difficulty. The average length of time for this activity was 35 minutes, while the intended duration was 5 minutes. Participants were expected to make five selections. Women seemed to panic, talking about making the wrong choices, but they were assured there were no wrong choices. Participants were also told that if they absolutely hated a food that was voted to be the menu served, they could talk to the researcher privately and an alternate meal would be provided. Difficulty voicing opinions and making decisions continued throughout the workshop. At least five mothers explained privately that they had difficulty with decision making because they do not have the capacity to do so within other areas of their lives. As the workshop came to an end, participants noted that they were starting to feel more comfortable with making decisions and would like to continue to have opportunities to do so. As many activities that participants found challenging were conducted individually or within family units rather than within a large group setting, such as making name-tags, seeking consensus or approval from other women or girls was not a reason for difficulties

experienced. Based on changes in behavior over the course of the seven-week workshop, I do not believe the issue was one of consensus processes, but individual self-determination. For consensus process activities in the first few workshop settings, one or two mothers or girls, not always from the same family, took on a leadership capacity. As the workshop progressed, both adults and youth participants took on equal roles in providing leadership through suggesting potential activities, providing constructive feedback after an activity took place and leading specific tasks within the workshop space.

Many of the activities conducted within the workshop emerged from expressed challenges or knowledge gaps identified by participants rather than activities participants identified as something they would like to do. Many of the activities requested by participants were not feasible to complete within this setting, such as building kayaks or dogsleds. Activities were designed with the intention of resonating with Indigenous knowledge and approaches to learning. These activities provided the opportunity to better assess what the barriers were that led to gaps in knowledge or practice, and to provide the opportunity for capacity building and growth.

2.3.1 Medicine Wheel Game: Addressing Balance and Wellbeing

The concerns that led to the development of this activity involved group consensus about a gap in knowledge following a session about self-care. Participants noted a lack of understanding about the difference between emotional and mental health. These are two distinct categories on the medicine wheel, according to one commonly used interpretation of the medicine wheel, and are important aspects of wellbeing.

To address this issue, a medicine wheel that could be tossed around the room was created. Participants stood in a circle, and when they caught the medicine wheel they provided an example of something they do for the quadrant they were holding. Examples pertained to

emotional health, physical health, mental health, and spiritual health. Participants provided commentary on the issues raised. This was a good activity for participants to also begin conversations about items they found challenging to discuss, such as what they do for their emotional wellbeing⁵.

“What do you do for your body?” Researcher

“I eat healthy stuff.” Girl

“What do you do for your spirit?” Researcher

“I take walks with my daughter.” Woman

“To get your mind working? What do you do for your mind?” Woman

“I dunno.” Girl

“What do you do at school?” Woman

“I draw.” Girl

“For your emotion?” Girl

“For my emotions? I have a shower or a nice hot bath.” Woman

By using a medicine wheel, this activity provided a starting place for women and girls to discuss finding balance in their lives through a culturally relevant and often used image. While the image

⁵⁵ Voice attribution was not possible, due to background noise that affected the quality of recording.

of the medicine wheel was drawn numerous times by participants, the meaning behind the medicine wheel was unknown. Once participants began to see how their experiences and perspectives fit within the medicine wheel, they were able to identify areas that could be improved.

2.3.2 Kim's Game: Addressing Gaps in Knowledge about Basic Hygiene Supplies

While doing a self-care night, we made soap and painted our fingernails. Participants raised questions about the difference between liquid and bar soap. Initial questions were answered in the moment, but as people continued to talk, it was recognized that this was a larger gap within the knowledge base of multiple participants. Participants also discussed drinking nail polish remover. Responding to drinking nail polish remover was more challenging. Within the moment, no positive or negative response was provided, and participants were redirected to another activity. To try to address gaps in knowledge in a respectful way, the following week we played a memory game. A number of household items commonly found in bathrooms were brought. These included, but were not limited to: hair ties, cotton balls, Q-tips, nail polish, hand soap, body wash, fingernail clippers, Band-Aids, feminine hygiene supplies and fingernail clippers. Participants had the opportunity to identify and ask questions about what the items were before the game began. Everyone sat in a circle around a selection of about twenty items. Within a typical 'Kim's game', would participants look at the items and then close their eyes. All items would be covered, often with a sheet, and then participants were asked to list all they remember. I adjusted the game, and an item was removed by a girl while other participants closed their eyes. Participants had to identify the missing item. Discussion followed about the item, what it was

used for and when it should or should not be used. The following excerpt discusses the uses for cotton swabs (referred to within this context by the brand-name Q-tip)⁶⁶.

“What’s missing?” Researcher

An array of answers then...

“The Q-tip.” Girl

“Good job, kiddo.” Woman

“When do you use Q-tips?” Researcher

“For ears.” Girl

“If there’s something in there...[points to her ears].” Girl

“Ear wax.” Girl

“After your shower.” Woman

“Is it good to use those in your ears?” Researcher

“Yes/No” Collective response from women and girls

“No, you’re not supposed to. Why are you not supposed to use Q-tips in your ears?”

Researcher

“Cause it pushes it down.” Woman

“What can happen if you push the wax and stuff down further?” Researcher

“If you push it down too far it could actually rip your ear.” Girl

“Eardrum.” Woman

“You could get an earache.” Girl

“What else can you use Q-tips for?” Researcher

⁶⁶ Voice attribution was not possible, due to background noise that affected the quality of recording.

“I watched this YouTube video. You can actually put them in those hair clip bobby pins and then you can put them like little dots in your hair.” Girl

“Eye shadow.” Girl

“To put on lipstick.” Girl

“Nail polish remover.” Girl

“Cleaning other stuff that’s hard to get into right?” Researcher

“You can clean the keyboard.” Woman

“Oh ya!” Collective response from women and girls

“Can you reuse Q tips?” Researcher

“NOOO.” Collective response from women and girls

“Okay. I’ll have to remember that.” Researcher

“You have to throw it out.” Girl

This activity provided the starting spot for dialogue on a number of different issues. As the facilitator, I would ask various questions about the items to encourage open discussion. Participants followed this lead and questioned the use of items. Much of the time when participants raised questions it was as an information-seeking tool. Participants discussed how they did not have all the items used in the game. Participants discussed why they might or might not use an item and what the barrier was. Barriers identified included cost, knowledge of what an item is, as well as relevance to daily lives. An important part in the decolonizing process is the ability to find ways to unpack tacit knowledge and experiences (Kovach, 2009). This exercise provided the opportunity to address gaps in knowledge that were potentially dangerous, such as drinking nail polish remover. It also provided the opportunity for self-determination and the sharing of knowledge.

2.3.3 People like Me: Media Representations and Self-Determination

The concern raised that led to the development of this activity was the lack of visual representation of Indigenous women in media, namely: If a person does not see people who look like them, what standard of beauty are girls expected to live up to? Participants did not find it problematic that there is a standard of beauty expected, but rather the need for diverse representations. During this research, a First Nations woman from Alberta was crowned Mrs. Universe. Many participants discussed this as a positive step for the recognition of Indigenous women as emerging leaders in re-defining beauty, but deconstructing this notion as beyond the scope of the capacity of this research. This issue followed concerns participants raised over the written statement by a child: “I’m pretty, but I don’t think I am”.

A variety of magazines, including active living, fashion, nature, household and children’s magazines, were collected. Girls and women cut out pictures of images they liked and images they did not like. The images people liked were glued to the outside of a journal. The images people did not like were glued on a piece of paper. Initially, participants were going to destroy the images they did not like once they were affixed to the paper. Once the collages were finished, girls decided they looked “pretty” and they felt that these should be kept by the researcher.

While cutting out pictures, participants discussed standards of beauty, Photoshop, and realistic expectations. The images that were included on the journal covers included some fashion accessories. Most of the items were food, animals, nature, and activities that could be done together. When girls discussed the images, they selected things they liked. The importance of imagination, pride and belief in themselves became evident.

“I could survive on a desert island. I have mad skills.”

“What skills?” Milla’s mother

“I have the skill that if I get hungry I can wait a long time.” Milla, girl

“That is a skill. What if you had your bow with you, what could you do with that?”

Milla’s mother

“I could shoot animals to eat. Like wild pigs.” Milla, girl

Images on the negative poster included pictures of girls or women who did not look like they were being active, such as women draped over furniture or wearing very high heels. Other images included medications and other items that should not be marketed within magazines aimed at young adults or the general public.

“We didn’t like it because it’s an advertisement for nail polish and I guess you don’t need a top coat for it. The girl is topless with her hands in front of her chest and it says in big bold font ‘go topless’ we just don’t think it’s a good image for young girls.” Kandace, adult. Summary of a group conversation.

This was an important activity. Girls wanted to discuss things they liked to do, and they wanted to talk about how their interests and expectations matched with popular discourse. The ability of women to reflect critically on the images presented within popular media, while thinking about the self-esteem of girls was important for participants. Women reported that they had not thought about discussing these ideas with their daughters before. Girls talked about things they like to do, such as running, climbing, hunting and eating pancakes, verbalizing that they did not want to look like the women in the magazines who might not be able to be self-sufficient. This discussion led to the need for more realistic images of women and girls. Girls identified that being pretty means being able to look like you can do anything you want to do. Participants would like to see more Indigenous women and girls leading full, happy, successful lives in

popular media imagery. At the end of the activity, women reflected on their observations, both of media and of their daughters' responses to images. One mother hoped her daughters would become models and be able to influence the depiction of Indigenous women through that method, whereas the other mothers would like their daughters to be able to critically examine the images they see and the feelings those images instill within them.

2.4 Conclusion

When addressing a need for engaged partnership, highlighting the capacity of all stakeholders is essential. Within this study, girls and women helped to shape the context and content of weekly activities. Initially, this proved challenging for many participants, and creating a space for confidence in voicing opinions was essential. This space provided a venue for shared learning. It also provided opportunities to address the legacy of historical trauma, for growth in confidence and self-determination, and pride in community. Change takes a long time. The intent of this project was not an intervention, but rather a research project to explore priority setting related to concepts of health, safety and overall wellbeing. A key element of this study was to create a space for participants to guide the research process. Participants wanted an interactive educational opportunity.

The inclusion of education and recreational components was seen as an intervention and service, as indicated by social workers and educators who, upon seeing changes in participants over the seven-week workshop, called to ask for more information about the 'intervention'. The project was designed to employ a variety of data collection methods to have a robust understanding of priority setting practices, barriers to the uptake of various forms of knowledge, and the legacy of colonialism while providing a supportive space for intergenerational interactions. The intent was not to provide health education, nor was the intent to see changes in behaviours among

participants. This was an unintended consequence that participants highlighted to social workers involved in their lives. The study design resulted in the creation of a space for reconciliation and self-determination that expanded beyond discussion into practice. Reconciliation, empowerment and self-determination are key aspects in the process of healing from historical trauma. To break the trauma cycle, there needs to be opportunities for skill development and capacity building, and incorporation of cultural knowledge, when possible.

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2.6 Appendix 1: Nutrition Night Session Guide

Length of activity	Activity	Data Collected	Capacity Building
Before the start and the first 10 min	<p>Children prepared “apple smiles” for desert while participants arrived.</p> <p>This involved cutting up an apple, and placing peanut butter and mini marshmallows between two apple slices to create a “smile”</p>	<p>Data collected: Photographs</p> <p>Capacity building</p>	cooking skills
5 minutes	Discussion about how we might describe food	<p>Data collected: Participants discussed nutrition content, texture, colour, and other associations the food might have (e.g. movie/after school/bedtime snack.)</p>	
10 minutes	<p>Matching game- a picture was taped to each person’s back.</p> <p>They had to figure out the object taped to their backs by asking questions. Once participants knew who they were they would find their commonly matched pair.</p> <p>Food pairs included milk and cereal, veggies and dip and soup and crackers</p>	None	relationship building and communication skills
20 minutes	<p>Participants helped prepare food</p> <p>-Women wanted to learn how to de-bone chicken, so this skill was covered.</p>	Field/observation notes	cooking skills

	<p>-Girls prepared a salad</p> <p>-Participants learned/reviewed how to make stock out of the leftover “garbage” (chicken bones, skin, vegetable peels etc.)</p>		
20 minutes	<p>Astronaut Activity- participants learned about how food is planned and prepared for astronauts traveling to space.</p> <p>Families were asked to plan two days worth of meals if they were going to go to space. Flyers from local grocery stores were provided. Participants cut out pictures, drew pictures and wrote down words to plan meals for their space adventure.</p>	Meal plans were photographed to be reviewed for food choices	Meal planning, using coupons to budget.
40 minutes	Dinner: teriyaki chicken, rice, salad and “apple smiles”	None	
15 min	<p>Tooth Brushing Game: each family was given a package of cookies. Participants ate as many cookies as they could in 30 seconds. Note: as this activity was after dinner, most participants ate between 1-3 cookies.</p> <p>Videos were taken of girls (and some adults) showing off their “disgusting mouths” filled with cookie crumbs.</p> <p>Participants were given tooth brushes and toothpaste and given 2 minutes to brush their teeth. “After” videos were taken. Participants examined each other’s teeth to see how good a job they did and then discussed knowledge about oral hygiene.</p>	<p>Video of mouths assess brushing knowledge.</p> <p>Video recording of discussion.</p> <p>Field/observation notes</p>	<p>Women were surprised at the lack of proper teeth brushing for their daughters. Participants were surprised to learn about oral hygiene practices.</p> <p>Participants were happy to get new toothbrushes.</p>

	<p>The “winner” won a fun prize (either a toothbrush cover to put on a mirror that looked like an animal, or a dental floss container that looked like an animal). All of the girls “won” and the girls decided that the adults need more “practice”.</p>		
10 min	<p>Examining Eggs. Hard boiled eggs had been placed in containers containing either milk, juice, water, coffee, or cola earlier in the day.</p> <p>The eggs were removed one by one and participants discussed their observations.</p> <p>A discussion about how eggs are similar to the enamel on teeth and the importance of brushing teeth daily finished the activity.</p>	<p>Video discussion recorded</p> <p>Field/observation notes</p>	<p>Tangible discussion about the importance of brushing teeth</p> <p>In future weeks, milk and water consumption increased and juice consumption decreased at the workshop. Adults discussed (unprompted) how girls were drinking more milk and water and less pop and juice at home. This change spanned the duration of the workshop. It is unknown if it continued after.</p>
5 min	<p>Closing and overview of the following week</p>	<p>Field notes</p>	<p>Ability to determine specific requests for the following session and evaluate the current week.</p>

2.7 Appendix 2: Information about Games

Hot and Cold is a children's game played with two or more people. One person is selected to 'hide' an object within the space. The remainders of players close their eyes. Once an item is hidden and the person has returned to the group all players are asked to open their eyes. Players search for the hidden object as a group. The person who hid the item calls out "hot" to indicate when people are close to the item or "cold" to indicate when a person is further away from an item. The terms "warmer" or "colder" or other creative descriptions, such as "brrr" or "I'm so hot I need to put on sunscreen" can also be used to help orient players and keep children engaged.

When we played the game within the workshop, erasers were used as the item to 'hide'. There were enough erasers for every child to 'find' at least one that she was allowed to keep at the end of the game. Girls were very cooperative. They would call one another to the location and ensured that all girls got an eraser rather than taking a second or third item. Mothers who were playing did not take any of the erasers. Ensuring all children got an eraser was not discussed prior to the activity and happened organically with each workshop group.

While all adults wanted to play the game with the girls, not all wanted to search for the items. These women would help call out hot and cold directions.

Capture the flag is a children's game played with large groups. Two teams are formed, each with their own 'flag'. As we were playing the game outside after dark, glow sticks were used. The space is divided in half. Each group is assigned a side. Players need to cross into the other half of the field, find the 'flag' and return it to their half of the field to win.

If tagged while on the opposing teams' side of the field, they have to return to their own side and try to cross again. If a player is tagged while carrying the 'flag' the flag is either returned to the hiding place, or dropped where it was and the player returns to his/her side of the field before attempting to 'recapture' the flag.

Participants within the workshop were given the option of what to do with the flag if tagged while carrying it. Each group opted to return the flag to the hiding space. The winning team is the team with who manages to get the opposing teams flag across the line and into their territory first.

Reflections on Chapter 2 and Overview of Chapter 3

The determinants of Indigenous health are not only social, but also include historical and political aspects (de Leeuw, Lindsay, & Greenwood, 2015). It is important to remember that when a person, family or community struggles to meet needs associated with proximal determinants of health such as: access to education, crowded housing, food insecurities and a lack of cultural continuity, while experiencing factors detrimental to distal determinants of health such as: the effects of colonization and racism, the negative consequences for health outcomes and wellbeing compound (de Leeuw, Greenwood, & Cameron, 2010; Hunt, 2015; 2007; Reading, 2015; Starkes et al., 2014). To address questions around priority setting, it is important to meet participants where they are at, to support them and provide sufficient space for self-determination to emerge.

Within chapter two, I explored how combining community-based, decolonizing and participatory action methods created a space for increased participant engagement and confidence in decision-making practices within the workshop. This is a central component of objective one, whereby priorities are explored. The chapter also explored decolonizing participatory research approaches as a step towards reconciliation, which is an important component of objective two, exploring the legacy of colonialism, especially as it pertains to health decision-making practices.

Chapter three further explores concepts of self-determination, focusing on how participants see themselves and their daughters. Results from three arts-based projects are examined. Cultural harms require cultural healing (Chandler & Dunlop, 2015), thus activities that allow for creative and individualized expression were used. This allowed for a greater understanding of women and girls' priorities, as outlined in objective one, the legacy of colonialism, as outlined in objective two and provided some tangential information about items needed for successful knowledge

translation. To begin to address historical trauma, and historical traumatic response, there needs to be a safe place to begin the journey of healing. Participants noted that it was only through seeing oneself as strong, capable, confident, and loved that future outcomes for Indigenous girls may begin to change and improve.

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Chapter 3: “Mommy, Slow Down, I’m Walking in your Footsteps” Developing a Harm-Reduction Approach within Familial Relationships

Abstract

It is important to recognize that experiences of racial and gendered violence have taken place for centuries, and continue to take place. Identifying strategies to understand what it means to be healthy and safe is essential towards determining what is needed to achieve meaningful change. During a seven-week activity-based research project, urban-based First Nations and Metis women and girls (aged 8-12) explored issues of importance in their daily lives. This paper examines data collected within three specific arts-based activities: empowerment bracelets, “I’m proud of you” charm bracelets and “Who I am” pictures. Women were hesitant to discuss future plans, as many were not confident that their daughters would be in contact with their maternal families when they become teenagers. Girls observed and mimicked the thoughts and actions of their mothers. They demonstrated the role they already play within the discourse of what it means to be female living within their communities. This paper concludes with the implicit harm reduction approach women and girls used when exploring the impacts of trauma while envisioning a healthier future.

3.1 Introduction

Within Canada, many institutions are in the process of increasing awareness about the legacy of assimilation efforts, colonial policies and the intergenerational historical trauma that has resulted from these actions. The National Inquiry into Missing and Murdered Indigenous Women and Girls (Government of Canada, 2016) and the Truth and Reconciliation Commission (Truth and Reconciliation Commission of Canada, 2015a) represent two of the most prominent recent endeavours. In the wake of the Truth and Reconciliation Commission report, ninety-four calls to

action were made. These included, but are not limited to: fully implementing Jordan's principle; to develop culturally appropriate parenting programs for Indigenous families; to close the gap on health outcomes between Indigenous and non-Indigenous communities using transparent annual reporting processes; and for the government to establish multi-year funding for community-based youth organizations to deliver programs about reconciliation and establish a network to share information, including best practices (Truth and Reconciliation Commission of Canada, 2015b). It is essential that changes are made as the current situation that many First Nations, Metis and Inuit peoples find themselves in is less than ideal. Indigenous people within Canada experience a disproportionate burden of disease, lower educational attainment, higher rates of violence, higher rates of involvement with the justice system (Adelson, 2005), and a long-standing history of racialized governmental practices (Truth and Reconciliation Commission of Canada, 2015a).

While there is research conducted with youth around the role and impacts of mentoring and education programs, these often do not explore the effects seen within the family. It has been established that family relationships provide an important setting for determining autonomy and identity, yet such research remains an underexplored area of inquiry (Kehily, 2008; Rae, 2006; Starkes et al., 2014). The Indigenous population in Canada is growing at rates that far exceed the general population. Currently, over fifty percent of Indigenous people are under the age of 25 (Statistics Canada, 2016). With these figures in mind, conducting research that looks at improved health outcomes using asset-based approaches is essential to realizing a different future.

In general, research across disciplines about girls, especially prepubescent girls or 'tween' girls, is limited in scope. Historically, women have often been positioned in the role of 'girl' within western historical contexts (Lerner, 1976). Within western societal norms, women have been

seen as people who have needed to be taken care of, and have not had the same rights to decision making, such as the ability to vote, have bank accounts or own property, as men. Even today, women will refer to female peers as ‘girls’, implicitly infantilizing one another more frequently than men will when referring to one another as ‘boys’ (Lerner, 1976). It is not surprising that the concept of ‘girl’, especially within the larger discourse has not been a dominant subject within research. The category of “girls” is often depicted as a homogeneous group spanning from six to nineteen years (Driscoll, 2008; Pomerantz, 2010). When age groups are separated, perspectives about health and wellbeing typically involve teenagers, whereas ‘twens are involved in research related to consumer preferences (Kearney, 2009) or experiences related to menarche (Driscoll, 2008). There are few studies that examine perspectives and experiences of Indigenous girls. There also appears to be a gap in research that explores girls as actors within a greater societal discourse.

Within child and youth studies, a ‘child’ is often an androgynous being, or defined as male (Pomerantz, 2010). The historical connotation of women as child-like, with limited capacity and rights, may feature into this discourse. When girls have been discussed, the literature often depicts them as out of control, as troubled, or as in need of being moderated (Griffin, 2004). Cognitive and social development during the pre-pubescent years is important for developing critical thinking and decision-making skills. Success in youth engagement can be difficult to measure, as youth, especially girls, often prioritize feelings and relationships as indicators of success over skill-based indicators (Cruddas & Haddock, 2005; Scales, 1999; Street, 2005). The development of a sense of both pride and ownership in research and programming is essential to achieve the fullest benefit among participants (Crooks, Chiodo, Thomas, & Hughes, 2010; The

Children and Youth in Challenging Contexts Network, 2013). This is especially important to remember when working with Indigenous youth, who are often faced with challenging situations.

Within Canada, Indigenous youth are more likely to commit suicide (Kirmayer et al., 2007) and engage in substance abuse with the average age of first use starting as early as 11 years of age (Coleman, Charles, & Collins, 2001). It is recognized that these actions are often related or in response to having experienced trauma, including historical trauma. Sexually transmitted infection rates are higher among Indigenous teenagers (Devries, Free, & Jategaonkar, 2009), and mortality rates are three times greater than that of non-Indigenous populations (Coleman et al., 2001). Addressing the experiences of colonization is essential to begin to unpack the problems associated with creating lasting change. To address the harms that people have experienced, traditional healing practices need to be taken into consideration and need to happen at the individual, family and community levels (Cedar Project Partnership. et al., 2008; Chandler & LaLonde, 2009; Gone, 2009; Kirmayer, Simpson, & Cargo, 2003; Pharris, Resnick, & Blum, 1997). For those experiencing historical trauma, it is important to address the lived experiences of the entire family, not just a single component, such as an individual with a history of addictions. Combining decolonizing efforts with a harm reduction approach to unpacking health challenges perpetuated by trauma may be particularly salient.

A harm reduction approach is often described within health literature in conjunction with substance abuse and interpersonal violence. Harm reduction calls for people to realize that life will continue and that choosing to work to minimize harmful effects is better than ignoring or condemning them. It is important to recognize the complexity of the situation and to realize that it exists on a continuum (Nielsen & Dwhurst, 2006). While this clearly relates to substance abuse and interpersonal violence, it equally applies to others trying to address historical traumatic

responses. Interventions and policies need to work to improve individual and community life, recognizing that the behaviour exhibited may not cease to exist. Individuals may continue to remain within situations that have extreme risk and potential harm. Harm reduction approaches recognize that people directly affected by or who are the subject of a program or policy need to have the power to influence decision-making within said programs/policy (Gill, 2006; Nielsen & Dwhurst, 2006). It is essential to affirm and support people for who they are, rather than situations and choices that have led to undesirable behaviours or experiences. It is important to recognize the inherent vulnerability that exists for people who experience trauma as well as those living with addiction. It is also vital that people do not minimize or ignore harms and dangers associated with the situation or behaviour (Harm Reduction Coalition, 2017).

A decolonizing approach to research works on many of the same principles as harm reduction. It is essential to recognize the need for participants to play a critical role in research design and implementation as well as in the dissemination of findings. Within qualitative participatory research, data collection should be directly relevant and beneficial to participants (Gagnon, 2011). The research process then becomes one of reconciliation, recognizing the legacy of colonialism (Absolon, 2005; Blaut, 1993; Marks, Cargo, & Daniel, 2006; Brownlie, 1998; Tuhiwai-Smith, 2012; Tuohy, 2003). While people may have a shared narrative of colonization, they do not need a shared narrative of victimhood. Part of the Indigenous healing and decolonization process is recognizing the role colonization has played, developing ways to address the associated challenges and working towards healing.

The creation and understanding of what constitutes identity can change (Cruikshank, 1999) and people do not need to fit within socially defined categories of what it means to be Indigenous, a woman, a mother, a daughter, or any other socially constructed definition of self and other. There

is an opportunity to create a different perspective of what lived realities are, or could be. Empowerment involves the shift of the power dichotomy and language used (Hacking, 1986), allowing individuals to transform the meaning of the stories told and enable change (Mohatt, Thompson, Thai, & Tebes, 2014; Tedeschi & Calhoun, 2004). Finding ways for participants to feel comfortable to share their stories and their ideas is part of the process of creating a space for reconciliation and change to take place (Coiser, 2011; Das, 2003; Denham, 2008; Rappaport, 1995). An asset-based approach, where protective factors to support wellbeing are highlighted creates space for a shift in positioning that allows participants to have a different sense of ownership and capacity. This approach is achieved by working within a strengths-based research approach that focuses on shared strengths and the development of hope for the future.

This paper has two main objectives: to examine 1) the key concepts that both women and girls saw as essential to ensure the safety and wellbeing of First Nations and Metis women and girls; and 2) to explore the implicit harm-reduction approach women used when discussing their daughters' futures. The paper will discuss the methodological approach used to collect and analyze data, findings from three arts-based activities, reflections about data generated from the activities as explained by both women and girls and a discussion of the results.

3.2 Method

An intergenerational participatory activity workshop using an Indigenous partnership model was conducted between September 2015 and March 2016. Three workshops were conducted with women and girls to answer the question “what do you need to be happy, healthy and safe, and how do you make sure girls grow up to be happy, healthy and safe?” Participants engaged in a variety of participatory activities to try to answer these questions one evening a week. Each workshop spanned seven weeks, with the final week being a community feast. Participants

recruited were women who self-identified as First Nations and Metis and had daughters, nieces or granddaughters aged 8-12 years within their care (n=24 women, n=36 girls). Participants lived within an urban centre and were able to commit to weekly sessions.

Ethical approval was obtained from the University of Manitoba (ethics number: H2015:169).

Consent forms were distributed, and reviewed verbally, with a group discussion prior to participants reading and signing consent forms or providing taped verbal consent. Women provided consent for themselves and the girl(s) participating in the study. It is important to note that some women had more than one daughter within the stipulated age-range, thus sixty percent of participants were under the age of twelve. The girls signed assent forms. Participants were reminded weekly about the process of informed consent, and how they did not need to participate in activities if they were not comfortable with them. All the participants were given the option of having their given name or a pseudonym used within the research. This is in line with ethical considerations around how children often had their names changed when attending residential schools, as well as the experience of many archival resources which simply state “Plains Indian Woman” or equivalent phrasing. With the exception of one child, where custody issues were involved, all participants wanted their first names used. It is important to note that the first names are common names and identification based on first names is likely difficult. Quotations that are more sensitive have been anonymized or not used. The term “daughter” in this research is used in terms of signifying kinship rather than biological categorizations, in line with the normal description used by participants during the workshop sessions.

3.2.1 Participant Characteristics

Participants self-identified as status First Nations, non-status First Nations and Metis. Identity seemed fluid and changed from week to week among some families. The average income of

adult participants varied from \$10,000-\$60,000/year, and reflected multiple household family types, namely: single adult caregivers, nuclear families, extended families and multiple families living within a single household. Education levels ranged from less than a grade 10 education through to a university degree, with most participants having some post-secondary training. Women had between one and seven children, with the majority having two or three children. Nineteen of the women were mothers of the girls who attended and five of the women who participated were other family members who had been raising the girls for a minimum of four years at the time of data collection. The division of age between the girls was fairly equal between the ages of 8-11 years. At the time of the study, it was reported that some girls were engaging in risk-taking behaviour, such as drug use and stealing. Most girls were in school at least one or two days a week. Many girls were involved in evening recreation activities, such as social clubs and dance lessons run by local non-profit organizations.

3.2.2 Workshop Design

Women and girls identified key themes of interest that formed the basis for weekly sessions. These included a self-care night, a family night, and a neighbourhood safety night. Participants identified the kinds of activities they enjoyed or wanted to try during the evening sessions. Some activities resulted in specific data used for further analysis, such as a discussion about safety and urban spaces during (data collected: field notes) and following (data collected: audio-recorded and transcribed) a neighbourhood walk to a city park. Once at the park, participants played three games designed to encourage active living and relationship building among participants (data collected: participant observation). All games involved intergenerational participation. One game involved all participants being physically active, one game involved deductive reasoning with more limited physical activity, and one game involved children running, while adults had the

option to run or be more sedentary. This allowed participants to see how activities could be modified to meet pragmatic restraints that adults might have, such as physical limitations or the need to be caring for babies and unable to run around after 'tween age children.

Weekly activities were designed to meet specified interests of participants. For example, one group was more interested in activities that involved written literacy activities, whereas another group was more interested in active play. Some activities were completed by all three groups, such as an oral health game, whereas other activities, such as a storytelling scavenger hunt, were tailored to specific workshop sessions. All the activities were carried out with a positive, asset-based approach. The seventh week of the workshop was used for a community celebration and knowledge dissemination/member-checking session.

This paper focuses on three specific arts-based activities that were conducted with each workshop group. The first activity was a "secret-code/empowerment bracelet." Participants spelled out a word they considered to be grounding and/or empowering using Morse code and seed-beads. This activity was done during the first few weeks of the workshop when participants were still building trust within the group context. As such, participants were not asked to elaborate on why a word was selected; however, some chose to share the meaning behind the words. The second activity involved making a "pride charm bracelet" by drawing pictures on a plastic substance called shrink art. The researcher/workshop leader turned the pictures into charms and put them on a bracelet, returning the jewelry to participants the next week. Girls were asked to draw pictures or write words to answer the question "You know your mom in a different way than anyone else. What makes your mom special?" Women were asked: "In a few years, when your daughter is 15, what do you hope she is going to be like?" The final activity was a "who am I?" picture. Participants were given a selection of photographs taken throughout

the workshop. Each participant picked one picture, pasted it on a piece of coloured paper and wrote words or drew pictures around the photograph about themselves. For the last two activities, participants discussed the meaning behind the images/words they selected. It is important to note that women did not coach their daughters on words or image choices for any of the activities beyond providing assistance with spelling.

3.2.3 Analytic Strategy

An NVivo 9TM software package was used to help organize the data. Data collected included video and audio recordings (with the respective transcripts and voice attribution), summaries of images from participatory art projects, pictures from participatory art projects, photographs taken within the workshops of activities, participant observation and field notes. With the exception of photographs and videos, data were imported into NVivo 9TM and analyzed for broad themes. Responses of women and girls were analyzed separately and together. Data from girls were analyzed based on age to see if any patterns emerged among younger girls; however, none was noted. Women/girl dyads were compared for similarity and differences in responses. Photographs and videos were reviewed for thematic nuances, including the use of space. Participant drawings were also reviewed for thematic nuances. The drawings were compared with the transcripts for consistency in the visual and verbal representation of data. While approximately a third of the workshop was audio-recorded, much of the information shared during the workshops was captured through field notes and observations as participants often were more comfortable sharing thoughts when the recorders were not turned on. Harm reduction was a key theme that was present in the three arts-based activities discussed within this paper.

3.3 Results

When participants were asked what kinds of activities they would like to do over the next six weeks, the participants, both women and girls, struggled to answer. Many adult participants became visibly anxious when asked questions like “what is something you like to do that makes you happy?” The apparent anxiety over answering this question was the same if a person was asked to answer immediately, or if she was told that we would be talking about the concept the following week. Participants seemed to have an easier time discussing what their families and friends like to do, rather than what they liked to do. When participants were asked to answer the question “why?” anxiety seemed to rise substantially.

Offering participants tools to help identify their own priorities and reaffirm agency was a central request in each of the three workshops. Participants wanted to create products that could be taken home and facilitate further discussions within their household. The participants also wanted tools that would allow for the incorporation of cultural knowledge, if they desired, recognizing that not everyone is interested in or familiar with traditional knowledge. Participants also wanted materials that would be more difficult to be destroyed by young children, thus paper crafts were discouraged. The three activities discussed were designed to meet these identified needs.

3.3.1 Empowerment Terms

The “empowerment bracelets” offered an opportunity for participants to centre themselves using a simple re-focusing activity. Within the first few weeks, it was evident that many participants were struggling to stay relaxed and focused within the workshop, especially when interacting with their daughters. As a group, we discussed how often there are things that happen in life that may be frustrating or try our patience. Participants were asked to think of a word or phrase that they can say to themselves when things seem to be overwhelming. Participants were given a

sheet with Morse code letters, and a sheet to write down the word or phrase they wanted to use for their “secret message bracelets”. A selection of seed beads was available for participants to use to spell out the words and make a bracelet to wear. The sample bracelet used as a demonstration spelled out the phrase “Always Try”.

One third of the girls used the word “love” as their mantra. “Happy” was the next most commonly used term. Words like “brave”, “peace”, “relaxed”, “patience”, and “respect” were also among the words used by girls. One girl, upon discussion with her mother, decided on “forget bad things”. Another wrote: “I hope you believe in yourself”. The girl insisted that this final message was for her mother and gave her mother the bracelet. Girls would ask the women what word they had picked, and the women would explain the word or phrase, and their reasoning, to their daughters and the other girls present.

Women were more inclined to pick commonly used slogans such as “live, laugh, love,” “happy thoughts” and “never look back” than girls were. One-third of the women had love as part of their empowerment slogan; however, there was little overlap within families between the girls who picked love and the women who picked love as a key sentiment.

Some of the women used harm reduction messaging such as “remember patience”, “never give up”, “forget”, and “love yourself”. The phrase “in an infinite loop” was used to describe the ongoing challenges with the child welfare system, although when the woman who was initially going to use “in an infinite loop” completed her bracelet, she decided to replace this phrase with the term “respect”. Many of the women wore their bracelet to the workshops weekly, and could

be seen touching the item when their children were being boisterous and inattentive or when a new task was introduced that may have been more challenging for them⁷.

3.3.2 Pride Bracelets

When women were asked to identify what they thought their girls would be like at fifteen, many women struggled, saying that they do not think that far in advance. Many revealed that they usually only plan a day or two in advance. Some discussed planning a season in advance for major events, such as family trips. Most women said they had not thought about the future for their daughters. Some expressed that they are hesitant to dream about possibilities, given the rates of missing and murdered Indigenous women and girls. They expressed sorrow at the reality of many young Indigenous women within the city. Women did like the idea of making a tangible gift for their daughters. Many felt this would give their daughters a concrete item to show them that they were loved and cared for.

When girls were asked to draw pictures or write words about what makes their mother special, most had a plethora of ideas, although a few girls who had challenging home lives struggled with the activity. The girls were more inclined to draw pictures of tangible items such as flowers, animals, plates of food, cups of coffee and happy faces than to write words. When girls did write words, the words often mirrored characteristics women used to describe their daughters. These overlapping words included “strong”, “loving”, “friendly”, “pretty”, “caring” and “kind”.

Although about a quarter of participants drew cultural motifs such as pow-wow dancers, none of the participants elaborated on specific cultural motifs within this activity. As women explained

⁷ Participants wrote words in Morse code on a piece of paper to use as a template. Names were not placed on these papers; therefore, name attribution for this activity was not possible.

the meaning behind the images they had drawn, girls were often surprised at what was depicted, expressing their thoughts with questions such as: “you know I like to dance?”

3.3.3 “Who Am I?” Pictures

Women had discussed how being unable to explain what is special about yourself may lead to unwanted behaviours and experiences for their daughters in the future. One of the final activities completed within the sixth week of the workshop was a “Who Am I?” picture. Photographs taken during the workshop were printed and distributed to participants. They were asked to pick an image and paste it on a piece of cardstock and write words or draw pictures that represented who they were. This creation would form the front cover of an individualized picture storybook created for each family as part of honouring and returning results to participants,

Identifying oneself within the context of a family or community was important for the majority of the participants. Many participants wrote down activities they enjoyed doing. Girls often wrote down their favourite toys, or toys they wished they had. Girls frequently referred to themselves as a friend within their pictures, and many said that they are happy and funny. A third of participants referred to themselves as caring, with half of all women referring to themselves as caring. Most participants did not refer to personal physical attributes, or cognitive intelligence. All of the girls completed the activity; however, a number of the women were uncomfortable with talking about themselves. Some of the women who did not complete the activity expressed the desire to do the activity, but did not have enough self-confidence to express items about themselves that they were proud of. These women also expressed the hope that their daughters never have this difficulty.

3.3.4 Explaining Key Concepts

When participants were asked to expand on the words and images they chose to use, historical trauma, and healing through harm-reduction approaches emerged as key sentiments. Historical trauma, a sense of the future, and knowledge that there are support mechanisms in place for girls were very important to women. The women hoped their daughters would learn from their experiences. They recognized that their experiences shaped the decisions they have made, and hoped that their daughters would learn from them so that they would not face the same hardships.

“My family has had its ups and downs and craziness, but we are in a good place this year [...] I ran away at 12 and just stayed away. I was independent at 13. I feel amazed that I have all my kids with me at home. We all have love, and that’s amazing. I feel like it’s good, considering where I came from.” Georgina, adult

“I’m a survivor. I’m part of the Sixties Scoop which has left me without parents. How do you be a parent when you haven’t had parents who’ve raised you? I made it through that. I’m past that. Now I need to look at my daughter and raise her. Teach her so she doesn’t go through the abuse I went through” Julieen, adult

“I want my daughters to know to just slow down. Even at 20 you think that you’re an adult, but realistically you’re still learning. I had my daughter at 20. It was scary because I moved out. I got my own place and had this little human being that I had to be responsible for. I thought at the time I’m an adult. But 5 months down the road I found myself back with my mom because I needed guidance. So that’s my advice. Slow down. Don’t try to grow up. Enjoy your life. Get your education, and just live. Just be happy.” Elizabeth, adult

“I wrote ‘bitch’. It’s written in yellow, so it’s there, but it’s not standing out so much. It’s something that’s underneath. Life experience has taught me, unfortunately, how to get things done. If you’re nice, people walk all over you and what not. You have to have a little bit of bite if not people are going to try to... they’re either going to think that you’re ‘a bitch’ or you’re going to be ‘the bitch.’ So that’s what it is unfortunately[...] I mostly I want my daughters to have just like that part of my personality that way they don’t get walked over and what not, so they actually have the assertiveness to actually take care of themselves.” Jackie, adult

Many women were worried that their daughters are going to face challenges in life, and want them to be prepared for hardships.

“I want my daughters to know when they grow up they’re not always going to meet people that they like. The world is not always going to be fair, but you’ve gotta get along. Just learn as they go along and adapt, because it’s not always going to be the way they hope it is.” Violet, adult

“I want her to never give up. Some days are bad, some days are good, but just keep going. Keep holding on.” Karyn, adult

“There’s always gonna be mean people, but you gotta just let them be and keep moving forward. There’s always gonna be someone nicer around the corner.” Rena, adult

Even when faced with challenges, women wanted their daughters to know that family will be there to support them. They also wanted their girls to know that there are good people in the world that they can count on, even if they have had negative experiences.

“It’s hard to say what she’s going to be like. It depends on who she meets. I hope she fills herself with positive people and people who think and feel the same. And if she concentrates on her passions, like her music and dances when she can, she will do better.”

Flow, adult

“Be loyal to her family, to the people who love her and are loyal to her”. Nikki, adult

“I want them to know that I’ll really stand by their side, encourage them, love them and cheer for them.” Georgina, adult

Women want their daughters to be strong, explaining the concept in terms of inner strength.

“I put ‘strong’. I want her to be strong because as you get older, especially in your teenage years, it gets really hard, and in high school it’s really hard, and I just want her to be strong through it all.” Cheryl, adult

“I want her to live a life that is healthy and strong, inside and out.” Georgina, adult

“I put ‘strong’, because I want her to grow up to be a strong woman. Someone that can hold it together when they have to and let it out. Cry when they need to.” Karyn, adult.

“Confident” was a word often used in conjunction with the term “strong” when women were discussing their hopes for their daughters. The concept was often described in terms of interacting with other people, rather than a sense of pride in oneself.

“So she’s never sitting at home wondering what to do.” Rena, adult

“[K]ind of like the proud, and I don’t want her... I want her to be happy like if she walks in a room [...]to be friends with everybody to be social.” Julieen, adult

The girls wanted to make sure their mothers know that they are listening to all the messages and lessons shared, they are following their examples, and that they will continue to be there to support their families.

“*I’m uggly I’m uggly*’ - that’s what my sister says. My mom wants us to know that we’re pretty.” Alicia, girl

“My mom is brave because she’s willing to fight for whatever the cause is.” Jayla, girl

“I want her to know that I’ll always care about her. Anytime she needs help, I’ll help her, and I’ll always love her. If she’s crying, I’ll be by her side.” Callie, girl

“I love my mom, I care for her, and I don’t want anything to happen to her.” Dominique, girl

“Mommy, slow down, I’m walking in your footsteps.” Solecito, girl [requesting assistance with an outdoor activity].

“My mom’s smart cause she sometimes helps me with my math homework.” Kierra, girl

“And I put her name, cause she’s my mom, but she’s also her own person.” Milla, girl

“I want her to know that I’m strong and I can take a lot. I want her to know that I’ll always go to school. I’ll never let a boy hold my way and I want her to know that I’ll always be there for her and I just want her to know that I’ll make her proud when I grow up.” Mysti, girl

3.4 Discussion

Just as there are lists of characteristics associated with being a “good mother”, there are lists of things that define a “good daughter” within popular discourse (Pomerantz, 2010). Often within public discourse, certain words are used to describe how girls should conduct themselves. These are frequently posited within contradictions, as a person is either good or bad, nice or mean.

Christine Griffin (2004) argues that the series of contradictions for what defines a girl makes her an impossible subject, lacking agency and authority over her own life. Seeing oneself as fitting within these themes can also be a protective measure, as participants who identify as good, smart or brave are more likely to be able to withstand societal pressures that often result in very negative outcomes, such as death (Emberley, 2015). Some of the words used by participants fit within the constructs posed within the literature on the ideal woman or girl, but these constructs were not exhaustively used by participants. Demonstrating support and emotional care within familial contexts seemed to be more common, and fits within a harm reduction approach.

The girls who participated within this program were at a pivotal period in their identity formation (Pomerantz, 2010). The girls who were involved were looking to the women in their lives for advice and direction, often mirroring the actions of their caregivers. For example, sitting in a specific way, holding their hands a specific way, or writing words in a specific style that was strikingly similar to that of their caregiver was commonly observed. The words they used to describe themselves were similar to those their female familial caregivers used. Women were often surprised to see that their daughters were watching and learning from them. The girls were genuinely concerned about the health and wellbeing of their adult caregiver. Girls wrote phrases thanking their mothers for loving them. They called their mothers ‘cool,’ ‘awesome’ and ‘simply lovely’, building their mother’s self-esteem. At times, girls were parroting back expressions the

women and other girls in the workshops had said such as “I love her” or “she’s strong”. When asked “what do you mean?”, girls would have creative examples about times when their mothers demonstrated what empowerment could look like such as standing up for what she believes in, asking for help, or acts demonstrating physical strength.

Although Indigenous cultures were not mentioned in great detail, traditional teachings were central within many discussions. Participants posited the importance of the seven sacred Anishinaabe teachings (wisdom, honesty, truth, humility, respect, honour and courage). These concepts formed the basis of many of the empowerment terms used. While participants knew of the teachings, they did not see these characteristics from the seven teachings as characteristics they personally possessed. These terms were not typically used in either the “pride charm bracelets” or the “who am I” pictures. At times, cultural motifs would come through in more obscure contexts, such as a child depicting her mother as a wolf or another girl depicting her sister as a butterfly. The mother depicted as a wolf had ancestry within the wolf-clan, although she did not identify as such within the workshop. The girl who drew butterflies dances fancy shawl with female family members at pow-wows. Women who dance fancy shawl are often said to look like butterflies or represent butterflies. This may demonstrate that culture is not necessarily something that is spoken about, but something that is lived and experienced. Historical trauma and the effects of colonialism were mentioned, and approaches to unpacking trauma were discussed. Participants did not speak directly about residential schools, but did speak of the Sixties Scoop, of relocation issues with moving to the city, about domestic abuse, about addictions as an escape measure, and about the child welfare system.

Women explained that they want their daughters to have a different future, one that is filled with hope. They spoke of the need to develop positive coping strategies to deal with future challenges.

Women want girls to have positive, meaningful relationships with people who are loyal, and supportive. Women also expressed hope that girls will always be able to draw on teachings and experiences they have as children, especially dancing and singing. Women discussed the lack of parenting role-models, as well as a lack of community support for raising children. They expressed hope that their daughters will always know that they are there to be a support for them. These are all important stages on the path towards healing. Healing from cultural trauma and micro-aggressions requires healing from within. It involves recognizing and building upon strengths (Wesley-Esquimaux & Smolewski, 2004). It also involves providing a space for intergenerational healing to begin (Coiser, 2011; McAdams, Reynolds, Lewis, Patten, & Bowman, 2001; Rappaport, 1995, 2000).

Suicide was an issue many families who participated in the research had been confronted with. One of the known suicide protection measures is to be able to envision a future (Chandler & LaLonde, 2009; Guthrie, Butler, & Ward, 2009). For many of the participants within this project, asking them to imagine what the future would be like within a three to five-year period was extremely challenging. Some women did not want to think about the future. They explained that they fear that they will not know where their daughters are, or even if they will be alive when their daughters turn fifteen. Women discussed the rates of murdered and missing women, of youth suicides and homelessness, explaining that they worry this will be the future for their daughters. When participants raised these fears, they were reassured that although this might happen, the rates of murdered and missing women, youth suicide, and homelessness were high fifteen years ago when they were teenagers. Women were reminded that they are here with their very special little girls. They were reminded that those fears do not need to become realities. Participants seemed to take comfort in these reassurances and were able to re-focus and create

charms for the bracelets their daughters would have. For those who were really struggling, they were asked to depict what girls were like today. None of the participants worried about potential negative effects of planning for a positive future for their daughters and stated that the idea that they might “jinx’ the future was not a concern.

Participants wanted to see changes made that would improve the lives of both current and future generations. In the future, they want to be involved in activities that influence their families, and they want to know that their daughters will have the opportunity to stand up for themselves if the need arises. This research allowed women and children to function as equal actors within the research process. Women would ask girls in the workshop for their thoughts and ideas before providing their own thoughts, encouraging girls to share their ideas and commenting on how much girls noticed and remembered from what they had been told or what they had seen. At times, women would correct their daughters if a story being told was imagined by the girl, correct statements that had been misconstrued, or gently redirect if the information being shared was private, such as specifics about familial mental health challenges. Empowerment, agency and resilience, within the scope of this project are closely related as participants seemed to explore aspects of these concepts interchangeably. Many women wore their ‘empowerment’ bracelets for weeks after making them. They talked about how it helped them remember what is important, both for themselves, and their families. Women and girls discussed safe places to keep their charm bracelets so that they can “have them forever”⁸.

⁸⁸ Voice attribution was not possible, due to background noise that affected the quality of the recording.

3.4.1 Limitations

It is important to note that there were some absences during the weeks of activities, thus the number of participants who completed each activity varied. Some women were uncomfortable with describing themselves and chose not to participate in the “who am I?” activity.

This project was conducted within an urban centre and results should not be generalized to rural or reserve contexts. Participants self-identified as First Nations and Metis. As such, no conclusions can be made as to the specific perspectives of any one cultural group of people. Participants were from a variety of different demographic categories. The results did not appear to vary depending on family size, age of female caregiver, education or employment status of female caregivers.

3.5 Conclusion

The girls within this study are at a pivotal age. For the girls within this study, the influence of women was more significant than that of their peers. Many girls between the ages of 8-12 years have not had their first sexual experience, they are still in school, and are still living within a familial home environment. Girls may have started to engage in risk-taking behaviours, such as self-harm. Women recognized that girls will have challenges in the future, they will make choices that may be harmful and they will likely have negative experiences. They want their daughters to have the tools to navigate these challenges, to be accepted for who they are, and to “never give up” [Julieen].

By employing a harm reduction approach to interactions with and by families, individuals will be able to accept where they find themselves within the healing journey. Historical trauma often leads to a number of negative outcomes, and at times these occur simultaneously among communities and families. While harm reduction approaches are often associated with domestic

abuse scenarios, and people living with addiction, this study found that harm reduction needs to span beyond these categories in order to create a safer and healthier environment for all girls and women. By accepting people for where they are at, and trying to reduce risks and provide support, it will be possible to shift the dialogue about what it means to be healthy, thus creating a safer future for women and girls.

3.6 References

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Reflections on Chapter 3 and Overview of Chapter 4

Throughout the previous chapters, the role historical trauma has played in the health and wellbeing of Indigenous peoples, especially the ability and desire to exert power and self-determination in daily life, has been explored. Participants acted as witnesses. They encouraged one another to try new things, to see value within themselves and others, and to be proud of themselves. Healing from historical trauma is an ongoing process and active listening is required.

Participants identified that healing involves actively recognizing the positioning within a socio-historical context that has shaped their experience. In many cases, the historical experiences resulted in negative outcomes that they cannot be held responsible for. The process of healing also involves the capacity to envision a different future. For participants within this program, healing requires a harm reduction approach. Participants highlighted the need to accept, encourage and support people, regardless of risk-taking activities.

In chapter three, I explored how priority setting can be approached within a decolonizing, participatory research project and the emergence of harm reduction as a necessary approach to promote health and wellbeing. A key theme within both decolonizing research and addressing historical trauma is the ability to name and explore the legacies of colonization through self-determination. This is in line with objectives one and two of the dissertation. In chapter four, I will explore how cultural memory, sharing narratives, and the act of being a witness to testimonies are important parts of healing from historical trauma and essential parts of unpacking the legacy of colonialism. Objective one of the dissertation explores priority setting practices. This chapter demonstrates that, through the development of a shared narrative of strength and determination, healing can begin to occur.

Chapter 4: “If you fall down, you get back up”: Creating a Space for Testimony and Witnessing by Urban Indigenous Women and Girls

Abstract

The act of witnessing and testimony are important features of the narrative response to historical trauma. For the sixty First Nations and Metis women and girls who participated in a seven-week long decolonizing participatory action activity program, a space was created where they could openly explore and discuss what makes their familial relationships unique. This was an important step towards understanding the process of experiential trauma and imagining a different future. Testimony and witnessing that occurred between generations, as well as within the research context was an important step towards unpacking the colonial legacy felt within the Canadian context. Women and girls explored what makes them happy and hopeful. An asset-based approach provided a forum for participants to discuss the impact of traumatic experiences on the ability of adults to model a positive image of strength, independence and confidence for their daughters while creating a space to discuss change.

4.1 Introduction

One of the most important characteristics in the ability to have positive health outcomes is self-determination; however, a number of government policies within Canada have had a deleterious impact upon the ability of Indigenous families to exert autonomy. The residential school system and the Sixties Scoop specifically intervened in the ability of parents to raise their children.

Residential schools were run by various Christian religious denominations and the Department of Indian Affairs between 1834 and 1996. The proposed objective was to educate children, whereas it is often argued that the goal of residential schools was one of genocide (Truth and Reconciliation Commission of Canada, 2015). Children were often forcibly removed from their

families and sent to schools. If parents did not send their children to residential schools they could face criminal charges (Truth and Reconciliation Commission of Canada, 2016). At these schools, children received inadequate education, healthcare, social supports and physical supports, such as adequate nutrition. Many children died at residential schools and many more were injured through abuse, accidents and neglect (Bombay, Matheson, & Anisman, 2014; Milloy, 1999), which has had a profound effect intergenerational effect on physical health and wellbeing (Mosby & Galloway, 2017). The Sixties Scoop followed government protocol in the 1960s and 1970s pertaining to the forced removal of children from their families. Indigenous children were either placed in foster care or adoption within or outside of Canada. There often was no cause to remove children, except for the preconceived notion that children would be better off raised within settler society (Dubinsky, 2010; Johnston, 1983; Strong-Boag, 2011). The historical removal of children, especially school-age children, had a significant impact on the ability of families to parent children within this age group.

Historical trauma exists because of such experiences. Cultural memory continues the justification of racialized policies and practices, as well as the positioning of individuals within the fabric of the colonial state. Identifying acts of agency and self-determination within communities and valuing the struggles that people go through when addressing historical trauma aid in the conceptualization of the tensions and experiences people and communities face. Through the creation of a space for collective testimony and witnessing, participants within this study were able to begin to address some of the experiences they have had, and to begin to imagine what healing could look like within their families and communities. Through short quotations, descriptions, and theoretical positioning, I explore how the space for witnessing, testimony and collective growth emerged within a workshop setting.

4.2 The Research Environment: A Pan-Indigenous Approach?

A decolonizing, participatory activity program was developed to assess priority-setting activities among Indigenous women and girls age 8-12 between September 2015 and March 2016. The study was to be Metis-specific and span seven weeks. The Metis focus recognized various problems associated with pan-Indigenous research. It also addressed a variety of gaps within literature, including intergenerational research, information about priority setting among Metis families and increased the available data on Metis wellbeing. The Manitoba Metis Federation-Health and Wellness Department was involved in initial discussions around the study design. While there are First Nations-specific opportunities for research, programming and access to services within Manitoba, Metis-specific opportunities are fewer and harder to access. The Manitoba Metis Federation was confident that with a young urban Metis population, the recruitment of eight to ten families would be easy. Having completed a Masters in Native Studies and worked in Indigenous health prior to, and during my PhD training within Canadian and international contexts, I thought I understood the value of avoiding a pan-Indigenous approach to research. Having worked with children and families as a music teacher for close to twenty years, and having volunteered with various youth-focused organizations for an equal length of time, I was confident people would be interested in this study. Born and raised in Winnipeg, with parents and grandparents who were also born and raised in Winnipeg, I believed that I knew the nuances of the geography of the city and could target my recruitment efforts.

Recruitment efforts included posters (electronic and print), handbills, emails sent to targeted organizations, and word of mouth. I received a number of phone calls from the general public in response to my poster, although not about participating in the study. Members of the general public, whom I had never met, accused me of perpetuating the stigmatization of Indigenous

people by limiting recruitment to Metis families. People asked why there was a research study that would “discriminate against families based on race”, and why do I “care if only Metis people are happy, healthy and safe, and not all Indigenous people?” I was also informed that some community organizations did not display the recruitment poster because of the perception of “racial profiling”, as one organization stated at a later date. As I explained the rationale behind sampling within academia, I was met with skepticism. People articulated that this project was yet another attempt to ‘control’ Indigenous families. After discussions with the Manitoba Metis Federation about the general response I had been receiving, it was decided that I should go ahead with the study and not modify the study design at this point. I would consider the first workshop as a ‘pilot’ and work with the four families who had signed up. Three families completed the workshop. One withdrew because they thought it was a language immersion program.

Indigenous language programs are an outreach initiative offered by another university within the city.

The participants within the first workshop also voiced concerns about the recruitment criteria at the start of the workshop. Women noted that if the study was looking a connection between ethnicity and a disease, Metis-specific research would be reasonable because there might be a genetic component. The purpose of this research was to explore perceptions about health, happiness and safety. Participants explained that families and communities are often comprised of individuals who self-identify as more than one Indigenous category. Participants also noted that there are many families where one parent may identify as Metis, and another as First Nations. Their children may identify as Metis, First Nations, or both throughout their lives. Participants explained that health and safety need to be addressed from within the broader community, where people with similar experiences can work together to promote healing and

affect social change, especially in light of the high number of missing and murdered women. Within workshops two and three, participants provided the same rationale for a pan-Indigenous approach. Participants felt that they were not seen as Anishnaabe, Cree, Oji-Cree or Metis within the urban context, but that identity, as Solecito, one of the children who participated in the workshop stated, is based on “First-Nations colours”. When her mother asked her what that would be, she replied “brown”. Participants also wanted any familial female caregiver to be able to participate, explaining that many girls live with extended family.

In response to the participant and broad community request to modify recruitment data, changes were made for the second and third workshop. With the new recruitment criteria, community organizations not only put up the posters, but made additional copies, and provided support to distribute posters around the city. I then received phone calls thanking me for being inclusive, and for including Metis within my study. I was also thanked for caring about the wellbeing of all children and women, even though the study remained Indigenous in scope. Although some phone calls were from people who had concerns with the initial data collection, many calls were from other people who had not contacted me about a Metis-specific project. Within the course of 36 hours from the start of recruitment for the second round of data collection, the next two workshops were filled to capacity, and a waiting list was compiled. At the end of the study, 24 women and 36 girls had completed the seven-week long workshop (University of Manitoba ethics number: H2015:169). Data collected included 877 photographs, 3 hours of video recordings, nineteen hours of audio recordings, as well as observation and field notes. The engagement with participants spanned sixty hours. Many of the prominent conversations discussed within this paper took place when the video camera and audio recorder were not turned on with specific requests such as ‘don’t record this, but you can know this for your project’. As

such, this paper provides stories and short quotations to demonstrate study findings rather than longer participant quotations.

4.3 A Space for Testimony

Finding a location to hold the workshop that held meaning, and would likely be a safe space for Indigenous women and girls was an important part of this study. Two spaces were used: a community office space for the first workshop and an Indigenous community library for the second and third workshops. The design of these two spaces acted as sites of testimony and remembrance. The office space featured buckskin dresses, moss-bags, birch bark baskets, photographs, posters and signs in English, French and Michif. The library features an extensive collection of books and videos dedicated to Indigenous topics written in multiple languages and sources accessible to various levels of literacy. Words of welcome surround the circular space in different Indigenous languages. There was a wood inlay blanket pattern in the middle of the open space, and art that included artifacts such as photos of chiefs, moss-bags, cradle-boards, drums and jingle dance dresses from across Canada adorned the walls, and highlighted the space as one of testimony and narrative. Artifacts create a sense of belonging and shared history. The artifacts and the memories associated with them, as well as the physical spaces these artifacts inhabit, foster themes of strength which are felt for generations (hooks, 2009).

The location set the tone within the workshop of respect for Indigenous cultures and cultural safety. The locations were designed to place value on Indigenous cultures and histories. This design promoted this sentiment among participants. Artifacts decorating the rooms from the floor level through to the ceiling level encouraged discussion among individuals and families about objects and their significance. Participants shared stories with one another about attending pow-wows, participating in drum circles, using moss-bags or cradle boards, as well as other memories

with positive cultural connotations. The simple act of remembrance triggered by the artifacts on display seemed to encourage further testimony and witnessing from the participants. Being surrounded by artifacts, children and adults were able to begin to let go of some of the melancholy they expressed throughout the workshop. The more positive outlook was enhanced throughout the seven-week workshop as women and girls discussed what wellbeing and happiness could look like, and how to break the cycle of trauma.

4.4 Historical Trauma

Historical trauma and intergenerational colonial trauma are studied differently in different disciplines such as psychiatry, education, literature, and sociology (Episkew, 2009; Maxwell, 2014). Historical trauma offers a way to capture the long-term effects of colonization, cultural suppression, government practices and policies as well as historical events that have had an impact on Indigenous people and communities (Kirmayer, Gone, & Moses, 2014). Whereas intergenerational colonial trauma tends to focus on determinants of health broadly, historical trauma seems to also focus on clinical health measures. Historical trauma response is separate from historical trauma and intergenerational colonial trauma. Historical trauma response focuses on outcome measures, whereas historical trauma explores pathways for distress. Historical trauma response also examines proximal stressors and contemporary trauma, including post-traumatic stress disorder (PTSD) responses.

The symptoms of historical trauma have a strong overlap with those of PTSD. Historical trauma goes beyond the cycle of abuse often experienced within households affected by PTSD, and is influenced by a long-standing intergenerational and personal trauma response (Gone, 2013). It is important to note that it is possible to address historical trauma, even if historical traumatic response is not noticed. Treatment for historical trauma often includes decolonizing

methodologies and traditional healing practices (Denham, 2008; Duran, Duran, Yellow Horse Brave Heart, & Yellow Horse-Davis, 1998; Evans-Campbell, 2008; Waldram, 2014; Wesley-Esquimaux & Smolewski, 2004; Yellow Horse Brave Heart, 1998). The understanding is that in order to treat both historical and psychological traumas, it is essential to legitimize post-colonial suffering and destigmatize people who face distress caused by historical trauma. Hartman and Gone summarize what they term as the “4 Cs of historical trauma”: colonial inquiry, collective experiences, cumulative effects, and cross-generational impacts (Hartmann & Gone, 2014). For historical trauma, the traumatic event is widespread and not contained to a specific individual or family experience (Kirmayer et al., 2014).

There is a high level of collective distress and mourning in contemporary communities related to events that happened in the past, for example, people who have experienced physical, biological, and cultural genocide. When the aforementioned events are perpetrated by outsiders with a destructive intent (Michaels, 2010), as was the case with residential schools, cultural memory perpetuates historical trauma experiences. Historical trauma is often linked with experiences of residential schools (Elias et al., 2012). While not every person who experiences historical trauma was directly influenced by residential schools as much of the literature about historical trauma seems to indicate, it does form a large part of the societal experience around colonial assimilation efforts. Family members construct a sense of self through intergenerational memories or narratives that are often located within larger socio-cultural, historical and political contexts. Within this study, residential schools were never mentioned by participants. The removal of Indigenous identity through various policies, a lack of access to traditional lands and territories (Dickason & Newbigging, 2010), the Sixties Scoop (Johnston, 1983) and segregation within

health care systems (Lux, 2016) had an equally profound traumatic influence on people. These items were raised within the study.

4.5 Cultural Memory and Community Strength

Historical trauma is ongoing. Experiences are often compounded by neoliberal, racialized policies, triggered by experiences of racialized violence and legitimized by cultural memory. Cultural memory for Indigenous peoples, both within Canada and globally, includes memories of colonial policies that were designed to have a deleterious effect on individuals, families and communities. These often have had the express aim of annihilating those who were not assimilated into the dominant cultural narrative. The lasting legacies for Indigenous communities are the significant economic, social and health challenges that exist today. The Truth and Reconciliation Commission of Canada referred to the political acts of the government as cultural genocide (Truth and Reconciliation Commission of Canada, 2015). The Cultural Memory⁹ of institutions, such as the federal government, differentiated from other forms of cultural memory by the use of capital letters, has a profound influence upon individuals as these individuals attempt to find meaning within their lives (Erll, 2011). As institutions perpetuate stereotypes, power dichotomies and economic feasibility to exert autonomy, individuals find themselves attempting to create meaning in their experiences. The question arises as to how much freedom and autonomy people perceive they have within their own lives (de Finney, 2014; Smith; Thomas, Mitchell, & Arseneau, 2015).

⁹ Cultural Memory, when capital letters are used for both words, connotes the relationship with institutions and policy development and implementation, whereas cultural memory with lowercase letters refers to people and communities' understanding and perceptions of situations and events (Erll, 2011).

Cultural memory is what allows us to remember events and make meaning of both objects and experiences, including those we have and have not experienced directly. Through cultural memory, we create a collective understanding and rationale, placing meaning upon social, material and mental aspects of events. Cultural memory provides a context for positionality as we place ourselves within various contexts (Bal, 1999; de Szegheo Lang, 2015; Hirsch & Smith, 2002). Cultural memory allows meaning to be attributed to a red dress, reminding both Indigenous people and the general public of missing or murdered women, just as an image of a hockey stick, an eagle feather, or a red poppy connote cultural meaning. Certain items hold deep significance and shape perspectives, even if one has not directly experienced the emotions associated with the symbolism of the items.

Understanding the influence of Cultural Memory on dominant mainstream culture is essential to understanding how historical trauma continues to affect Indigenous communities. The trauma is often heightened due to the longstanding intergenerational nature of political oppression and inability to act autonomously (Maxwell, 2014). As colonial trauma is relived, restorative healing processes and reconciliation need to be undertaken with individuals, families and communities in order for them to experience healing (Bombay et al., 2014; Evans-Campbell, 2008; Gone, 2009; Yellow Horse Brave Heart, 1998).

Reconciliation, and changes to the existing narrative need to take place within institutions, and within the general population. Cultural memory within the dominant popular culture often places First Nations, Metis and Inuit as 'other', as lesser and as undeserving or of needing more assistance than other people. This point of view remains part of the popular narrative. The perception of the noble savage among other stereotypes, perpetuated through popular discourse often leaves individuals with a sense of distrust both of the purpose and rationale behind policies

and procedures (Henry & Tator, 2009; Larocque, 2010; Strega et al., 2014). As people within popular social discourse attempt to unpack racialized narratives and minimize Indigenous traditions as ‘lesser than’ rather than placing experiences and knowledge at a point of privilege creates two separate narratives that are often at odds with one another¹⁰. The clash between the two narratives, that of settler colonialism and indigeneity, poses a challenge as Indigenous people attempt to both situate themselves within and apart from the narrative of the dominant culture (Marshall, Marshall, & Bartlett, 2015) leading to divergence on thoughts and actions about which way is the best way.

Cultural memory creates space for the interplay between the past and present, allowing for both individual acts of remembering as well as socio-cultural contexts of meaning-making (Erl, 2011). This allows for the contextualization and shaping of future events, ideals and rationalizations. Cultural memory can also be of a place. Thus, a physical location becomes a site of testimony, as people associate places with both events and sentiments. A prime example of this is the creation of monuments or public spaces that call attention to the collective memory of a group of people, often asking others to explore this shared understanding. This often appears in roadside monuments for individuals who have been tragically killed. Benches installed in commemoration in public spaces may also provide a fixed place of testimony. Sometimes, the act of setting up a public space as in memoriam to an event is an attempt to call for action as well as a testimony to collective memory. Testimony of place often is an act of remembrance for those who are both directly and indirectly involved in the creation and witnessing of such spaces.

¹⁰A popular example is Halloween costumes sold in stores that feature the “Chief” and the “Indian princess”.

Within the research workshops, participants drew on experiences in various contexts and raised the notion of hidden, overt and transitory locations of identity and meaning making. Rebecca, one research participant who spoke of multiple family members and friends on the list of murdered and missing Indigenous women,¹¹ discussed her participation in the creation of one such space. She also discussed how, through the workshop, she realized the need to voice her experiences within the greater community. A project was organized where community members tied red ribbons to bridges in Winnipeg, Manitoba. This act of testimony was inspired by a similar activity in The Pas, Manitoba earlier in the year. The ribbons were a visible reminder of the ongoing need to continue to address racialized gendered violence (Blunt, 2015). The bridge is a symbol of crossing and the ribbons act as a reminder to bear witness to the ongoing struggles families and communities face as they try to understand what has happened to those they love. The ribbons were a way to help shift the cultural memory and provide a place of testimony and place of healing, reminding the general public, family members and community members that the women who are lost are not forgotten. For Rebecca, walking and sharing with others who had similar experiences was a meaningful act of healing.

The act of testimony is not only a collection of words, but the sharing of a moment and its underlying meaning. The archive of the collective memory includes the testimony of events, objects and stories that remind people of cultural memory and also inspires change (Emberley, 2015; Episkenew, 2009). The archive is not necessarily of events that happened in the distant past; it also includes more recent events that add to the story. Some memories are personal, whereas other stories have played out publicly within the media. I will explore two such

¹¹ All adult participants within the study had personal connections to missing and murdered Indigenous women. Unsolicited, girls would often recount details of the murders of family members.

narratives. While participants did note these events in each of the three workshops, the following information was not a prominent feature of discussions. I believe this was due to the forward-looking nature of the research. Participants discussed the past briefly, and focused on the possibility of shared learning and change. It is important to understand the context and living memory that exists pertaining to Indigenous women and girls within Winnipeg. This grounded the current positioning of many participants and provides context to fears that children who participated in the study may not reach adulthood. In 2014, the body of a teenage girl, Tina Fontaine, was found in a river in Winnipeg. The tragedy surrounding her death was well documented within the news media (CBC News, 2014b; Sinclair, 2014; Taylor, 2015). A vigil was held, attended by hundreds of people, paying homage to a life lost too soon. The eagle within Anishinaabe teachings holds significant value, as it is able to pass messages from Earth to the creator. The eagle is a protector, and is often associated with teachings of love. After Tina Fontaine's body was found, an eagle was seen flying low over the location until the vigil began (Sinclair, 2014). This memory of the vigil and the eagle remained a central part of the narrative shared as participants discussed the loss of this young life, and the loss of other women and girls.

The media testimony of the trauma that Tina Fontaine experienced in the last days of her life (CBC News, 2014b), was followed a few months later by the violent attack on another First Nations youth, Rinelle Harper, who was left for dead on the banks of a river within the city (CBC News, 2014a). The river bank where she was found has become a location of testimony and cultural memory. It has also strengthened recognition that more support, other than what can be provided by police, is needed to ensure safety. Rinelle Harper now provides a voice against racialized and gendered violence, placed in a role she did not envision when she came to Winnipeg to complete high school (Dean, 2015). The tragedy surrounding the death of Tina

Fontaine led people in Winnipeg to re-configure a group that was active in the 1990s known as the Bear Clan Patrol. This group employs a non-violent approach to addressing challenges and conflicts. While the Bear Clan Patrol partners with the police and city government, they are largely an autonomous group. The Bear Clan Patrol is a volunteer-driven group of people who actively work to create a safe community and prevent violence by being present, visible, and engaged (SAY Magazine., n.d.). There was the communal memory of the Bear Clan Patrol as an Indigenous effort to create a peaceful and safe community for both Indigenous and non-Indigenous people¹². The public provided testimony on the importance these people once had in ensuring safety, protection and community mobilization and it was re-established to meet growing recognition of community needs (Taylor, 2015). The media testimony and blame placed on Indigenous women and girls as less worthy than non-Indigenous girls is a key part of the cultural memory held by the dominant popular discourse (Henry & Tator, 2009; Strega et al., 2014). However, through the living testimony of Indigenous youth, families and communities, and the actions of groups such as the Bear Clan Patrol the dominant narrative is beginning to change. The active mobilization in 2015 of the Bear Clan Patrol was a central tenet for many families within the “girls’ night out” research study. As participants tried to envision models to ensure the safety and wellbeing of their daughters that did not involve the police or government, the Bear Clan Patrol provided a beacon of hope for many.

¹² One of the first public acts of the Bear Clan Patrol in the non-Indigenous community was a public search for a teenage male named Cooper Nemeth, who was murdered in 2015 (Klowak, 2016). Participants discussed the role of the Bear Clan Patrol in the search for Cooper Nemeth as they did Tina Fontaine and Rinelle Harper. Women did not name the non-Indigenous male youth and made a point of silencing their daughters when they said his name. The female youth were named. All teenagers’ names had featured prominently in the media. The research space did not offer the opportunity to tease-out the nuances behind this difference in identification.

4.6 Legacy of Violence

Women who participated in this study assessed the future for Indigenous women within a cautionary lens. When asked to envision a future for their daughters, comments were filled with despair and melancholy. Statements women made about their daughters' futures included "I just want her to be strong and make the right choices" [Cheryl] or "[their future] it's not going to be the way they hope it is" [Violet]. As women discussed their vision for their daughters' lives as adolescents and young adults, they also reflected upon the experiences and perspectives that influenced their decision-making practices and experiences. Women articulated a desire for their children to have more social supports than they currently had. They also discussed challenges they faced as adolescents relating to financial stability and expressed hope that their daughters will not have to assume the same risky behaviours they did in order to survive. Women further discussed the desire for drug and alcohol use to be kept to a minimum. They saw this as essential to prevent the girls from living on the streets, and to enable them to finish school, gain employment and be viewed without many of the stigmatizing perspectives the dominant cultural norms place upon Indigenous women. Women discussed how the possibility that their daughters would survive adolescence without challenges that typified their experiences growing up as Indigenous females was slim. Participants hoped that the girls will be able to "be strong through it all" [Cheryl] and to "always appreciate what they have and be happy with what they get" [Rebecca].

Participants, both women and girls, wanted to have tools to help people move beyond violence, and if possible, to not engage in violent situations. Women did not want the legacy of violence and associated trauma which often seems to plague First Nations and Metis communities to be one that is present within their daughters' futures. The concerns expressed by participants related

to violence mirror research findings that explore violence among Indigenous communities within Canada. A study in Ontario demonstrated that First Nations people within that province were 2.7 times more likely to have intentional injuries than the general population (Macpherson, Jones-Keeshig, & Pike, 2011). Within Manitoba, in 2009, Indigenous women were 3 times more likely than non-Indigenous women to have been the victim of a violent crime, and are more likely to report severe violence (Government of Manitoba, 2017). Within Winnipeg, the majority of youth that access emergency medical services identify as Indigenous (Snider, Jiang, Logsetty, Strome, & Klassen, 2015), with over 1000 youth accessing the emergency departments in 2012, of whom 20% visited on multiple occasions (Snider et al., 2016). Although causal inferences are neither possible nor appropriate, there are a number of theories about why violence occurs, and why it seems to occur more in certain populations than in others. There are multi-faceted factors accounting for violence. Factors include psychopathology, social learning, gender inequities, situations that perpetuate violence, insufficient resources, and overarching political and social experiences (Gill, 2006).

Response to historical trauma includes higher levels of depression and withdrawal from community, anxiety, suicidal ideation, substance abuse, violence, anger and a victim mentality. Historical trauma response may result in difficulty with building interpersonal relationships, reduced energy, pathological expressions of mourning, nightmares about traumatic experiences, insomnia, social isolation, exaggerated dependency or independence, concern over betraying ancestors for being excluded from the suffering, an obligation to share ancestral pain and other psychological/mental disorders (Denham, 2008). Macro-level socio-economic conditions, poor access to healthcare, governmental policies, and racism may exaggerate historical trauma responses (Denham, 2008). While participants did not discuss the issue of sharing in ancestral

pain or pathological mourning, all other items were raised as challenges that need to be addressed. Women wanted concrete actions they could take to ensure that future generations do not experience the same challenges to their health and wellbeing.

4.7 Narratives as Healing

Identity often hinges on narratives told, and how people position themselves within the story.

When examining historical trauma and historical trauma response, the narrative of wellbeing is positioned within Indigenous determinants of health (Mowbray, 2007; Reading & Wien, 2009) and creates an intersection where experience and cultural memory meet. Narratives provide guidance for what happens, and provide a sense of purpose as people make decisions about how they are going to live their lives (Tedeschi & Calhoun, 2004). The ability to reconstruct personal and community narratives as characterized by strength rather than victimization allows people to address historical trauma, and lessen intergenerational effects of the trauma (Kienzler, 2008).

The narrative that suggests that certain environments are unhealthy or unsuitable for raising children has affected the identity of many families.

Cultural Memory has allowed for the perpetuation of the stereotype of unfit families which contributed to removal policies such as the Sixties Scoop. The Sixties Scoop had a direct impact on many of the adult participants in the group as they had either experienced being removed personally or had a family member that had gone through that experience. The current state of the child welfare system, with more youth in care now than were attending residential schools at the height of their operation, (Blackstock, 2003) also played strongly into the narrative families told about who they are and what it means to be a family. Stories define us, shape who we are and how we see ourselves, and help to define our backgrounds (Coiser, 2011). The limited storyline provided by the mainstream culture about what it means to be a woman or a girl is so

embedded within cultural norms that they are often overlooked (Driscoll, 2002). Institutional racism, classism, sexism or ageist perspectives are embedded within identity formation (Coiser, 2011; Driscoll, 2002; Sue et al., 2007). What it means to be an Indigenous woman or girl tends to be defined by the narrative of missing and murdered women, and women who are unfit parents. This narrative is perpetuated by the media, the public, government policies and by discourse within popular culture. It was also perpetuated within the workshops, and challenged in the final weeks of the workshop as people were engaging in more critical reflections and self-determination, planning for ways to prevent violence rather than accepting the seeming inevitability of violent experiences. It is important to continue to shift public and private perspectives on what an Indigenous woman or girl looks like.

Children generally learn from what they see and hear around them, even if it is not explicitly stated. However, if not explicitly stated, the narrative about why particular decisions were made may change and become distorted by the perception of other people involved. Girls may not realize that the reason their parents respond in a certain way is because of experiences of racial violence that parents have experienced. One of the girls in the workshop, Tia, had a habit of running away. This scared her mother, and often resulted in ineffectual punishments and no change in behaviour. At the workshop, Tia's mother was asked how she felt when her daughter was missing. She talked about how scared she was. Tia looked surprised, and said "I didn't know that you felt scared. I'm always okay". The family reported the following week that they had discussed the issue further at home and Tia agreed to a plan to let her parents know when she would be home, and the general location she was going to, such as by the river or at the library. A month after this conversation, the family reported that the plan they devised was working, and communication in general had improved within the home.

Many of the families had faced tragedies within their lives, in addition to the traumas experienced by previous generations. Women strove to create a shared narrative to prevent less-optimal decision making regarding personal safety and wellbeing.

“I am strong because I made it through everything. I’m still here. I haven’t given up and I’m not going to ‘cause I don’t want Jessica to think ‘oh, that’s how you live life. I can’t do it, so I’m not going to try again’. I tell her, ‘you can’t do it, try again. Keep going, keep going, you can do it. If you fall down you get back up. If you have a hard day you just move on to another day.’” Julieen, adult.

4.8 Testimony and Witnessing as Healing

Testimony involves moments that provide an instance of recognition and interconnectedness.

Emberley explains that testimonies and testimonials tell us whose bodies are lovable and which “represent objects of violence to be disavowed or rendered disposable”(2015, p. 136). Episkenew wrote that “silence leads to isolation, causing many Indigenous people to suppress their feelings, believing that they are alone in their experiences and responses. The effects of emotional repression on emotional and spiritual health are long lasting” (2009, p. 16). Bearing witness by peers is an important part of the healing journey and allows people to address historical trauma responses.

Participants within this project felt a lot of shame over a lack of daily living skills often seen as necessary to lead successful lives, such as literacy skills or cooking skills. Women also experienced difficulty in dealing with acting-out behaviour among pre-pubescent girls. Adults questioned the impact their previous life choices and experiences would have upon their daughters. They often expressed hope that their daughters would be able to have different experiences and opportunities and not knowingly enter into potentially dangerous situations.

Girls and women were asked to think about their ideal community. In their responses, they expressed a desire for a community that was safe, where everyone would be respected, and where community members would share and could support one another. Around week three of the workshop, this sense of community that participants envisioned began to take shape. The women stopped focusing on completing activities or talking specifically with their daughters and embraced all the girls equally, helping them, listening to them and encouraging them to voice their thoughts and opinions. It was interesting to watch the deliberate creation by participants of a space free of violence and “othering” during the workshop. For example, when a girl would refuse to sit next to another child, commenting on her physical appearance or the use of traditional language, girls were admonished by the adults around them, including but not limited to their family members. Negative comments about life expectancy, violence and sentiments of hopelessness were typically reserved for moments when adults were speaking out of earshot of the girls. Girls often mirrored negative sentiments within their own commentaries, thus demonstrating that the ideas were not as hidden as parents might have wished.

Women continuously tried to demonstrate what it means to be supportive of one another. The mask of insecurity began to fade over time during the course of the workshops. Women and girls wore less make-up, stopped worrying about checking their appearance throughout the night in the bathroom mirror, stopped wearing clothing to impress one another such as fancy shoes or form-fitting dresses, and began to embrace the space as one where they could be themselves. Data collection activities were designed in a way to encourage positive thinking and capacity building. Participants young and old were encouraged to play, to be silly and to try new things. Participants discussed how the workshop was a place where they could be themselves and learn together. As women saw that value was placed on what they thought and felt rather than on their

appearance and trading in heels for moccasins and styled hair and extensive make-up for lip-gloss, messy buns, ponytails and braids, participants appeared to become more comfortable within the space and provided what seemed to be less guarded responses within data collection activities.

Participants openly discussed how comments made during the first few weeks of data collection were not accurate representations of their situations. They explained that once they felt as if they were not being judged, they felt they could share different information, and regretted providing misinformation initially. Examples of topics included living situations, educational attainment, religious belief systems, and health-seeking behaviours. Women tried their best to be positive with one another, especially with the girls. They made it a point to encourage all the girls in the group, to let them know that they were doing a good job, that their ideas were of value, and that they were proud of them. Jersey, one of the girls, was especially proud of her newfound ability to draw stars. Although she was unsure about how to write her name, she said that she could draw stars instead, because “Kandace [one of the other mothers in the group] says I’m a star” and taught her how to draw stars.

The response to adversity, and the way that people negotiate public narratives of both survival and change can be a transformative process in and of itself (Mohatt 2014). For participants in the “Girls Night Out” workshops, there was a change within how participants positioned themselves from the start to the end of the seven weeks. Women began to openly characterize themselves as strong, capable caregivers who would be guiding the girls as they make decisions. Girls began to refer to themselves as strong in and of their own right. These changes were significant for many families and led people to return to school, seek employment changes, seek out healthcare services, and make different decisions regarding their interpersonal relationships. Transformation

occurs when people are able to exert some amount of power to achieve change (Kienzler, 2008). Women often stated that they did not have strong role models around to guide them on positive parenting methods with school-age girls. They talked about how this project helped to shape a new narrative about parenting. Women often talked about wanting to encourage their daughters to be able to be strong. They also noted that there is a need for external support from family members and communities to ensure that they have the tools to stay strong in the face of the various challenges that both adults and youth will likely face.

Mohatt writes that a “strong cultural identity may be emblematic of public resilience in the face of historical trauma” (2014, p. 131). Healing from wounds accumulated over generations is a slow process; it does not happen overnight and often it is realized in subtle ways when people realize that they are not alone, and that they are important (Episkenew, 2009). Feeling a sense of support and strength within the group provided the opportunity for parents to discuss their hopes for their daughters’ futures. Many parents discussed how they want their daughters to know they are supported, and to feel a different level of connection to family than they experienced, saying, as Georgina did: “I want my daughters to know that I love them so very much, and that I will really stand by their side, encouraging them, loving them, and just cheering for them”. Girls replied with statements such as “I want her to know that I’ll make her proud when I grow up” [Mysti].

4.9 Conclusion

The legacy of residential schools, the Sixties Scoop, staggering numbers of children within the child welfare system and racialized violence against women had a profound effect on participants. No matter how hard women have tried to shield their daughters from trauma, girls witness the challenges their caregivers face, and have their own experiences of racialized

aggression. As participants began to find a way to work together to promote safe spaces for dialogue and testimony, the cultural memory and positioning of Indigenous experiences as explained by Indigenous individuals and communities, began to shift from neocolonialist perspectives to their own notions of what an Indigenous woman can and should be.

For the participants within this research study, finding inner strength and the ability to carry on regardless of external challenges was of central importance to the ability to be happy, healthy and safe. Participants identified the need for love as central in the exploration of what is needed to be happy, healthy and safe. They noted the need to have both the ability to love themselves and to demonstrate love for each other. Participants discussed how this had been lost through the various colonial practices, such as the forced removal of children from their families.

Through shared testimony and witnessing within the workshops, women and girls were able to better articulate their aspirations for a healthy and safe future for all members of their families and communities. It is important to understand that change does not happen quickly. The trauma experienced and witnessed occurred over centuries and ongoing racially motivated micro-aggressions continue to influence people daily. Children dream of a future where they have access to hospitals “to have babies in” [Callie], as well as schools and libraries where they “can learn” [Shalane]. They hope to have community centres where they can read books, watch movies, and play games. Girls dream of communities where animals are treated fairly, where Elders and parents are together, and where, as ten-year-old girls, they still embrace the thought of “no boys allowed... okay maybe some boys” [Kylie]. Girls want a place where they can act as witnesses, where they can tell their stories, and be “brave girls” [Lexi]. They want a place where they can feel safe, healthy, and happy together within an Indigenous community filled with

Metis, First Nations and Inuit people. They dream of a different future. Hopefully, their dreams will become realities.

4.10 References

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Reflections on Chapter 4 and Overview of Chapter 5

In chapter four I explored how developing a narrative that highlights strengths and builds capacity is essential for shifting cultural memory and addressing historical trauma. Addressing historical trauma is a complex and wicked problem with no easy solutions. Many participants chose to be involved in the research project to ‘learn’ rather than share their knowledge and experiences. This created an interesting dynamic filled with nuances and insights from both women and girls. In order to address research objective one, to assess overarching priorities, this paper explored research objective two, engaging in discourse analysis pertaining to the legacy of colonialism and on the affect it has upon many aspects of lived experiences.

Throughout the workshop, participants worked together to create space where witnessing, testimony and learning could take place. They collectively shifted the discourse around perspectives of cultural memory within the workshop from one of acceptance to one of visions of change. By shifting the discourse, research objective three was explored, as people expressed the need for locations through which barriers to self-determination and decision making could be identified. Self-determination is a key determinant of health which may lead to lasting change. When people have a greater control over self-determination, their access to education, housing, and health care improve (Reading & Wien, 2009). Self-determination is also an essential component of the capacity to shift the discussion to what is needed for ethical, responsive knowledge dissemination.

Within this final chapter, I discuss the importance of disseminating results in a timely fashion as both pragmatic and ethical. Within community-based research, the priority of research needs to be to the community first and foremost. Returning results in diverse, participant-appropriate ways helps to ensure that the principles of OCAP/S are followed. It also helps ensure that

participants know their contributions are important, that they do matter, and that they have been heard. This chapter explores objective one in terms of community priorities for the types of materials and timelines participants wished to receive in terms of dissemination. It addresses objective two in terms of the legacy of previous research and the need for responsive research practices. It addresses objective three by providing examples of what I did in terms of the creation and distribution of knowledge translation and project dissemination materials.

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Chapter 5: The Importance of Explicit and Timely Knowledge Exchange Practices Stemming from Research with Indigenous Families.

Abstract

Ethical research practice within community-based research needs to involve returning results in a timely and accessible fashion. Within Indigenous research, there are certain advisable practices to consider in order to maintain ethical conduct. Developing ways to ensure these practices are met from the beginning to the end of a research project may prove difficult, especially when working within an intergenerational context with participants from diverse socio-economic backgrounds. This paper outlines ways that results were returned to women and girls in an accessible, user-friendly way outlining how integrated knowledge exchange within participatory, arts-based research can play a role within the process of reconciliation and healing.

5.1 Introduction

The dissemination of research findings is a central part of community-based Indigenous research (Jardine & Furgal, 2010; Schnarch, 2004). Not all projects lend themselves easily to community-based knowledge dissemination. Researchers need to work with all stakeholders, including study participants, to determine which audiences should be the focus of the dissemination of findings, and what findings should be made public (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, & Social Sciences and Humanities Research Council of Canada, 2014; Riddell, Salamanca, Pepler, Cardinal, & McIvor, 2017). It is important that participants feel that they are valued, and that their contributions matter and that research to action is possible (Smylie, Olding, & Ziegler, 2014). A central part of my doctoral work was the belief that results need to be returned to participants quickly in useful and accessible formats that are tailored to the needs of participants. This paper outlines how it is

possible to listen to the expressed wishes of participants, and provide accessible dissemination products to participants within two weeks of the conclusion of data collection.

Knowledge translation and knowledge exchange are the processes through which results are shared in a usable fashion with relevant stakeholders (Graham et al., 2006). Integrated knowledge translation approaches involve providing feedback and ensuring priorities remain appropriate throughout the research process and integrated knowledge exchange involves the mutual sharing of information throughout the research process (Canadian Institute of Health Research, 2012). An integrated approach to knowledge exchange allows for the researcher and the participating stakeholders to ensure that information is consistently relevant and is meeting the current needs (Banister, Leadbeater, & Marshall, 2011; Canadian Institute of Health Research, 2012). The integration of knowledge exchange can also be a form of information verification, as people discuss the data collected to ensure it has been understood as intended. Knowledge translation seeks to find mechanisms for research results to move beyond the academic lens and hopefully into practice (Glasgow, Lichtenstein, & Marcus, 2003; Straus, Tetroe, & Graham, 2011). Research that has explored specifically how participatory project dissemination has been conducted highlights the lack of detailed information about how results are shared back or the intended purpose of dissemination products (Boydell, Gladstone, Volpe, Allemang, & Stasiulis, 2012). It is important to have transparency on how results will be used, and who will have access to results (Ermine, Sinclair, & Jeffery, 2004). This is central to building respectful research relationships, especially with communities that have often struggled politically to be seen as equal partners (Larocque, 2010).

The harm caused by colonial policies and practices remains part of the ongoing experience of Indigenous people. Although there are institutional efforts to try to mitigate the trauma faced,

including various judgments in favour of Indigenous peoples, such as settlements for land claims, residential school settlements, the national inquiry into missing and murdered Indigenous women and girls (Government of Canada, 2016) and the Truth and Reconciliation Commission (Truth and Reconciliation Commission of Canada, 2015), this is not enough to mitigate ongoing trauma. While large-scale government and community-driven responses are certainly needed to address systemic and political challenges people have faced and continue to experience, there needs to be recognition at the community level of the ongoing legacy of historical trauma.

Historically, numerous studies were conducted where researchers categorized physical characteristics of Indigenous peoples and absconded with traditional ceremonial artifacts that are now housed in museums and private collections around the world. Many communities are attempting to reclaim ancestral items with varying success (Museum of Anthropology, n.d.). Research projects that categorized people, taking measurements and samples and using Indigenous peoples in case-controlled studies without informed consent, were commonplace during the mid-twentieth century (Brown & Peers, 2005; Mosby, 2013). Often, researchers would, and still do, act within a ‘helicopter’ capacity, flying in, gathering information to benefit a research study, and leaving (Campbell, 2014). This trend prompted the development of organizations such as the Aurora Institute in the Northwest Territories that require research projects to demonstrate evidence of community support before a researcher is granted permission to conduct research within a community (Aurora Research Institute, n.d.). Funders and university ethics boards are also requiring evidence of community support prior to granting approval for research pertaining to First Nations, Metis and Inuit communities (Canadian Institutes of Health Research et al., 2014). It should be noted that this level of engagement is not always required by

ethics boards for research with other global populations that have historically been seen as vulnerable, such as communities in the global south.

In the mid-1990s, there was recognition that guidelines for respectful research relationships were needed so that research could benefit the common good, rather than leaving people with a sense of 'being researched to death' (Schnarch, 2004). In 2004, the Assembly of First Nations formally developed The First Nations Principles of OCAP[®] to ensure that the perspectives of Indigenous people in Canada were central to the research process (Crooks, Snowshoe, Chiodo, & Brunette-Debassige, 2013). In 2010, the Government of Canada announced the Tri-Council Policy Statement 2, updated in 2014 (2014). This re-envisioned policy statement attempts to provide a framework that encourages collaboration, respect, and research that promotes the spirit of OCAP[®]. The policy stipulates that researchers should incorporate community engagement, and follow cultural protocols, provide the research questions, and engage with people, communities or community knowledge. The principles of ethical engagement, and control over the research process, remain both a central and necessary component (Brant Castellano & Reading, 2010; Canadian Institutes of Health Research et al., 2014; Crooks et al., 2013). It is important to note that the Manitoba Metis Federation does not follow OCAP[®] principles, but rather OCAS, ownership, control, access and stewardship (Martens et al., 2010). The Manitoba Metis Federation, a partner within the initial design of this research project, gives preference to stewardship as the process of guiding how data is collected and research results are used, rather than focus on where data are stored. This is an important distinction, and is influenced by the historical differences between Metis and First Nations in relation to political autonomy and policy interventions. Ethical research practices with Inuit communities involve the use of Inuit Tapiriit Kanatami (Government of Nunavut, 2009; Inuit Tapiriit Kanatami & Nunavut Research

Institute, 2006), which provides a culturally relevant platform for research and dissemination practices.

Ethical engagement includes many aspects such as consultation, projects that are meaningful, data collection approaches that are relevant and the returning of results to participants in a timely, usable fashion (Boydell et al., 2012; Chen, Diaz, Lucas, & Rosenthal, 2010; Estey, Smylie, & Macaulay, 2009; Gagnon, 2011). Traditional approaches include public presentations, media releases, written briefs, written reports and formal presentation styles. There is a need for integrated knowledge translation approaches that embed participants in every step of the research project, ensuring that the data collected is done in a meaningful way, and that results are shared back in a meaningful, and usable, fashion. This paper outlines the approach undertaken at the end of data collection within my doctoral research project with First Nations and Metis women and girls in Winnipeg, Manitoba.

5.2 Method

This project, *An Intergenerational Decolonizing Path to Healing: Envisioning Change with Indigenous Mothers and Girls* used a community-based, participatory action approach (Alley, Jackson, & Shakya, 2015; Chambers & Guijt, 2011; Cornwall, 2008). A series of three, seven-week long workshops with women and girls were conducted between September 2015 and March 2016 (University of Manitoba ethics number: H2015:169). The overarching question asked was “what do you need to be happy, healthy and safe, and how do you make sure girls grow up to be happy, healthy and safe?” An underlying purpose of this research was to determine potential barriers to public health knowledge uptake, and to provide insight to aid in the design of future materials and interventions. Participants were active stakeholders within the research process. Participants committed to participating over a seven-week period, and were

asked what they wanted to achieve through the experience. This information was used to help inform the way the weekly sessions would roll out, as well as the materials that would be returned both during, and at the end of the workshop. Integrated knowledge exchange was a key component of the research, with continuous opportunities for feedback and the sharing of knowledge (Canadian Institute of Health Research, 2012; Graham et al., 2006; Straus, Tetroe, & Graham, 2009).

Recruitment criteria included women who self-identified as First Nations, Metis or Inuit, who were able to commit to attending the duration of the workshop including providing their own transportation to the meeting location, and who were the primary familial caregiver (mother, grandmother, aunt, sister, etc.) for a girl between the ages of 8-12 years. Girls needed to be willing to attend with their adult caregiver. Participants were told that a lack of childcare should never be a barrier to participation (Klinck et al., 2005), as such children were always welcome to attend. Activities were provided for younger children, including Lego, craft projects and books to read. Where appropriate, younger siblings participated in data collection activities; however, data from younger children were not incorporated into the research results. Everyone present received dinner. At times, other family members, often men, would ask to observe. This was discouraged, based on participants' preferences established during the first week of each workshop session. It was explained that this was a space for women and girls who had signed up for the study. The evening activity plan was shared openly with anyone who enquired, and participants were made aware that the final week would be open to anyone who was interested. This explanation was always met with understanding. Men would come in at the end of the evening. This was primarily a safety issue to ensure that girls and women were safely escorted out of the building to waiting vehicles. There were safety issues after dark in the areas the workshops were held.

Participants self-identified as both status and non-status First Nations and Metis. All the participants lived within an urban setting.

The majority of adult participants were employed and had completed high school. All the participants had stable living arrangements, and all the girls were registered in public schools; however, the majority did not attend school regularly. Of the twenty-four families, sixteen changed phone numbers during the seven-week long workshop. Reasons for changing phone numbers often included giving the phone away, getting a new phone number with a new pay-as-you-go phone, or security reasons. Only a third of families had internet access at home. Although participants had stable living arrangements during the seven-week workshop, the majority reported changing addresses during the previous year, and had the intention of changing addresses again within the upcoming twelve months. The reasons provided for changing addresses included changing family structures, changing economic conditions within the household, and travel out of the urban centre for extended periods of time without the capacity or interest in maintaining the property where they were previously living while spending time, however temporary, outside of the city.

Participants requested that results be returned within two weeks of the completion of each workshop. Participants explained that a month's notice is required to leave a month-to-month rental property, two weeks' notice is required when resigning from a job, and medical results are typically provided within two weeks of taking a test, thus taking more time than this to return primary results to participants involved in research was, in their opinion, illogical. Although difficult to accomplish, it was important to adhere to the principle of building trust and confidence within the research process and honouring the wishes of participants. Consequently, primary results were returned at a family celebration during the last week of the workshop.

As the weeks passed, participants discussed the need for resources and activities that would aid in the healing processes associated with overcoming historical trauma. While listening to the questions and comments of participants, I developed a few important knowledge exchange and empowerment tools to meet some, if not all, of the expressed needs of participants. Participants did make some requests for materials and information they would like included in this process, but were not interested in the physical construction of materials. Participants were asked if these tools would be helpful, and they had the opportunity to provide additional comments and suggestions about the products.

5.3 Findings

Returning results in an ethical way involves taking into consideration the needs of research participants. This is not always an easy process to undertake, especially when participants are from diverse ages with differing literacy levels. To return results in an ethical and responsible manner that resonates with Indigenous knowledge and practices, I developed a variety of tools. A family feast, a certificate of participation, a personalized storybook developed to meet the expressed needs and concerns of each family, and an activity workbook were all developed and disseminated as a way to ensure that ethical research was conducted from the start to the end of data collection. This is of utmost importance as we move through a political period of reconciliation between Indigenous people and other stakeholders, such as academic institutions, within Canada.

5.3.1 Family Feast

The final week was a celebration of women and their commitment to both the research, and to one another. The women and girls determined what type of a celebration they wished to have. Family and friends were invited, and participatory activities were conducted so that everyone

could have a sense of what the workshop had been like. The first group chose to have a Halloween party. The second group chose to have a Christmas party (rather than a generic winter celebration, as was the norm within the children's school setting for holiday celebrations). The third group had a circus-themed party, with local Indigenous drummers and storytellers volunteering to come celebrate the importance of women and girls. After participants ate dinner and the associated fun activities (e.g. making cotton candy, playing musical chairs, or making home-made slime in decorated jars) had concluded, the researcher provided a short oral presentation about some of the research highlights and gifts were distributed to participants. Gifts included an honorarium for the mothers, a toy valued at \$20 for each child, a framed photograph of the mother and daughter, a creative storybook personalized for each family, a certificate of participation and a workbook that highlighted initial research findings and completed activities. During this part of the evening, participants had the opportunity to publicly provide an evaluation of the workshop. Family members had the opportunity to ask questions, and comment on any perceived impact the workshop had upon their families. The family members' insights were unstructured and unsolicited. They always consisted of high praise for the effort and learning they had seen from the women and girls throughout the workshop period.

The final celebration played a secondary role in ensuring ongoing participation by women. Women were able to explain to intimate partners that the space was a safe space for women and girls, but that they were planning a special celebration for the whole family. The final week truly was a celebration, as people at the feast hugged each other, took photographs with their certificates and encouraged one another to become involved in local efforts to promote community solidarity.

5.3.2 Certificates

Giving both mothers and girls certificates of participation was important. Participants discussed the need for an item to remind the children and their families about the importance of education, and the ability to be successful. The certificates were printed using an online template and had a sticker with the Manitoba First Nations Centre for Aboriginal Health Research, University of Manitoba logo placed in the centre. Participants' families took pictures of the girls receiving certificates, and some participants immediately posted these photographs on social media, citing captions such as "Her first university certificate. Next one in 12 years." This demonstrated the importance that the certificate had upon their sense of identity and sense of accomplishment. Adults explained that if school-age girls were able to participate in a meaningful way as they had within a university research study, then they could do the same when they got older. For many participants within the study, a certificate of participation for their involvement in the research study was symbolic of the possibilities ahead. This was a significant change that occurred in participants during the seven-week workshop, where the initial positioning was that children may not be present within their parents lives by age fifteen.

5.3.3 Family Storybooks

When working with participants who have experienced trauma, it is important to meet them where they are at. To demonstrate that the researcher is present on the journey with them and would provide support whenever possible was a constant theme I tried to perpetuate within all of my interactions. For the participants within this study, trying to determine ways of addressing the legacy of historical trauma involved demonstrating that they were heard, that they are valued and that people who observe and interact with them know that they are doing the best they can. For many families, most of their relationships with external adults within institutional and agency settings have been shadowed by negative experiences. Many preconceived notions were that

these adults, such as teachers, principals and social workers, might be involved in the removal of children from the family home. It was often difficult at the start of the workshops for adult participants to understand that evaluating their parenting skills was not the primary role of the research study.

As the workshop went on, women would call me on my cellphone and ask for assistance in explaining concepts to their social workers, to their intimate partners, and to the schools. They talked about what had happened that led them to have the parenting and decision-making skills that they had, and the absolutely heart-wrenching fear expressed by the majority of participants was that they were doing something wrong that would result in the loss of their daughters and sons. My response to women was always to re-direct participants to supports and services that could better answer their questions and act as advocates for them, a service that I explained was beyond my scope as a researcher. I would explain basic terms when asked, such as consent, and I always attempted to re-assure them that I valued their participation within the workshop sessions. I always made a point of highlighting how their contributions, as well as their daughters' contributions, were valuable. At the workshops, girls would make comments to indicate that they did not know why their parents were not like the parents of other children within their classes, and more frequently than not, girls would indicate that they were unsure if their mothers, aunts or grandmothers loved them.

I wanted to reassure both women and girls that they are valued for who they are, rather than what they do or have done. I had been taking photographs throughout the workshop as a source for future analysis, and had enough photographs of each participant to create a short, personalized creative non-fiction storybook with pictures. These books were not intended for returning exact research findings to participants, but were based on observational data and conversations with

each family unit. These stories were meant as a gift to each family. To create each creative non-fiction story, I reviewed transcript data and photographs. During the first workshop, parents asked if there was something I could do to ensure that one of the girls not only knew, but believed that her mother loved her. Her mother would often frame positive attributes as negative comments. This was a commonality between many parents. In order to address this request, I tried to turn negative comments into positive actions, such as “I hate how she always interrupts me to tell me things” to “Your daughter loves to share her thoughts and questions with you”. I also tried to ensure that the books were written at the appropriate literacy level for each family. This ranged from a grade two reading level through a grade eight reading level. Writing stories that are meaningful for adults while using simple vocabulary is difficult. Within academia, we do not tend to speak at a grade two level with adults. It is difficult to write in a meaningful way, directed at adults, with limited vocabulary choices. As I wanted to ensure that the books were an empowering tool tailored to the needs of each family, the language used was central to the product. The end result was a series of very powerful, individualized stories. An example of a story written for a mother and child pair, as well as a book written for a family can be found in appendix 1 and 2.

Books were entitled *your mother/daughter loves you soooo much* and were written at a literacy level appropriate for each family. Participants had an emotional response to receiving the book. Verna said “You really were listening”, whereas Jackie said “You’re right. I knew I loved her, but I really *like* her, too”. Girls were delighted to have photographs of them interacting with their female caregivers, stating that usually female caregivers are taking or posing for pictures, rather than their having images that capture “me and my mom being us” [Jaden].

5.3.4 Workshop Book

This book served a number of functions: 1) to ensure participants had access to materials from the workshop, 2) to provide an opportunity for member-checking, by returning key results to participants, 3) to document the workshop for participants, while providing an example of how quotations and photographs may be used within research, and 4) to provide some tools to participants so they could re-create requested activities. The book was written at a grade five level.

This book was tailored to each workshop session; however, unlike the family books, the written content was the same for each member of the particular workshop group. The book was divided into four sections. It began with a thank you letter and contact information for the researcher.

The second section was transcribed answers to the question “what do you want your daughter to know as she grows up?” and “What do you want your mom to always know about you?” These pages included the anonymized responses given by all participants in the workshop group. The third section was divided into the weekly sections with a summary that provided a recap of specific activities done each week along with key findings. Included in the third section were a one-page list of key discussion points from the week, a collage of pictures from the night, and a quotation from the week, that was thematically relevant, for example: “I want her to be proud of herself and the stuff she does” [Julieen]. The fourth section was called “things we did or read” and was personalized for each family. This included lyrics for songs, instructions for activities, the Canada Food Guide, and a copy of any drawings or crafts that had been photographed in case the original was lost or damaged. The fifth section included recipes for the meals that participants ate for dinner during the workshop with easy-to-follow instructions. An example of a weekly session report can be found in appendix 3.

When considering the age and literacy level of participants, it was important to create a tool that would be easily accessible and meaningful for both children and adults. Including a series of images, such as playing card games, or drawing a community map, provides a memory prompt for all participants. For those with slightly higher literacy levels, the book served as a way to both return results and to remind participants of activities that were completed. An example of one of these short sections reads as follows:

Telephone: We played a game of telephone where people sit in a circle and one person starts off with a message, whispers it to the next person, who tells the next person, until everyone has heard the message. People started off with things like “I want to go sledding” and ended up with “I like chocolate”. Sometimes kids changed the words on purpose, and sometimes it just changed a little like “I like to have dinner with my daughter” to “I like to eat with my daughter”. Then we talked about who we can talk to, what we should and shouldn’t say, and how we believe things we hear and read.

Summary bullet points captured information from the data collected in a different way. These points were a combination of fun statements such as “The favourite thing to do with families is baking cookies, but not doing dishes” and other points were more serious such as “Some moms are worried their daughters might not always be nice to other people, but they hope that their daughters will remember that everyone is beautiful in their own way”. Participants were advised that the quotations and photographs were samples of the types of quotations that would be used when research results were presented to other audiences. Participants were reminded that if they had anything they wanted added or changed for future dissemination products to contact the researcher within a month following completion of the workshop. This product allowed participants to have access to and control over data collected in a usable format. By providing

tools, such as recipes and instructions to activities, components of stewardship, capacity building and access were incorporated into the dissemination process.

5.4 Discussion

It is important to find ways, both during and at the end of a project, to ensure that the expressed needs of participants are being met to the best of the researcher's abilities. Often the requests are manageable. None of the participants in this workshop asked for any items of true financial worth. The requests made were aspects that would enhance family relationships and provide a tangible product through which to remember the experiences they had during data collection.

Working towards reconciliation and healing within Indigenous communities involves a multi-faceted approach. It involves recognition of the past, the current state of affairs and community visioning of the future. Demonstrating an investment in healing and reconciliation is central towards building a trusting and fruitful relationship that has the possibility of leading to change. An integrated knowledge translation approach, with the development of relevant knowledge dissemination tools, provides a starting place for research to be involved in the improvement of overall health status and social wellbeing (Chandler & Dunlop, 2015; Linklater, 2014). It is important that, when working within an integrated knowledge exchange platform, the expectations of all parties are met to the best of respective abilities. Within this study, participants within each of the three workshops did not understand why it would take an extended period of time to compile initial research findings. Participants who had completed some post-secondary training noted that papers and tests were frequently returned within two weeks. Therefore, they did not understand why it should take longer to return results from research projects as both courses and research take place within university settings. Although attempts were made to explain how research is different from marking assignments, this

remained a difficult concept for participants. With the knowledge that participants wanted to have results returned quickly, combined with awareness that short-term and long-term follow-up might be logistically difficult, every effort was made to ensure that participants had initial results that met with their identified interests immediately upon completion of each workshop group.

5.5 Limitations

A formal evaluation of the research study or the dissemination products was not conducted. Nonetheless, several phone calls were received from social workers who had seen the various tools and products involved in the research. Specifically, these social workers asked if the research project would be continued as a long-term intervention. Social workers could see the tangible benefit of the project. This suggested that there was not only widespread use of the dissemination products but that these items were being recognized for their value beyond the actual product themselves. Anecdotally, when participants received the materials, they seemed very happy with the products, taking photographs and becoming emotional while hugging the books and their family members. Although these reactions were present, it cannot be concluded that this is an indication of the success of the products. These tools should not be generalized as appropriate for all contexts.

5.6 Conclusion

Ethical research takes place in both word and action. It is not enough to say or write something if dissemination does not meet the needs of the stakeholders involved in the project. This is especially true within participatory research within Indigenous contexts, where accountability to participants is central to the relationship-building process. For the participants within this project, seeing initial findings and knowledge translation products within the timeline they deemed as reasonable was important. This demonstrated that the researcher was listening to what they said.

While important to maintaining an ethical space, it was challenging to ensure that products were sufficiently complete, comprehensive, and addressed literacy challenges. These tools provided some external validation to the importance of their participation, for both adults and children. Many of the participants within this study have a long familial history of people in positions of perceived authority not honoring promises made.

Following through on commitment to agreed upon processes further helps to build on decolonizing methodologies by helping to break the cycle of perceptions of feeling used and abused by research projects to one of feeling valued and respected. Moreover, by incorporating the return of initial study results immediately on completion of the workshop session into an event the participants helped plan, capacity building, ownership, access to data, and stewardship were all addressed in a way that was clearly visible to both participants and the greater community. The priority of community-based research needs to be the needs of the community, followed only then by the priorities and needs of the research and researcher. There is an ethical responsibility to ensure that we are not perpetrating historical norms that may have led to the feeling of being made vulnerable. Through community involvement and addressing the needs and requests of participants, the strengths of all participants and value of their contributions were highlighted, and promises were kept.

5.7 References

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5.8 Appendix 1: A Book for Jaden and her Mom, Nikki¹³

Jaden, your mom loves it when you try new things. She know sometimes this can be scary. Sometimes it is hard to do something when you don't know if it will work, or say something if you don't know if other people will listen to you. Your mom wants you to know that no matter what you want to say, she will always listen and no matter what you do, she will always always love you.



¹³ This book was a “flip book”. Opening the book from one side was the story for the mother while flipping the book over and opening it showed the story for the daughter. The covers were comprised of art created by the girls and mothers answering the questions “who are you.” Pages were printed on both sides of the paper and coil bound.

Your mom wants you to always remember that you are kind, unique and awesome. There is no one else in the world quite like you and she feels so glad that you were born her daughter.





Jaden, your mom knows that you are smart. She knows that you watch out for other people and want them to be happy. She also knows that is important to be able to say I need to take care of myself. That is not something that is good for me.



Your mom wants you to be strong. She wants you to remember your beliefs and your culture. This will be important, especially as you grow up to be an independent woman with your own hopes and dreams.



Girls Night Out: Mom and Daughter Workshop

Elizabeth Cooper, Facilitator.

University of Manitoba
Community Health Sciences
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Jaden truly is beautiful inside and out. Under your guidance she can become an amazing woman who shines a light for everyone she sees. She is so proud to be your daughter.



Nikki, you are teaching your daughter to be friendly, to help other people and to take care of people- even people you don't know.



Nikki, your daughter knows family is important. She tries really hard to be a good big sister and make sure you always have reasons to be proud of her.

When Jaden was asked to talk about her mom she said, “My mom is pretty and beautiful”. “She’s strong. She keeps on going. She never ever gives up”. Your daughter admires you so much.



Nikki, your daughter looks up to you. She wants to spend time with you. She wants you to know she always thought you were beautiful and you will always be beautiful. It is your smile, your personality and the way you care so much that are truly important to Jaden.



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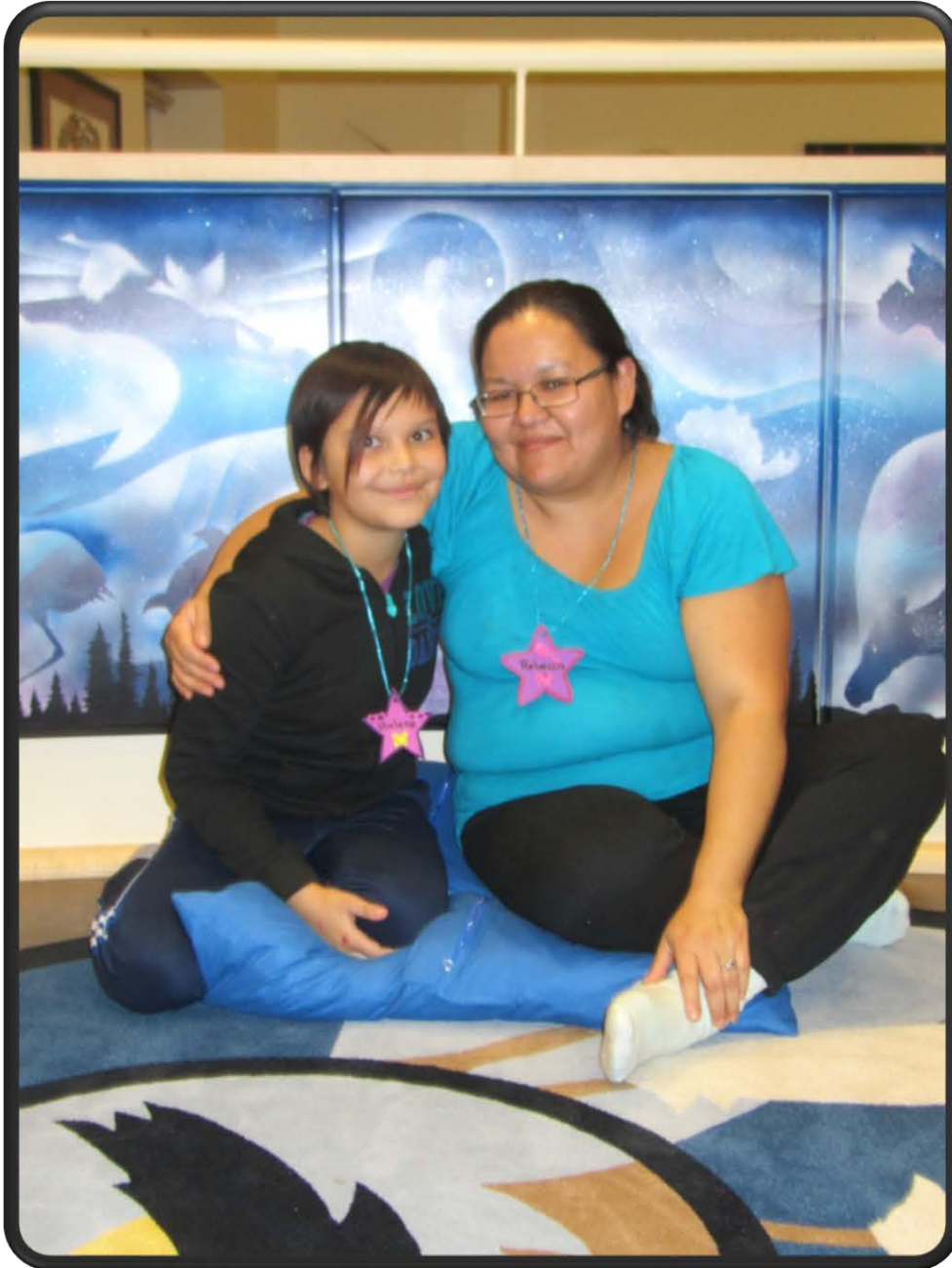
5.9 Appendix 2: A Book for Grandma Rebecca and Her Girls

Shalane and Juliette have a SUPER GRANNY! In Winnipeg, when Grandmas of First Nations kids are taking care of them because their Mommies and Daddies can't, they are called SUPER GRANNIES because they are so amazing! They do so many things and help so many people. Your SUPER GRANNY really is a super hero and you are so lucky to be her granddaughters.



Your Grandma is loving. Every time she looks at you, walks with you, listens to you, she does so in a way that shows how much she loves and respects you. What a great SUPER GRANNY!





Your
Grandma is
truthful.
She speaks
to you
about
things she
knows in
her heart
you need to
hear to
grow up to
be strong
and caring
women.
When your
**SUPER
GRANNY**
talks, it is
so
important
that you
listen to her
with your
mind, your
heart, and
your spirit.

Your Grandma is humble. She doesn't tell people how strong and amazing she is or all the wonderful things that she has done. She



doesn't tell people that being the Grandma of such smart, caring, respectful, beautiful and loving girls really fills her heart

with joy every moment of every day, but it does. Your SUPER GRANNY walks carefully and you should always follow in her footsteps.



Your Grandma is honest. She tells you to work hard because she knows that this will help you have a better future. She tells you to eat your food because she knows it will keep you strong, she tells you to go school because she is going to school and knows this will help you through everything you do. Your Grandma tells you things that might be hard to hear, but that she knows that you need to know as you grow up so that you can be strong, independent, compassionate, caring, honest women. Your SUPER GRANNY knows being honest can be hard, but it is so important for any super hero.

Your Grandma is respectful. You know that you need to be respectful like your Grandma. You need to listen to people, help people, and be there for the people you love, the people you like, and even the people you don't know (yet). Your Grandma wants you to respect the environment, animals, plants, buildings. One of your Grandma's super powers is that she helps to make sure that you show that you respect everyone and everything around you. And that, Shalane and Juliette is one of YOUR super powers.





Your Grandma is so courageous. Everything she does and everything she says shows you how courageous she is. She does the things that are hard, and knows that these come in their own time and in their own way. Your SUPER GRANNY is someone who is so strong, she is so courageous. She is your protector, she does things even their scary when they are right. She protects you every way that she knows how. She wants you to have the brightest future that anyone could ever imagine.



Your Grandma is a very wise woman. She wants you to grow up knowing the truth. Knowing the path to follow. Knowing right from wrong and always trying to do your best. Your Grandma knows that you are always learning. You learn everywhere and from everyone and everything. Every day your Grandma gets a little



wiser, a little more beautiful, and a little more amazing. Your **SUPER GRANNY** wants you to always value education, and wants you to try your best to keep learning, keep trying and keep being you.

Girls, Grandma wants you to “Always appreciate what you have be happy with what you get. Be happy with your life. Go to school. Get an education and get a good job.”

The girls said Grandma should always know that her granddaughters will ALWAYS love her and they will always make sure they have the things they know to be healthy, strong women.

Shalane and Juliette have the most amazing SUPER GRANNY in the world. She loves them with her whole heart. She teaches them, cares for them, and shows them the way to live a good and happy life.



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5.10 Appendix 3: Workshop Book Example.

Week 3: My Family and Me/Outside Adventures

I'm Proud of You Jewelry: Tonight people drew pictures for the "I'm Proud of You Jewelry". Girls were asked to draw pictures and write words of things they are proud of about their Mom. They thought about what makes your mom special.

Moms were asked to think about when their girls are 15 and teenagers doing the things that teenagers do. They thought about what things do you want your daughter to think about herself, and what kind of person do you hope she is at that point in her life.

The ideas that moms and girls came up with were really nice and the pictures were great. We drew on a plastic called "shrink-dinks". Since the pictures have to be shrunk in an oven and it takes a while to do Liz took them home, she cut out the images and shrunk them down and turned them into charm jewelry for everyone to have the next week.

Morse Code Message Jewelry: Sometimes it is hard to stay calm and relaxed. Having a mantra or something you say to yourself in those times can help. Tonight we made the beaded bracelets with our words. People chose things like family, love, relax, peace, believe, patience, respect, and never look back. They are beautiful bracelets.

Flashlights and Safety Walk: We went outside for a safety walk. The girls all got flashlights so that we could see where we were going, since it was dark out and all the streetlights weren't working. We took a group picture with the flashlights which was really fun.

We walked to the park down the street. We talked about things we saw that were fun and things we saw that were safe. We also talked about things that weren't safe while we were walking, like abandoned buildings.

When we got to the park we played capture the flag with glow sticks, except one glow-stick wasn't working anymore. Then we played flashlight tag, the grown-ups had to "tag" the girls using a flashlight. When you got tagged you came back to see Liz and Alicia. When everyone was tagged, we went back to the centre for dinner.

Dinner: Tonight was chili for dinner and brownies for desert. The girls were lucky because two of the moms had stayed back to get the room set up for dinner, and chili served. The moms weren't lucky though, because the reason they stayed back and didn't get to play the game was because they had hurt their legs and couldn't walk. Luckily no one was hurt too bad and everyone was walking okay the next week.

Some of the Things We Learned in Week 3

- We learned that people have lots and lots of really nice things to say about the girls/women in their lives that they love
- We learned that girls really like doing things with their families like sitting quietly and just being with each other
- We learned that it's fun to dance or shop or go for tea with the grown-ups/girls that you love and who love you
- We learned that moms worry about the things that might happen as their girls grow up, but want them to know that they are beautiful, they are loved and they never need to do anything that makes them uncomfortable.
- Some moms are worried their daughters might not always be nice to other people, but they hope that their daughters will remember that everyone is beautiful in their own way
- People talked about how important nature is
- People talked about how important it is to spend time with the people that you love and to listen to them.
- When people wrote words to keep them strong, they wrote things like patience, love, laughter, keep moving forward, never look back, and family.
- We learned that if you keep something that isn't yours without permission, then other people will miss out on doing fun activities.
- We learned flashlights are super fun to play with outside at night.
- We learned that it is important to find a safe place, with lots of lights to play.
- We noticed when we were walking that the streetlights, especially around abandoned buildings were not very bright and this could be dangerous
- We talked about looking both ways before we cross the street
- We talked about buses. We talked about how buses can be safe because there are lots of lights, if you sit by the bus driver the bus driver can watch out and make sure you are safe. We talked about how there are cameras on buses and we talked about how even though there might be strangers on the bus, there are so many people that it can be a good way to stay safe when traveling.
- We talked about snow and ice and how to be safe in the winter when you are walking outside, and we wish the city would plow sidewalks more often
- We learned that it is important to talk about your neighbourhood with grownups and that if you notice something that isn't safe, you can make phone calls or write letters and many get the problem fixed. It might be a problem because maybe no one has ever said anything before and not because it can't be fixed.

"She's Strong. She Keeps on going.
She never ever gives up"

-Daughter



Reflections on Chapter 5

Within the previous chapter, I provided information on the knowledge translation materials created for each of the three workshops. In the introduction of the dissertation, I mentioned a board game created in collaboration with participants. As this was only completed by the second group, due to the expressed interests of participants, it is not discussed within this chapter. The family feast, certificate of participation, family storybook and workshop book were featured in the final week of the workshop for all three groups.

The third objective within this dissertation was to provide insights to aid in the design of knowledge translation materials. This paper provides information as to the importance of accessible end-of-project materials. It documents the need to return both project findings and other materials created that meet participant-driven priorities. It is important to celebrate the people who participate in research. This is not only part of a strengths-based narrative, it is part of the process of reconciliation. As we grow and learn together, we must recognize the time and effort put in by everyone involved in the project. One of the ways to do this is to provide meaningful gifts and dissemination materials to participants and their families.

Chapter 6: Conclusion

6.1 Summary and Value Added

Within Canada, there is a need to address the health and wellbeing of Indigenous women and girls. This topic has recently begun to receive heightened political and media attention, and an increased level of global importance. Researchers postulate that traumas will continue to be perpetuated and have a lasting negative impact upon individuals and communities unless effective interventions are developed and implemented (Cedar Project Partnership. et al., 2008; Gone, 2013; Maxwell, 2014; Michaels, 2010; Mohatt, Thompson, Thai, & Tebes, 2014; Walters et al., 2011). The RCMP 2014 report demonstrated that missing and murdered Indigenous women numbered over a thousand rather than the estimate of five hundred that had been previously reported (Royal Canadian Mounted Police, 2014). The Truth and Reconciliation Report in 2015 highlighted ongoing challenges within the Canadian context resulting from over a century of policies that continued to promote assimilation and cultural genocide (Truth and Reconciliation Commission of Canada, 2015). The Inquiry into Missing and Murdered Indigenous Women is currently exploring services and programs that aim to create healthy, protective, and livable communities across Canada. The inquiry is looking at how these services and programs affect Indigenous women, girls and 2SLBTQ people and the families of those who are missing (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2017). This public conversation and need for recommended actions, while long overdue, are not new for the women and girls who personally have experienced intergenerational violence and trauma. This study explored the priorities of women and girls who hope to see a different future where such reports, inquiries and commissions are not needed. This study had three main objectives:

1. To assess overarching community priorities of Metis and First Nations girls and their female familial caregivers in Winnipeg, Manitoba.
2. To explore the legacy of colonialism, especially as it pertains to health decision-making practices.
3. To determine potential barriers to knowledge uptake and provide insights to aid in the design of knowledge translation materials.

In order to address objective one, this study employed a participatory, decolonizing approach, where 24 women and 36 girls had the opportunity to work in small groups over a seven-week period to determine what their priorities were. Chapter two explores how this research provided opportunities to explore overarching priorities. Chapter three discusses how using a harm-reduction approach is a central priority for women and girls. Chapter four identifies how historical trauma needs to be addressed, and provides some insights as to how this was discussed within the workshop. And chapter five discusses the methods used to address the priorities identified for timely, accessible dissemination of research findings and workshop tools. The key overarching finding was the desire to decrease morbidity and mortality rates within First Nations and Metis urban settings. The priority that emerged within each group surrounded questions of how to break the cycle of intergenerational historical trauma response. Participants' concerns about topics such as education, nutrition, physical activity and access to services were negligible in comparison with concerns about mental health.

The second objective was not explicitly discussed by participants in terms of generalizable statements. The context was subtler as participants expressed a myriad of concerns that can be linked directly to racialized and historical violence. Participants made a distinct effort to clarify the difference in their experiences from those of other minority groups, such as the 2SLGBTQI

community and the Canadian newcomer communities. The ongoing struggle to secure a place within the cultural memory of Canada as strong, resilient communities rather than ones suffering from ongoing tragedy is important. Health decision-making processes are strongly linked to the ability to identify needs to address ongoing challenges, such as self-harm behaviours. Being able to find a collective voice to change the systemic injustices often experienced as a result of racialized policies and realized harms is essential towards unpacking the intergenerational colonial effects experienced by Indigenous families and communities within urban settings. While chapter two and chapter three demonstrate activities and approaches used to address the legacy of colonialism and move towards decolonization, chapter four focuses on colonialism and the impact this has had on health decision-making practices.

The third objective was achieved through relationship building among the participants and with the researcher. This objective was met within chapter five, whereby processes of knowledge translation and end-of-project dissemination are discussed. A more nuanced understanding of the barriers to knowledge uptake are explicitly tied to decision-making skills, trauma and harm reduction, themes outlined in chapters two, three and four. This unique decolonizing study allows for the possibility to effect change and provide a meaningful contribution to mental health, Indigenous health and gender-based health research. Data collected was rich in context, participants felt that they were doing something meaningful, and research concluded with a sense of hope and change within the foreseeable future. By providing a forum to safely discuss a myriad of topics, community priorities of Metis and First Nations girls and their female familial caregivers in Winnipeg, Manitoba were identified. Participants want to see more information that is relatable and can be implemented into their day-to-day lived realities. Women want to be able

to envision a different future for their girls where detriments to health and wellbeing do not outweigh opportunities.

This study is unique in a number of ways and met a significant gap within Indigenous studies research across multiple disciplines, including health, education, family social sciences, social work, sociology, anthropology, development studies and Indigenous studies. This project addresses all of these research gaps. In addition, this study provides a different perspective about the application of harm reduction beyond formal programs and interventions that address specific challenges such as addictions, towards addressing historical trauma. This study also provides a unique perspective of the creation of a space for testimony as a way to shift the dialogue towards healing and reconciliation.

A literature search resulted in few studies that focus on an asset-based approach to health. This research found that through employing a positive lens, people would discuss limitations, while actively exploring how positive changes could be made. The strengths-based approach also offered the opportunity to shift thinking and discourse from a deficit model that focuses on detriments to a strengths-based model where participants were hopeful about improving overarching health and wellbeing among not only their own families but the larger community. There are few studies that look at the health and wellbeing of women and girls who do not self-identify as having a specific disease (e.g. HIV/AIDS, diabetes), disorder (e.g. suicide ideation), or risk-taking behavior (e.g. smoking). While it is known that these often have a social and political component, the commonality is a disease. This research offers insights into prevention practices that have the possibility to improve health and wellbeing across multiple sectors. Although existing research discusses the importance of intergenerational influences, few to no studies have been conducted within an intergenerational environment. Even fewer studies

position adults and children as equal participants. Although this is a culturally relevant and requested format for data collection, there is little research that documents how this could be approached in practice. This research demonstrates the desire, and effectiveness of engaging with multiple generations. Research with 'tween age girls is negligible outside the formal school system within the Canadian context, yet cognitively, this is a period of development where decision making, cognitive reasoning and risk-taking behaviours are beginning to grow. To develop meaningful interventions, research with this age group needs to be conducted. This research begins to fill this gap. There is also a gap within the literature that explores distal determinants of health within Indigenous families, yet these appear to be the most significant issue for participants within this project. In addition, this project uses emerging methodologies, combining multiple approaches and developing new tools in order to address the issues of interest to participants as they arise. There are few studies that document how arts-based, land-based, participatory and community research approaches can work together to explore questions of health and wellbeing.

6.2 Policy and Programming Recommendations

There are a number of lessons learned from this project that could lead to meaningful change and improved health outcomes for Indigenous women and girls.

Trauma informed care can be viewed as a central tenant required to work effectively with historically marginalized populations. Historical trauma response finds the root causes within colonization, and is often exhibited through neurological biological psychological and social effects of trauma and violence. Therefore, effectively working with people who experience historical trauma response requires a different approach to care and service delivery than approaches used with individuals and communities who have experienced multiple facets of

trauma without the intergenerational colonial component. Currently, the common understanding of trauma informed care does not include historical trauma or historical trauma response.

In order to meet this need:

- All organizations that work with Indigenous communities, including government, public, and private sectors, need to receive training on identifying and understanding historical trauma and historical trauma response.
- All organizations that work with Indigenous communities, including government, public, and private sectors, need to understand basic principles of cultural responsiveness, rather than cultural diversity or cultural safety, in order to work effectively with people who experience historical trauma response.
- Cultural responsiveness needs to be a key component of organizational mandates and care plans for service organizations that work with individuals, families, and communities to address historical trauma.

In order to further these recommendations, I will create a fact sheet that outlines what the inclusion of historical trauma into trauma informed care would entail. This document will also include information about the need for cultural responsiveness as a central component in addressing historical trauma response. This will be distributed broadly to organizations and social services.

Policies and programs need to recognize the ongoing effects that neocolonialism continues to have upon both individuals and communities. In order to prevent escalation of historical trauma response it is essential that a harm reduction approach be implemented for all interactions with

communities and individuals regardless of socio-economic status, age, religious, ethnic or cultural background.

- Service delivery and educational organizations need to employ a harm reduction approach to all risk taking and decision making scenarios.
- In order to prevent trauma and risk decision making practices, service delivery and educational organizations need to remain cognizant of the decision making capacity of school age children, and employ a harm reduction approach with children.

In order to address these recommendations, a series of public presentations with local organizations including the Winnipeg Regional Health Authority and Indigenous service delivery organizations is being organized.

While this research did not focus on health messaging, some recommendations to improve health information were gleaned through the research process.

- Government, public and private sectors need to recognize that gaps pertaining to basic health literacy are significant among diverse socio-economic communities.
- Addressing gaps in health literacy requires community buy in of the importance of health information.

Increasing health literacy and community buy-in can be accomplished through information sessions that provide an activity component to apply knowledge gained through information, as well as an activity that is peripheral to the information provided, such as a thematic based popular movie, would provide opportunities to address gaps in basic health literacy.

- When creating health promotion materials, organizations must recognize popular cultural stereotypes about what images are attractive and appealing does not necessarily equate with images that instill health promotion practices for a broad audience. In other words, if a target test audience preferentially indicates one image, this does not mean that the likelihood of the uptake of recommended actions or behaviours will take place.
- Organizations that create risk communication messaging and public health information need to include real people in the campaigns and materials.

In order to address this gap, when asking focus group members which materials are preferred and effective, facilitators need to ask which of these images is more relatable, rather than more appealing. Recommendations for changes to health messaging approaches were presented at two separate panels during the 2017 Canadian Public Health Association Annual Conference and a paper for submission to a journal such as the Canadian Journal of Public Health.

When specifically addressing engagement of the general population, as well as targeted groups, it is important to remember that meaningful opportunities for decision making about program and service delivery is not common practice. As a result, the expectation that people should be able to immediately act as equal stakeholders within a project or program may prove challenging.

When conducting programming, service delivery and research with families it is important that:

- All stakeholders have the opportunity to engage in program planning and service delivery opportunities.
- There is public recognition that children over the age of six are in school, and that many parents are gainfully employed during normal business hours. As such, agencies that

provide opportunities for culturally responsive skill development and programming need to be open during evenings and weekends.

- Cultural responsiveness needs to remain central to the delivery of programs and services with families who are actively trying to improve intergenerational relationships.
- Programs and educational settings need to be cognizant of this residual effect and work together to provide opportunities for skill building and relational development by families.
- Many individuals have not had the opportunity to engage in meaningful decision making processes, it is important that time and skill development opportunities factor into program development and evaluation mandates.
- The legacy of residential schools, the sixties scoop, and current foster care experiences is that the intergenerational familial connections have often been severed.
- Mentoring opportunities should figure strongly into cultural responsive, harm reduction approaches to service delivery and educational platforms.

While some organizations have independently identified these gaps in service delivery, others have not. In order to affect change, public dialogue with key stakeholders and further detailed information about the rationale behind how to implement these programming recommendations in a meaningful way through the creation of a short tool-kit is under construction.

Finally, within a research setting there are a number of lessons that can be learned from this study.

- University ethics boards and granting agencies need to recognize that a pan-Indigenous approach may be necessary. This may be especially true within urban centres.

- University ethics boards and granting agencies need to recognize that many non-status First Nations people do not affiliate with formal Indigenous government structures, as such, support from such agencies, for these individuals, may be seen as meaningless and may be detrimental to recruitment.
- Sufficient time and opportunities for skill development need to be included into study timelines and organizational structures when engaging in community based research. This is especially significant when participants are expected to act as decision-makers in terms of setting objectives, collecting data, and conducting analysis.
- Research needs to be conducted with children and their caregivers rather than about children and their caregivers.
- Further research that recognizes school age children as equal stakeholders in research is needed to better understand the development of decision making practices and reduce preventable health disparities.

There is already some work being conducted at the University of Manitoba to affect change around organizational partnership mandates.

Academic publications and conference presentations to address concerns related to research practices emerging from study findings is ongoing.

6.3 Future Research Possibilities

There are a number of directions possible for future research. I will highlight two studies that participants identified as necessary for ensuring improved health and safety within their communities, as well as two studies I believe would be natural progressions from this research.

The first idea is a direct continuation of the research presented within this dissertation. Participants requested that this research workshop be turned into a three-part intervention strategy. They would like to see the initial workshop continue, where women and girls gather to discuss what it means to be happy, healthy and safe. The second workshop in the series would explore what it means to be brave, strong and confident. The third level participants envisioned was a weekend retreat at a healing lodge or camp, where physical wellbeing could be explored. During this camp, participants would have the opportunity to further unpack the concept of traditional healing and learn about healing methods. Participants would like an Elder to be involved in the final level. Participants believe that through this program, girls and women will be able to work together to develop the skills needed to address historical trauma and improve health outcomes for future generations.

The second project idea focuses on masculinity and healing using a decolonizing, participatory action approach. Women and girls noted that many boys are already exhibiting violent behaviours towards women by the age of ten. They would like to see a similar project conducted with younger participants (age 7-10). Participants rightly identified a gap in research about how boys perceive what it means to be a man and what it means to be “brave” and what can be done to address historical trauma and perceptions of masculinity. There was some disagreement among participants about the adults participating in this type of a study. Some participants believed it should focus on an adult male role model and boy relationship (note: they did not refer to men as caregivers), whereas others said that it should focus on the female caregiver and boy relationship. Participants within this study believe that this could lead to reduced violence among the youth and improve familial relationships.

The third project focuses on women who have children in care using a decolonizing, participatory action approach. The number of Indigenous youth in care is staggering. In 2011, 14,000 Indigenous youth under the age of 14 were in care. This accounted for 48% of the children in foster care, even though Indigenous children represent only 7% of the overall child population within Canada. Of the Aboriginal children in care, 76% live within the western provinces (Statistics Canada, 2016). Much of the research on youth in care is presented through quantitative formats, or a series of case studies. There is little to no work that captures the experiences of parents attempting to regain custody of their children. A project that addresses priority setting practices of women who have established unsupervised visitation and are in the process of, or have recently resumed custody of children would provide important insights into health practices. Comparison of this proposed research with my dissertation research would provide the capacity to develop supports and services for families. This would help ensure that children are not removed from their familial homes, or if they have been, that reintegration is more successful and children remain within their family homes.

Finally, improved health messaging for Indigenous communities needs to be explored. This project would use a qualitative approach, using focus groups, interviews and a review of public health messaging that is readily accessible in print format. Participants noted that they did not look at websites for general public health information. Although I expected that tacit and explicit public health messaging would be a key part of this research, it was not. Participants did not discuss public health messaging within any of the three workshops beyond occasional comments in passing, such as “I never read those things” referring to signs and pamphlets. When observing the uptake of popular health messaging within the workshop, it became apparent that there are significant gaps related to hand hygiene, food safety, nutrition, physical activity, oral hygiene

and basic first-aid. This often created challenges for the majority of adult and youth participants as they attempted to engage in perceived healthy activities without seeing changes to physical health. In terms of verbal communication around health messaging, adult participants raised questions about basic reproductive health, both in terms of menarche and conception, about when to see a doctor, how to talk to a doctor or dentist, why certain foods are important to eat, and why baby bottles are not recommended for ongoing use. With information about where gaps in the knowledge lie, a research project that focuses on understanding what the barriers are to accessing health messaging is important. This project would provide important knowledge to better inform public health messaging among urban Indigenous communities.

6.4 Final Thoughts

This study provided some unexpected insights into the lives of First Nations and Metis families within Winnipeg. Literacy levels, health knowledge, self-determination and basic life skill levels were all lower than anticipated. Basic life skills included comfort using scissors during a craft, knowledge about how to prepare basic meals and other similar skills. As the workshop progressed, there was visible growth among participants. Parenting approaches changed and participants were making meaningful changes in their lives outside the workshop. These changes included returning to school, planning healthier meals, seeking opportunities to learn about cultural traditions, as well as removing themselves and their children from unsafe domestic situations.

Although there was a sense of hopelessness and despair that often emerged in comments made by adults and girls, as the weeks passed, this hopelessness seemed to be replaced by beacons of hope. Women and girls formed supportive communities, raising each other up, caring for one

another, and providing shared teachings about what it means to be a woman or a girl. Participants were able to ask questions about life, love and happiness. Parents began to publicly employ positive parenting approaches and girls began to publicly take pride in their accomplishments both within and outside the weekly sessions.

The initial goal of employing a decolonizing, participatory research approach was to see if relationship building and ownership within participants of activities and research results would lead to more confidence in data collected. This approach certainly led to confidence in the data collected. While participants began the first week of data collection with comments such as “my daughter eats spinach every day”, by the end of the workshop the same individuals admitted to not knowing how to prepare spinach. The honesty expanded to other challenges and gaps in knowledge participants experience on a daily basis. The ethical space I tried to create to ensure confidence in data turned into a space for healing. The experiences with the participants in this group often forced me outside of my comfort zone. I was often simultaneously honoured and overwhelmed by the weekly sessions and the trust participants placed both upon me, and with each other.

The final workshop ended in a very special way. At the celebration for the final workshop group, one of the fathers brought a drum. He began singing a song of thanksgiving, and a song to honour the women and the girls. He said he had a vision that he needed to celebrate the research study, and all the healing participants had done throughout the past two months. As the men started to sing, women joined in and children danced around the room. The heartbeat was strong and I was filled with a sense of hope. The key to overcoming historical trauma is to identify the trauma, to give it a name, to provide space to heal, to understand what is happening, and to find a new path forward. This healing cannot happen on its own. It requires the whole community to

work together, to build each other up, and to be able to envision a different future for the next generation. As the song went on, I was reminded that this future is possible, that there is hope and strength within the urban Indigenous community across the city. Most importantly, as the girls who participated in the research articulated, there is love.

6.5 References

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Appendix 1: University of Manitoba Ethics Approval



UNIVERSITY
OF MANITOBA | Bannatyne Campus
Research Ethics Board

PI26-770 Bannatyne Avenue
Winnipeg, Manitoba
Canada, R3E 0W3
Telephone : 204-789-3255
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HEALTH RESEARCH ETHICS BOARD (HREB) CERTIFICATE OF FINAL APPROVAL FOR NEW STUDIES Full Board Review

PRINCIPAL INVESTIGATOR: Ms. E. Cooper	INSTITUTION/DEPARTMENT: U of M/Community Health Sciences	ETHICS #: H2015:169
HREB MEETING DATE: April 27, 2015	APPROVAL DATE: June 5, 2015	EXPIRY DATE: April 27, 2018
STUDENT PRINCIPAL INVESTIGATOR SUPERVISOR (if applicable): Dr. M. Driedger		

PROTOCOL NUMBER: NA	PROJECT OR PROTOCOL TITLE: Positioning Priorities: Safety and Wellbeing Among Metis Mothers in Winnipeg, MB
SPONSORING AGENCIES AND/OR COORDINATING GROUPS: NA	

Submission Date(s) of Investigator Documents: April 6 and May 28, 2015	REB Receipt Date(s) of Documents: April 6 and June 2, 2015
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THE FOLLOWING ARE APPROVED FOR USE:

Document Name	Version(if applicable)	Date
Protocol:		
Protocol	V. 1	April 6, 2015
Consent and Assent Form(s):		
Research Participant Information and Consent Form - Adult Consent	V. 2	May 20, 2015
Research Participant Information and Consent Form - Child Consent	V. 2	May 20, 2015
Research Participant Assent Form - Child Assent	V. 2	May 20, 2015
Other:		
E-mail to Potential Participants	V. 1	May 20, 2015
Poster	V. 1	April 6, 2015
Sample Session Design: Food Security	V. 1	April 6, 2015
Telephone Script	V. 1	April 6, 2015

CERTIFICATION

The University of Manitoba (UM) Health Research Board (HREB) has reviewed the research study/project named on this *Certificate of Final Approval* at the *full board meeting* date noted above and was found to be acceptable on ethical grounds for research involving human participants. The study/project and documents listed above was granted final approval by the Chair or Acting Chair, UM HREB.

HREB ATTESTATION

The University of Manitoba (UM) Health Research Board (HREB) is organized and operates according to Health Canada/ICH Good Clinical Practices, Tri-Council Policy Statement 2, and the applicable laws and regulations of Manitoba. In respect to clinical trials, the HREB complies with the membership requirements for Research Ethics Boards defined in Division 5 of the Food and Drug Regulations of Canada and carries out its functions in a manner consistent with Good Clinical Practices.

QUALITY ASSURANCE

The University of Manitoba Research Quality Management Office may request to review research documentation from this research study/project to demonstrate compliance with this approved protocol and the University of Manitoba Policy on the Ethics of Research Involving Humans.

CONDITIONS OF APPROVAL:

1. The study is acceptable on scientific and ethical grounds for the ethics of human use only. *For logistics of performing the study, approval must be sought from the relevant institution(s).*
2. This research study/project is to be conducted by the local principal investigator listed on this certificate of approval.
3. The principal investigator has the responsibility for any other administrative or regulatory approvals that may pertain to the research study/project, and for ensuring that the authorized research is carried out according to governing law.
4. This approval is valid until the expiry date noted on this certificate of approval. A Bannatyne Campus Annual Study Status Report must be submitted to the REB within 15-30 days of this expiry date.
5. Any changes of the protocol (including recruitment procedures, etc.), informed consent form(s) or documents must be reported to the HREB for consideration in advance of implementation of such changes on the Bannatyne Campus Research Amendment Form.
6. Adverse events and unanticipated problems must be reported to the REB as per Bannatyne Campus Research Boards Standard Operating procedures.
7. The UM HREB must be notified regarding discontinuation or study/project closure on the Bannatyne Campus Final Study Status Report.

Sincerely,



- 2 -

Please quote the above Human Ethics Number on all correspondence.
Inquiries should be directed to the REB Secretary Telephone: (204) 789-3255/ Fax: (204) 789-3414

Appendix 2: Adult Consent Form

RESEARCH PARTICIPANT INFORMATION AND CONSENT FORM

Title of Study: Positioning Priorities: Safety and Wellbeing among First Nations, Inuit and Metis Mothers in Winnipeg, MB¹⁴

Principal Investigator: Elizabeth Cooper, Department of Community Health Sciences,
University of Manitoba [REDACTED]

phone [REDACTED] e-mail: [REDACTED]

Supervisor : Dr. S Michelle Driedger, Department of Community Health Sciences, University of
Manitoba [REDACTED]

phone [REDACTED] e-mail: [REDACTED]

You are being asked to participate in a research study. Please take your time to review this consent form and discuss any questions you may have with the study staff.

Purpose of Study: This project is trying to understand two main questions: (1) what do you need to do, as a mother, to be happy, healthy and safe in your community and (2) what do you need to teach your daughter so that she grows up to be happy, healthy and safe?

The hope is that in the future the answers to these questions will help shape future projects.

Study procedures: We will be conducting meetings every week for a six week period. We would like you to participate weekly, if possible. Meetings will be two hours in length. We will be doing a variety of activities like art projects, going for walks around the community and having discussions about things that are important to you and your family. We will be making a recording of parts of the session for research purposes. On the first week you will be given a questionnaire with a few questions about things like your education or what area of the city you live in. This just lets us have an idea about the people who participate in the workshop. This form is optional. You do not need to fill it in.

¹⁴ Note, the title of the study changed in 2017, following the Doctoral Defense.

Risks and Discomforts: There are no risks associated with your participation in this project beyond that experienced in daily activities.

Costs and Benefits: Although there may or may not be a direct benefit to you from participating in this study, we hope the information learned from this study will benefit others in the future. There will be no costs directly associated with your participation in this project, nor will there be payment or reimbursement allotted to you. You may be asked to think about ideas at home over the week or do some other preparation for the next week. If you do these activities, your name will be entered into a weekly draw for a small prize with a value less than \$10. You will receive a token gift of \$50 at the end of the project.

Confidentiality: Information gathered in this research study may be published or presented in public forums, however your name and other identifying information will not be used or revealed and your contribution will be identified through a pseudonym, unless you chose to be identified by your name.

Despite efforts to keep your personal information confidential, absolute confidentiality cannot be guaranteed. Your personal information may be disclosed if required by law. If there is any evidence of child abuse, this will be reported to the proper authorities.

The University of Manitoba Health Research Ethics Board may review records related to the study for quality assurance purposes.

All records will be kept in a locked secure area and only those persons identified will have access to these records. No information revealing any personal information such as your name, address or telephone number will leave the University of Manitoba.

Voluntary Participation/Withdrawal from the Study: Your decision to take part in this study is voluntary. You may refuse to participate or you may withdraw from the study at any time. If you decide you do not want a part of the information you shared to be used in the research, please let us know within a month of the project finishing and we will delete that section of any recordings.

Questions: You are free to ask any questions that you may have about your rights as a research participant. If any questions come up during or after the study please contact Michelle Driedger at [REDACTED] or Elizabeth Cooper [REDACTED]. For questions about your rights as a research participant, you may contact The University of Manitoba, Bannatyne Campus Research Ethics Board Office at [REDACTED]. Do not sign this consent form unless you have had a chance to ask questions and have received satisfactory answers to all of your questions.

Statement of Consent: I have read this consent form. I have had the opportunity to discuss this research study with Elizabeth Cooper. I have had my questions answered by them in language I understand. The risks and benefits have been explained to me. I believe that I have not been unduly influenced by any study team member to participate in the research study by any statements or implied statements. Any relationship (such as employer, supervisor or family member) I may have with the study team has not affected my decision to participate. I understand that I will be given a copy of this consent form after signing it. I understand that my participation in this study is voluntary and that I may choose to withdraw at any time. I freely agree to participate in this research study. I understand that information regarding my personal identity will be kept confidential, but that confidentiality is not guaranteed. I authorize the inspection of any of my records that relate to this study by The University of Manitoba Research Ethics Board, for quality assurance purposes. By signing this consent form, I have not waived any of the legal rights that I have as a participant in a research study.

Participant signature _____ **Date** _____
(day/month/year)

Participant printed name: _____

In addition to conversations and activities, we may be taking some photographs and videos as part of the research. You might be taking some of these pictures or videos. The pictures should be respectful of you and should not cause you any harm. They may be of activities we are doing together, or might be of things you think are important parts of your life, an example of this might be a photo or video of you pointing out something that is interesting in your neighbourhood. Please indicate if you are willing to have your photograph taken and used for research and educational purposes. This might include materials used for teaching students, it might include public presentations, and it might include photographs in journals and/or books.

Yes No

I, the undersigned, attest that the information in the Participant Information and Consent Form was accurately explained to and apparently understood by the participant or the participant's legally acceptable representative and that consent to participate in this study was freely given by the participant or the participant's legally acceptable representative.

Witness signature _____ **Date** _____
(day/month/year)

Witness printed name: _____

I, the undersigned, have fully explained the relevant details of this research study to the participant named above and believe that the participant has understood and has knowingly given their consent

Printed Name: _____ Date _____
(day/month/year)

Signature: _____

Role in the study: _____

Appendix 3: Child Consent Form (Signed by Parent/Guardian)

RESEARCH PARTICIPANT INFORMATION AND CONSENT FORM

Title of Study: Positioning Priorities: Safety and Wellbeing among First Nations, Inuit and First Nations, Inuit and/or Metis Mothers in Winnipeg, MB¹⁵

Principal Investigator: Elizabeth Cooper, Department of Community Health Sciences,

University of Manitoba [REDACTED]

phone [REDACTED] e-mail: [REDACTED]

Supervisor : Dr. S Michelle Driedger, Department of Community Health Sciences, University of Manitoba [REDACTED]

phone [REDACTED] e-mail: [REDACTED]

Your child is being asked to participate in a research study. Please take your time to review this consent form and discuss any questions you may have with the study staff.

Purpose of the Study: This project is trying to understand two main questions: (1) what do Mothers need to do to be happy, healthy and safe in your community and (2) what do Mothers need to teach their daughters so that she grows up to be happy, healthy and safe?

The hope is that the answers to these questions will help shape future projects.

Study Procedures: We will be conducting meetings every week for a six week period. We would like you and your daughter to participate weekly, if possible. Meetings will be two hours in length. We will be doing a variety of activities like art projects, going for walks around the community and having discussions about things that are important to you and your family. Your daughter will not participate in any research activities without you present. We will be making a recording of parts of the sessions for research purposes.

¹⁵ Note, the title of the study changed in 2017, following the Doctoral Defense.

Risks and Discomforts: There are no risks associated with participation in this project beyond that experienced in daily activities.

Costs and Benefits: Although there may or may not be a direct benefit to you from participating in this study, we hope the information learned from this study will benefit others in the future. There will be no costs directly associated with you or your daughters participation in this project, nor will there be payment or reimbursement allotted to you or your daughter. You may be asked to think about ideas at home over the week or do some other preparation for the next week. If you do these activities, your daughter will have her name entered into a weekly draw for a small prize worth less than \$10.

Confidentiality. Information gathered in this research study may be published or presented in public forums, however your daughters name and other identifying information will not be used or revealed and her contribution will be identified through a pseudonym, unless you, and she, chose to be identified by name.

Despite efforts to keep personal information confidential, absolute confidentiality cannot be guaranteed. Your daughters personal information may be disclosed if required by law.

The University of Manitoba Health Research Ethics Board may review records related to the study for quality assurance purposes.

All records will be kept in a locked secure area and only those persons identified will have access to these records. No information revealing any personal information such as you or your daughters name, address or telephone number will leave the University of Manitoba.

Voluntary Participation/Withdrawal from the Study: The decision to take part in this study is voluntary. Your daughter may refuse to participate in any portion of the study and she may withdraw from the study at any time.

You are not waving any of your legal rights by signing this consent form nor releasing the investigator(s) or the sponsor(s) from their legal and professional responsibilities.

Questions: You are free to ask any questions that you may have about your rights or your daughters rights as a research participant. If any questions come up during or after the study please contact Michelle Driedger at [REDACTED] or Elizabeth Cooper [REDACTED]. For questions about your rights as a research participant, you may contact The University of Manitoba, Bannatyne Campus Research Ethics Board Office at [REDACTED]. Do not sign this consent form unless you have had a chance to ask questions and have received satisfactory answers to all of your questions.

Statement of Consent: I have read this consent form. I have had the opportunity to discuss this research study with Elizabeth Cooper. I have had my questions answered by them in language I understand. The risks and benefits have been explained to me. I believe that I have not been unduly influenced by any study team member to participate in the research study by any statements or implied statements. Any relationship (such as employer, supervisor or family member) I may have with the study team has not affected my decision to participate. I understand that I will be given a copy of this consent form after signing it. I understand that my participation in this study is voluntary and that I may choose to withdraw my daughter at any time. I freely agree to allow her to participate in this research study. I understand that information regarding her personal identity will be kept confidential, but that confidentiality is not guaranteed. I authorize the inspection of any of my records that relate to this study by The University of Manitoba Research Ethics Board, for quality assurance purposes. By signing this consent form, I have not waived any of the legal rights that I have or my daughter has as a participant in a research study.

Legal Guardian signature _____ **Date** _____

(day/month/year)

Legal Guardian name: _____

Child's printed name: _____

In addition to conversations and activities, we may be taking some photographs and videos as part of the research. You or your daughter might be taking some of these pictures or videos. The pictures should be respectful and should not cause your daughter any harm. They may be of activities we are doing together, or might be of things you think are important parts of her life, an example of this might be a photo or video of her pointing out something that is interesting in her neighbourhood. Please indicate if you are willing to have your daughters photograph taken and used for research and educational purposes. This might include materials used for teaching students, it might include public presentations, and it might include photographs in journals and/or books.

Yes No

I, the undersigned, attest that the information in the Participant Information and Consent Form was accurately explained to and apparently understood by the participant or the participant's legally acceptable representative and that consent to participate in this study was freely given by the participant or the participant's legally acceptable representative.

Witness signature _____ Date _____
(day/month/year)

Witness printed name: _____

I, the undersigned, have fully explained the relevant details of this research study to the participant named above and believe that the participant has understood and has knowingly given their consent

Printed Name: _____ Date _____
(day/month/year)

Signature: _____ Role in study: _____

Appendix 4: Child Assent Form

RESEARCH PARTICIPANT ASSENT FORM

Title of Study: Positioning Priorities: Safety and Wellbeing among First Nations, Inuit and Metis Mothers in Winnipeg, MB¹⁶

Principal Investigator: Elizabeth Cooper, Department of Community Health Sciences,

University of Manitoba [REDACTED]

phone [REDACTED] e-mail: [REDACTED]

Supervisor : Dr. S Michelle Driedger, Department of Community Health Sciences, University of Manitoba [REDACTED]

phone [REDACTED] e-mail: [REDACTED]

Why am I here and what will I do?

We want to know about what it means to be happy, healthy and safe for both you and your Mom.

We are going to play games, make crafts, tell stories, talk and try to have a lot of fun together for two hours once a week for six weeks.

Sometimes you and your mom might be asked to do something at home and bring it with you the next week, like take pictures of things around your house or neighbourhood that you think are not safe. If you do the activity at home you will have your name entered into a draw that week to win a small prize like some candy or a water bottle or a fun headband. If you don't do the activity at home, that's okay.

Will the study hurt?

We hope that this study will be fun. We don't think that you will get hurt any more than you would if you were at school.

What will happen if I am in the study?

You will have the chance to do some activities you think are fun and you will have a chance to share your ideas with other people about what you think being happy, healthy and safe means.

¹⁶ Note, the title of the study changed in 2017, following the Doctoral Defense.

Who will know if I am in the study?

You, your mom, and the other people participating in the sessions will know you are in the study. We will tell other people some of the ideas you have about being happy, healthy and safe, but no one will be able to know it was you who came up with those ideas. You and your family can decide if you want us to use your first name when we talk about the study or if you want to make up a first name for us to use when we talk about the study.

Sometimes people do not want anyone to know they were in a research study. They do not mind if the words they said and their ideas are shared with other people, but they do not want people to know it was their ideas or experiences. If people do not want their name shared, we will make up a name because it is always nicer if a person has a name when you hear or read a story about people. It would be funny if you read a book and you read: 'Girl 1 said "I really love reading books".' It is much nicer if you read 'Sarah said "I really love reading books".'

It is your choice (and your family's choice) if we use your first name or if we make up a name.

Do I have to be in the study?

No, you do not have to be in the study, but we hope that you will want to be in the study. If there is anything you don't want to do, you do not need to. You will not be asked any questions without your mom being around when we are talking together for the research project. But you will also be doing some activities with the other kids at the beginning while the grownups meet by themselves. Then both the moms and all the kids will do some activities together.

It is really important that you know that you cannot leave the building without your mom's permission.

Will the things I share be kept secret?

If you do not want us to share what you told us, you can tell us that. If you go home and think of something you wish you had shared or you wish you had not told us, you can let us know and we will pretend we never heard it.

If we find out that the law has been broken, we will have to tell people so we can make sure everyone is safe.

What if I have questions?

You can always ask us anything and we will try to answer it the best we can. If you don't feel comfortable asking us, you can tell your mom and she can ask us.

Assent for Positioning Priorities

I want to take part in this study. I know I can change my mind at any time.

_____ Verbal assent given Yes

Print name of child

Signature of Child

Age

Date

I confirm that I have explained the study to the participant to the extent compatible with the participants understanding, and that the participant has agreed to be in the study.

Printed name of
Person obtaining assent

Signature of
Person obtaining assent

Date

GIRLS NIGHT OUT

For First Nations, Metis or Inuit Girls Age 8-12



☆ **CALL** ☆ **TEXT** ☆ **E-MAIL**

REGISTER TODAY

Liz: (204) 899-2220

elizabeth.cooper@umanitoba.ca

This is a 6 week research project.
We want to know what it means for you and for your mom to be happy and healthy.
We are going to have a lot of fun and we hope you can come.

WHO: Girls!

(Bring your Mom, Auntie or Grandma)

What:

Fun, Friends, Games, Crafts, Music, Dinner, Laughing and More!

When:

Tuesdays 5:30-7:30 (6 Tuesdays total)

Fall Session: Nov 10-Dec 15

Winter Session: Jan 19-Feb 23

Where:

Manitoba Indigenous Cultural Education Centre

(119 Sutherland Ave)

REGISTRATION REQUIRED

Dinner for you and your mom each week. Fun activities every week. Nice gifts given as a thank you at the end of the program.



UNIVERSITY
OF MANITOBA

Faculty of Health Sciences

This Program is for Moms (or Aunties or Grandmas) and Daughters

Cost: FREE!!!