First Nations Communities at Risk And in Crisis: Justice and Security

Wanda D. McCaslin, LL.B, LL.M (Candidate) University of Saskatchewan

Yvonne Boyer, LL.B, LL.M, LL.D (Candidate) University of Ottawa

ABSTRACT

This paper argues that colonialism is far too often overlooked or dismissed in designing security and justice remedies in First Nation communities. Yet, as a process of domination, colonialism has proven destructive to the peoples of the world who have suffered colonization. For First Nations peoples in Canada, the colonial regime has applied pressure against their cultures, practices and traditions. In naming colonialism as a major and central source of harms, models for the future must address systemic structures of colonialism. A decolonizing approach is highly challenging both for the individuals who take these steps and for the communities who undertake collective transformations. Healing means setting out on un-walked paths to decolonization. The paper's framework starts with examining the current stressors for First Nation communities at risk or in crisis. Reviewing the currently published findings on justice and security related stressors, this research paper looks closely at: on-research health, education, poverty reduction and social assistance, child welfare, youth gang issues, policing services, crime rates, and safety of health workers. The research finds that Aboriginal traditions and approaches to health, healing, knowing, and doing can exist within other institutions and frameworks, to help alleviate community stressors. The authors of this study outline five decolonizing recommendations for ways to move forward in building models for the future; then, provides practical advice on how to build preventive and proactive community plans, support community capacity and infrastructure, build relationships, and model positive development.

KEYWORDS

Colonialism, decolonization, healing, circles, relationships

INTRODUCTION[1]

Examining how justice and security issues affect First Nations communities and ascertaining potential strategies for the future are ways in achieving the National Aboriginal Health Organization's objectives:

The National Aboriginal Health Organization (NAHO) is an Aboriginal designed and controlled body committed to influencing and advancing the health and well-being of Aboriginal Peoples by carrying out knowledge-based strategies. NAHO is founded upon, and committed to unity, while respecting diversity. With Aboriginal communities as its primary focus, NAHO gathers, creates, interprets, disseminates, and uses both traditional Aboriginal and contemporary western healing and wellness approaches (NAHO, 2007).

This paper examines the stressors for First Nation communities at risk or in crisis with a focus on canvassing determinants of health including: poverty, child welfare, youth gangs, policing, and domestic violence. It provides some principles that could guide strategies in developing decolonizing processes and methods that create opportunities for long term sustainable initiatives within a culturally relevant framework for First Nation communities. With this commitment to positive change there are opportunities for creating healthy, just and safe communities in Canada. This requires leadership but also sustainable planning based on inclusion, integration and shared responsibilities. Putting things right in at risk or in crisis First Nations communities is a complex and challenging task. Incidences of violence have become commonplace in many communities. Statistics show that First Nations young people in Canada are more likely to become involved in gangs, to have higher rates of suicide than non-Aboriginal youth, to be unemployed or underemployed, and to come into contact with the western justice system. They are less likely to complete high school or form long-term, healthy, intimate relationships. High rates of physical and sexual abuse against Aboriginal women and children, high rates of unemployment, low rates of education, and disproportionate rates of conflict with the law are some of the common community dysfunctions which are inter-generational. Faced with these challenges, communities struggle to move forward in positive and rewarding ways.

Through the struggles some communities have experienced healing ways, relationship building and social, political and economic developments – these are all critical steps toward successful intervention of community dysfunction. Examples such as Hollow Water, a First Nation community that initiated an indigenous circle process as a way to respond to the harms within their community, provide a roadmap toward a new way of doing justice. Circles bring together whole families, both members who have harmed and who have been harmed, to find a way to respond and make communities stronger out the other side. Relative to the Euro-based colonial model, healing the spiritual, emotional, and mental anguish is a "new" but "old" way of living, but forging a new/old life for communities by undertaking healing work can be tough. Restoring and reclaiming culture and restoring unhealthy relationships to good ways are extremely challenging, both for the individuals who take these steps and for the communities who undertake collective transformations. Healing means setting out on un-walked paths to decolonization. Small changes to the status quo do not bring the healing transformations that First Nations need. These transformations require new patterns of thinking, acting and behaving that honour and respect First Nations cultures and traditions.

If new strategies and transformative efforts have hope of making things better, there must be a concerted and concentrated approach to develop strategies for change. In the last 20 years, there has been some movement toward developing positive relationships with the Aboriginal people of Canada. For example, in 2008, Prime Minister Stephen Harper apologized to Aboriginal peoples for forcing their children to attend Residential Schools. As well, the system has made some headway by using more healing and restorative practices, which strengthen relationships and creates a deeper understanding of what is going on. We need to build upon these positive developments in seeking new transformations. Without question, any changes that make a system more inclusive, less harsh and more accommodating are welcome. For those in crisis, even the slightest easing of colonial force becomes a lifeline. Such measures are, however, only a small step on the path to addressing the harms done to Aboriginal peoples. Much more must be done.

Understandings of colonialism suggest that it is a process of domination that has proven destructive to the many colonized people of the world. For First Nations peoples in Canada, the effect was a colonial regime applying pressure against their cultures, practices and traditions. In naming colonialism as a major and central source of harm, we do not intend to blame any individuals or otherwise. What we are seeking to understand is the systemic structures of colonialism that operates in ways that are antithetical to Aboriginal knowledge, teachings and ways of life. This creates opportunities to move toward decolonization methodologies and strategies. The current realities that First Nations face cannot be appropriately understood, much less constructively addressed, unless these root causes in colonialism are named. Our purpose in stating the full extent of harm that colonialism has caused, therefore, is not to widen the gap between peoples working toward healing the harms, but to assess the situation with sufficient accuracy so that we can, together, find viable solutions.

Remedying communities at risk or in crisis requires collective, personal, economic, social, and political strategies that address the root causes of harm and is grounded upon transformative initiatives that accord appropriate respect toward First Nations traditions, practices and cultures. Anything less will keep the same power structures in place and maintain the status quo dysfunctions. This paper relies upon two premises: 1) that addressing the crisis in communities must begin with recognizing the root cause of harms, colonization. Peeling away the layers about this

truth requires that we examine stressors in the communities so we can begin to understand the breadth and depth of the issues, and 2) that taking more holistic inclusive approaches in reforms reflect the values and principles of First Nation cultures and will improve the quality of safety and security for First Nations people.

The objective of this research paper is to review current literature findings on justice and security related stressors and strategies for First Nation communities at risk or in crisis and build upon the current processes to provide principles or models for the future. This paper adopts an Aboriginal perspective of the importance in approaching issues through consensus building in developing its analysis and recommendations. This perspective asks the current literature: what are the determinants of health and current realities of First Nation Communities? What are the healing strategies currently implemented? Are there any potential policy and legal issues or gaps that exist? This paper provides a list of key findings, conclusions and actions for supporting long term enhanced opportunities for First Nation communities to enter into positive long term sustainable partnerships and initiatives. The paper seeks to provide a comprehensive list of recommendations for concrete actions that can be taken by a First Nation community (with or without outside assistance) to address justice and security related issues affecting the community. This is achieved by first understanding the full extent of colonial harms within communities, and individually.

To this end, Part 1 provides a brief synopsis of colonization approaches and its potential continuing impact on an ever growing and diverse First Nation population. Part 2 offers a summary of the literature review on determinates of health for First Nation communities and connections to the healing approaches in various community initiatives. Part 3 highlights successful principles of animating First Nations and underscores the recognition and building up of principle initiatives. Part 4 provides a road map of moving forward and offers suggestions of opportunities and recommendations of action strategies. De-colonization goals, traditional knowledge and strategies of success provide the backdrop to recommendations and points toward potential action plans.

Part 1 First Nation Communities

1.1 Colonization and Communities

First Nations people in Canada continue to suffer from the onslaught of colonization and imperialism in communities. From the time of contact onward, First Nations people have been traumatized by racism and attacks on their culture. This is recognized by many reports including the 1996 Royal Commission of Aboriginal Peoples:

> Policies of domination and assimilation battered Aboriginal institutions, sometimes to the point of collapse. Poverty, ill health and social disorganization grew worse. Aboriginal people struggled for survival as individuals, their nationhood erased from the public mind and almost forgotten by themselves (Vol. 3).

Many Canadians who are unfamiliar with this history continue to believe that telling the truth of it is not important in the grand scheme of today's society. This perspective sees truth telling as unnecessary, yet this view comes from a complete lack of awareness about what happened and continues to happen. Lack of knowledge of the colonial history creates a circle of denial that is perpetrated every day in Canada. This denial poses a constant challenge to First Nations communities as they struggle to move forward in positive ways in their healing journeys.

Truth telling, however, is a critical step in addressing stressors of crisis as it peels away layers of denial about harm and trauma, and it is the first step in the healing process. To understand the current harms and dysfunctions in First Nations communities, we need to understand the context of how they have come to be. In other words, we need to understand the devastation that colonization has caused to First Nations people and their communities to understand the full scope of what First Nations people face today.

At its first instance, colonization imposes a power imbalance, which it then maintains as the status quo. Everything is organized around securing a power advantage. In Canada, colonization provides the framework for enforcing the unbalanced power relations that exist between First Nations communities and the rest of Canadian society such as the steps for First Nations in reclaiming their resources, land and until recently the damages for the overarching cultural harms the Residential Schools levied by a national system (Backhouse, 1999). Professor Constance Backhouse (1999) articulates that:

> It is essential to recognize that racism is located in the systems and structures that girded the legal system of Canada's past. Racism is not primarily manifest in isolated, idiosyncratic, and haphazard acts by individual actors who, from time to time, consciously intended to assert racial hierarchy over others. The roots of racilization run far deeper than individualized, intentional activities. Racism resonates through institutions, intellectual theory, popular culture, and law. … Racialized communities were denied the right to maintain their own identities, cultures, and spiritual beliefs (p. 15).

National Aboriginal Health Organization (NAHO)
Organisation nationale de la santé autochtone (ONSA)
ᑲᓇᑕᒥ ᓄᓇᖃᖅᑳᖅᓯᒪᔪᓄᑦ ᐊᖓᔪᖅᑳᖕᓂᖅᓄᓪᒃ ᑲᑐᔾᔨᖃᑎᒌᑦ

Journal of Aboriginal Health, November 2009   63

When new ways of making things right are undertaken, there can be resistance and pull to confine change. For example, restorative justice offers many ways to reconcile people, but resistance to using these methods can be quick to surface. The moment difficulties arise, as they inevitably do whenever something is tried for the first time, rather than working to create a better approach, colonial approaches can use them as examples to prove the new method did not work. Instead of working through the resistance, it is easy to suggest how to make the new approach fit within the existing system, until we are back to square one. Layer by layer, innovative ideas are chipped away until the implemented end product is no longer able to achieve its transformative goals. The best and most sincere efforts to breathe life, dignity and equality into a system that is anchored in injustice and bias seem to fail. Worse, those very energies for change get co-opted.

Report after report document the inequity, harshness, bias, and unfairness of the colonial system toward those who are different. The Royal Commission on Aboriginal Peoples (1996) report is one of the most quoted and relied upon documents for telling the harsh truth about the impacts of colonization on Aboriginal peoples living in Canada. More recently, the *From Truth to Reconciliation: Transforming the Legacy of Residential Schools* research report by the Aboriginal Healing Foundation (2008) opened with the news that "Truth and reconciliation are new words in the vocabulary of Canadians speaking about our history and our future in this land" (p. 1). The collection of papers from leading Indigenous scholars asks readers "to follow a path that leads from truth-telling through the territory where the ongoing legacy of residential schools and colonialism is laid bare … in pursuit of justice and reconciliation" (p. 4).

For the first time, other Canadians have begun to listen. Unfortunately, principles of healing, reconciliation, restoration, land return, respect for diversity, and the celebration of languages and cultures were unfamiliar to many Canadians. Familiar sociological labels peppered conversations about First Nations people and culture: marginalized, vulnerable, in crisis, at risk, or incapacitated. While these terms may apply to far too many First Nations people and communities, they do not capture why First Nations conditions are so dire. Moreover, the dire conditions for many of the communities will continue to increase with its demographic population exploding.

1.2 Aboriginal and First Nations Growth Demographics in Canada

i) Aboriginal Peoples

More than one million people identify themselves as Aboriginal people in Canada. Many (about half) are under the age of 24. The Aboriginal population is getting younger and has grown by 45 per cent over the past decade. This is about six times faster than the eight per cent growth rate of non-Aboriginal Canadians (Statistics Canada, 2008c). Aboriginal people comprise 3.8 per cent of the total Canadian population, ranking second in the world. In comparison, the largest Aboriginal population is located in New Zealand with approximately 15 per cent of the total population. After Canada's percentage of 3.8, both Australia and the United States lag behind with Indigenous populations of approximately 2 per cent of their total population (DeSouza, 2008). In October 2008, Statistics Canada released the Aboriginal Children's Survey information for 2006. It collected information on children's health, sleep, nutrition, development, nurturing, child care, schooling, language, behaviour, and other activities. Aboriginal children are a growing segment in relation to all children in Canada (Statistics Canada, 2008a).

ii) First Nations Peoples

On December 9, 2008, Statistics Canada released its newest findings about on-reserve First Nations people. The study covered issues of status, area of residence, age group, gender, and other selected demographics (cultural, labour force, education, and income characteristics) based on the 2006 Census (Statistics Canada, 2008c). The data is incomplete, since 22 Indian reserves and settlements were not covered properly by the 2006 census. Even so, the overall trends clearly show that approximately 50 per cent of First Nations people are less than 25 years of age. Similar to other provinces, it is important to note that approximately 15 per cent of Saskatchewan's population is Aboriginal and of that, roughly two-thirds were First Nations and one-third were Métis (Statistics Canada, 2008b).

If we rely on the Indian and Northern Affairs Canada (INAC) (2007) statistics of Historical Trends of the Indian Population from 1982–2007 (Figure 1 next page), 615 Indian Bands live in Canada. Their total registered Indian population numbers 778,050. This includes Aboriginal people living on reserve (410,889), on crown land (23,697) and off reserve (343,464) (Indian and Northern Affairs Canada, 2007).

Between 1982 and 2007, the registered Indian

population in Canada more than doubled, reaching over 778,000 in 2007. The First Nations population in Canada has increased by 29 per cent over the last ten years. During 1982 to 2007, Canada's population increased by 134 per cent with an average annual rate of growth for the period of 3 per cent. As of December 31, 2007, there were 117,015 Aboriginal people reinstated nationally, 58 per cent of whom were women. Of these, 18 per cent reside on reserve and crown land. The overall percentage of registered Indians residing on reserve or urban setting has changed between 1982 and 2007 but as noted in the chart (Figure 1), the actual population on reserve has almost doubled (Indian and Northern Affairs Canada, 2007).

These numbers are important for developing strategies of change in First Nations communities. These statistics tell us that First Nations communities are rapidly growing and its youth are the fastest growing section. These youthful community residents may be the untapped human resources needed in addressing labour shortages forecasted for Canada's future. By understanding these population dynamics, the strategies for addressing at risk or in crisis factors through economic and educational developments are a possibility for positive initiatives in First Nations communities (Battiste, 2004a, b; Battiste & Henderson, 2005).

1.3 First Nations on Reserve Diversity

First Nations are diverse both culturally and linguistically with more than 52 nations and 60 languages (Assembly of First Nations, 2008). Many of the Indian reserve communities are small in size with an average population under 1000. Many of these First Nations people serve on tribal councils where they work together to make a better life for themselves and their children through political and economic development initiatives. Each First Nation has its own land base, traditions, culture, and language (Henderson, 2006).

Figure 1:
Historical Trends- Registered Indian Population
Canada 1982-2007

Year	Number of First Nations	Total Registered Indian Population	On Reserve	On Crown Land	Off Reserve
1982	577	332,178	210,779	24,861	96,538
1983	578	341,968	218,117	25,439	98,412
1984	581	348,809	223,169	25,539	100,101
1985	592	360,241	228,517	27,179	104,545
1986	592	387,829	235,642	28,545	123,642
1987	592	415,898	242,837	25,637	147,424
1988	593	443,884	254,074	19,692	170,118
1989	596	466,337	260,760	18,911	186,666
1990	601	490,178	273,992	19,212	196,974
1991	603	511,791	284,649	20,110	207,032
1992	604	533,461	295,032	20,631	217,798
1993	605	553,316	305,247	21,197	226,872
1994	607	573,657	314,843	21,800	237,014
1995	608	593,050	325,453	22,466	245,131
1996	609	610,874	331,289	23,080	256,505
1997	608	627,435	341,825	23,981	261,629
1998	609	642,414	351,671	24,056	266,687
1999	610	659,890	360,707	24,071	275,112
2000	612	675,499	368,556	23,437	283,506
2001	612	690,101	373,121	23,567	293,413
2002	614	704,851	380,067	23,270	301,514
2003	614	719,496	386,605	23,066	309,825
2004	614	733,626	391,459	23,963	318,204
2005	615	748,371	397,980	24,203	326,188
2006	615	763,555	404,117	24,329	335,109
2007	615	778,050	410,889	23,697	343,464

Prepared By: Socio-Economic and Demographic Statistics Section, data from Indian Register, 1982-2007 as at December

National Aboriginal Health Organization (NAHO)
Organisation nationale de la santé autochtone (ONSA)
ᐃᓄᒻᒥ ᓄᓇᖃᖅᑳᖅᓯᒪᔪᑦ ᐊᑐᐊᒐᓕᕆᓂᕐᒧᑦ ᑲᑐᔾᔨᖃᑏᑦ

Journal of Aboriginal Health, November 2009   65

First Nations bring different histories, relationships, cultures, and perspectives to their healing work. Given this rich tapestry of wisdom, there is no single "template for the future" that all First Nations communities should follow. Indeed, the belief that there is one magic solution for all is a major reason why so many at risk or in crisis responses fail.

When a program or method seems to be helping one First Nations community—even in a small and pitiful way—a first response is to farm it out to all the other First Nations: "We discovered what works!" But when it doesn't achieve it's hoped for goals, too often it can be viewed that the First Nation community was not "as active" or "as progressive" as the successful model.

The Aboriginal Healing Foundation (2006) expressed that the healing process is complex and must address the "history of trauma and dislocation experienced over generations in multiple dimensions of Aboriginal peoples' lives" (p. 147). Healing has to start with recognizing this context in all its implications. Acknowledging the full scope of harm and its causes lays the foundation of understanding what is needed to develop a good approach toward healing in every community (Aboriginal Healing Foundation. 2006). Otherwise, it would be like a doctor trying to fix symptoms without understanding the systemic cause. For this reason, it is important to understand the literature of current at risk and crisis factors to begin to accept that new actions and changes are needed by all to make a difference.

Part 2 Literature Review of First Nation Communities at Risk or in Crisis

A body of literature is growing both on the historical context and its impact on Aboriginal peoples, and provides recognition of the history and ongoing legacy of harm. This literature provides a framework for setting out principles and possible models for developing future policies. Most importantly, the literature examined offers a context that can focus our efforts in encouraging and building upon positive approaches, thereby reducing the pressures that push far too many First Nations communities into risk or crisis.

Of course, a review of this nature continually develops. Many people and agencies are taking positive steps every day toward transforming the old ways. As well, more information on the serious social and economic conditions facing First Nations communities is being published on a regular basis.

2.1 Circumstances for First Nation Communities

The literature suggests that steps toward decolonization help communities resist factors that trigger crisis or place them at risk for future crisis. When crises or risk of crises arise, the response must be framed by an understanding of the First Nations context: the culture, the history, colonization, the nationhood of the people, and how their ways have been appropriated to serve the colonizing agenda. Policy and decision makers need to understand this context if they hope to work together to develop initiatives that will actually strengthen First Nation communities and not do more damage.

Peeling away the layers of colonization in the system and in ourselves is no easy task. Colonization is now like the air we breathe or the water we swim in; it is so pervasive and normalized that, for many, it has become functionally invisible. We are thoroughly acculturated to accept the colonial set-up as just the way it is. The educational, social assistance, child welfare, and numerous other systems have installed colonial categories in our minds and inculcated colonial behaviours. Even to be aware of colonialism—to notice it when before it was unnoticed—represents a huge step. Aboriginal and non-Aboriginals have been subjected to colonial programming. Some groups' colonialism privileges, while others it oppresses and impoverishes, but all are molded by its influence. There is no objection to the unseen facets of colonialism for those that it privileges. They are comfortable with assuming that the good things in life that they enjoy came to them through their own industriousness, hard work and good sense. Many do work hard, using their extensive educations to earn a good income. But the systemic dimensions of their success go largely unacknowledged.

Those whom colonialism impoverishes, do object to colonialism's influence. For them, it is not unseen. They are not comfortable with the assumption that their suffering is due to their presumed lack of industriousness, hard work and good sense. For one thing, many work as hard if not much harder than those whom the system privileges. Many struggle to preserve who they are in the face of a political, economic and social system that denies a person core values—respect, fair and equitable treatment, and the basic human rights of coexistence. Previous reports such as the Royal Commission on Aboriginal Peoples (1996), the Manitoba Justice Inquiry (Hamilton & Sinclair, 1991), the Report of the Ipperwash Inquiry (Linden, 2007), Inquiry into the Death of Neil Stonechild (Wright, 2004), Stolen Sisters Report (Amnesty International, 2004), the Commission on First Nations and Métis Peoples and

Justice Reform (Saskatchewan, 2004), and other studies all conducted extensive research on these issues.

From these reports, it becomes clear that justice and security requires building relationships of respect with first steps: refusing to accept the status quo and colonial conditions in communities. If we fail to address this root cause, then we soon become complicit in perpetrating the very harms we want to mend. That being so, and given the realities of First Nations communities at risk or in crisis – our challenge is to find paths from where we are to where we want to be. And to do this, we must first understand the current realities of First Nations communities at risk or in crisis.

On Reserve Health

Generally, the health of First Nations people is significantly poorer than that of other Canadians. This health crisis takes many forms: higher rates of diabetes, heart and circulatory disease, fetal alcohol syndrome, infant mortality, injury, pertussis, rubella, tuberculosis, shigellosis, respiratory diseases, STDs, mental health disorders, lower rates of life expectancy, lower birth weights, as well as extraordinarily high and increasing rates of suicide, particularly among Aboriginal youth (Health Canada, 2008).

Although, the life expectancy of registered Indians has increased over the years (see Figure 2 below), Health

Canada (2005) reports that First Nations people continue to die at a higher rate, and at a younger age than the general Canadian population.

Health Canada's (2001) report, *A Statistical Profile on the Health of First Nations in Canada for the Year 2000*, provides extensive information about the health of First Nations people. For example:

- In 2000, the First Nation **birth rate** was 23.4 births per 1,000 people—more than twice the Canadian rate. One in five First Nation births involved teenaged mothers. By contrast, far fewer births occurred among Canadian teen women overall (5.6 per cent).

- In 2000, the **infant mortality rate** for First Nations was 6.4 deaths per 1,000 live births. This is 16 per cent higher than the Canadian rate of 5.5 deaths per 1,000 live births. The First Nation rate however, has been falling steadily since 1979, when it was 27.6 deaths per 1,000 live births.

- First Nations and Canadian populations had similar rates of **low birth weight births** in 2000. However, almost twice as many First Nation babies were classified as having a high birth weight than in Canada as a whole.

Figure 2:

Life Expectancy, Registered Indians, Canada, 1980, 1990 and 2000

Source: Indian and Northern Affairs Canada, 2001, Basic Departmental Data 2001, Catalogue no. R12-7/2000E

- Combined, **circulatory diseases** (23 per cent of all deaths) and **injury** (22 per cent) account for nearly half of all the deaths among First Nation people. In Canada as a whole, circulatory diseases account for 37 per cent of all deaths, followed by cancer (27 per cent). Unintentional injury and suicide were approximately 6 per cent of all deaths among First Nation people living in Canada.

- The **most common causes of death** for First Nation people aged one to 44 years was injury and poisoning. Among children under 10 years, deaths were primarily classified as unintentional (accidental). For First Nation members aged 45 years and older, circulatory disease was the most common cause of death.

- **Suicide and self-injury** were the leading causes of death for youth and adults up to age 44 years. In 2000, suicide accounted for 22 per cent of all deaths in youth (aged 10 to 19 years) and 16 per cent of all deaths in early adulthood (aged 20 to 44 years). This compares with 20.4 per cent in Canadian youth.

- **Motor vehicle collisions** were a leading cause of death over all First Nation age groups.

- In First Nations, the **potential years of life lost from injury** were more than all other causes of death combined and were almost 3.5 times that of the Canadian rate.

- Compared with the overall Canadian population, First Nations had elevated rates of **pertussis** (2.2 times higher), **rubella** (seven times higher), **tuberculosis** (six times higher), and **shigellosis** (2.1 times higher) for the year 2000.

- The notification rate of **genital chlamydia** was almost seven times higher than the national rate, while the reported hepatitis C rate was one-third lower than the national rate.

- The coverage rates for routine **immunizations** of two-year-olds were lower among First Nations children for all antigens.

- First Nations **hospitalization rates** were higher than the Canadian rates for all causes except circulatory diseases and cancers. Where the principal diagnoses were respiratory diseases, digestive diseases and injuries or poisonings, the rates were approximately two to three times higher than their corresponding Canadian rates.

- **Diseases of the respiratory system** accounted for 18.8 per cent and 11.6 per cent of all hospital separations for First Nation males and females, respectively, in 1997.

- **Injuries and poisonings** accounted for 17.7 per cent and 9.3 per cent of all hospital separations for First Nation males and females, respectively, in 1997.

- The 1997 First Nation **smoking rate** was reported to be 62 per cent. In Canada, 24 per cent of the national population aged 15 years and older were smokers in 2000.

The First Nations Longitudinal Regional Health Survey (RHS) reports that 28.4 per cent of First Nations adults report that they have a disability. Nearly one in three First Nations women have one or more disabilities compared with one in four Aboriginal men. Disability becomes more common as people age. Half of all First Nations people over 60 years of age have a disability, compared with 13.1 per cent in the 18–29 age groups. This increase of disability with age can be explained, in part, to increased exposure to factors that place people at risk of disability across the lifespan, such as accidents, the natural aging process, illnesses, and other conditions (e.g., arthritis, heart conditions and progressive hearing loss) (First Nations and Inuit Regional Health Survey National Steering Committee, 2002).

Health does not exist in a vacuum. Many factors contribute to determining our health. For instance, past and current socio-economic status, the presence of available, adequate, and affordable housing, employment, food security, safe communities, levels of education, and one's mental and emotional state; all of which have an impact on First Nations communities' health and well-being.

The *Indian Act* (1985), for example, has had, and continues to have, a major effect on the everyday lives of First Nations people. Formal definitions of the term "Indian" acquired a legal mandate in 1850, when the first legislation governing Indians was created (S.C., 1850). Section 3 of the *Indian Act* of 1876 states: "[t]he term 'Indian' means 'any male person of Indian blood reputed to belong to a

particular band,' 'any child of such person,' and 'any woman who is or was lawfully married to such person'" (c. 18). The *Indian Act* was amended in 1906 to define a "person" legally as an individual other than an Indian (Indian Act, 1906). An amendment to the *Indian Act* to redefine the term was not made until 1951 (Point, 1957). The restrictions that affected all women as legal "non-persons" (for example, women were denied entry into medical schools and the legal profession) were applied to both Indian men and women. This was the law from 1869 until voluntary and involuntary enfranchisement was repealed in the *Indian Act* in 1985. A brief synopsis of the 1985 *Indian Act* reads:

> Status soon came to have other implications. Status Indians were denied the right to vote, they did not sit on juries, and they were exempt from conscription in time of war (although the percentage of volunteers was higher among Indians than any other group). The attitude that others were the better judges of Indian interests turned the statute into a grab-bag of social engineering over the years (as cited in Henderson, 1996, p. 1).

The "Table of Health Determinants" was compiled by the Canadian Community Health Survey in 2001. The population grouping compares Aboriginal people who live off reserve with the Canadian population. The populations are broken down into those who live in Canada, in Provinces (urban and rural), and in Territories (Tjepkema, 2002; Statistics Canada, 2007).

Laws, policies and historical factors all affect the health and well-being of Aboriginal people. They have predetermined their living circumstances and hence their quality of life. How they have been implemented shows exactly what colonization has meant and continues to mean for Aboriginal people from a health perspective.

Education

Assimilation was the goal of the historic education policies toward Aboriginal peoples. In the attempt to colonize First Nation peoples, the *Indian Act* assisted in ensuring education became the frontline tool of the assimilation project. Residential schools were the product. It empowered the Minister of Indian Affairs to assume complete control over the education of Indian children, even to the extent of forcibly removing—kidnapping—them from their parents and communities. Residential schools compounded the suffering on many levels. The schools had inadequate health facilities, and so contributed to the spread of the settlers'

diseases. Traditional medicines and healing ceremonies were either discouraged or prohibited (Lux, 2001; Waldram, Herring & Young, 1995).

Besides the starvation and disease rampant in the residential school systems, physical, mental and sexual abuses were rampant as well (Assembly of First Nations, 1998). The long-term effects of the residential school experience on Aboriginal peoples have been devastating. Aboriginal peoples were severed from traditional practices, including medicinal practices, as well as the caring and nurturing environment of extended families. Although generally called Indian Residential Schools, many Métis children in Western Canada attended these schools as well (Chartrand, Logan & Daniels, 2006). A similar scheme was used in the mid-20th Century with Inuit children in the North.

The residential schools forbade the use of Aboriginal languages. These languages form a fundamental part of Aboriginal life, since much of the information relating to health could be communicated only through indigenous languages. Traditional gender roles were obliterated, as women lost their respected roles in the community. At the same time, patriarchy and paternalism were imposed as the dominant feature of Aboriginal society, even on matriarchal nations. The family unit was virtually annihilated (Aboriginal Healing Foundation, 2006).

Residential schools are but one example of how colonization has affected Aboriginal life and health. Aboriginal people now suffer certain conditions that are directly traceable to this history. Among these are poverty, unsafe communities, poor housing, lower education, poor diets, discriminatory institutions, and other social factors that work against them. Being poor and marginalized increases a person's vulnerability to illness, which can result in death. Other groups may live in poverty as well, but if they are less marginalized, they will most likely still enjoy adequate housing, access to education and an intact cultural identity that is not under constant attack.

Unfortunately, a large gap exists between the education levels of Aboriginal and non-Aboriginal peoples. Relying upon Statistics Canada, 2008 information, 44 per cent of Aboriginal people 15 years or older do not have a high school, post-secondary, certificate, or diploma. However, the Canadian population as a whole with the same level of education was only 24 per cent. In the five years between 2001 and 2006, Aboriginal post-secondary attainment increased to 8 per cent (an increase of only 2 per cent) but the non-Aboriginal population with a university degree is 23 per cent (Canadian Race Relations Foundation, 2009). Over the years, studies and literature have provided roadmaps

of success for the future but the educational crisis remains. Dr. Marie Battiste, an internationally renowned Aboriginal education scholar, has provided convincing studies and material on the importance of decolonization methodologies and protecting Aboriginal knowledge, heritage and culture in education initiatives (Battiste 2004a, b; Battiste & Henderson, 2005).

There remain further gaps in the research on the specific needs and wants of First Nations, Métis and Inuit. Wilson and Sarson (2009) indicate that "[w]e need data that distinguishes between First Nations, Inuit and Métis students because this aspect of their identity can have significant impacts on that which can make-or-break them as students … and their communities' need from post-secondary institutions" (p. 38).

Poverty Reduction and Social Assistance

The newly released 2008 National Council of Welfare report found that most people living on social assistance are so impoverished that adequate housing, jobs and recreational activities are beyond their reach (National Council of Welfare, 2008c). The vast majority of welfare recipients subsist on extremely low levels of income and the most vulnerable are subject to even harsher circumstances. The income for a couple with two children ranged from a low of $18,849 in New Brunswick to a high of $22,906 in Prince Edward Island. The welfare system is supposed to be a safety net for those in need and move toward addressing poverty, but has huge holes in it. John Rook (as cited in National Council of Welfare, 2008a), Chair of the Council stated a strategy to solve poverty is urgently needed:

> [I]t should have targets and timelines, a plan of action, accountability and measurable indicators. … For any nation to solve poverty or foster prosperity there must be government action, political will and a real recognition of the human face of poverty.

In an earlier report in 2007, the National Council of Welfare found that Aboriginal social assistance welfare programs and its delivery was discriminatory. Moreover, the researchers were astounded at the patience of Aboriginal people and they themselves felt a sense of frustration and impatience for bolder action (National Council of Welfare, 2008b). Dr. John Rook (National Council of Welfare, 2007d) stresses that:

> Aboriginal women and men are at the centre of creating a better life for their children and young people and

they are finding solutions that work. Governments need to act now and in new ways, to genuinely work with Aboriginal people and support them more fully in their own decisions about what is needed (p.1).

It was found that Aboriginal children in the welfare assistance program are caught in a legacy of colonialism, racism and exclusion. Their developmental years are fraught with high rates of poverty and its related causes and consequences from health problems, poor housing and educational difficulties to astounding numbers of children taken into state care and of youth in trouble with the law or victims of violent crime. The other side of the portrait shows progress, even in the face of these obstacles. Aboriginal individuals, families, organizations, and communities are working hard toward finding solutions, acting as role models, developing successful programs, and providing the keys that restore hope for future generations (National Council of Welfare, 2008b).

The report urges government action to include: a comprehensive national anti-poverty strategy, with a specific vision and accountability to Aboriginal peoples; immediate investment in basic needs for today's children and youth, and in other programs and policies that are making a difference, and; greater effort to build fair, sustainable governance frameworks in the interests of a better quality of life for all Aboriginal women, men and children (National Council of Welfare, 2008b).

These suggestions are supported in an earlier report to the Atlantic Policy Congress of First Nations Chiefs on Models of Social Assistance (Wien, 2001). Social assistance for First Nations people are tied to provincial systems so the mainstream approach is the way in which the programs are organized and delivered on reserve. However, the report found these "mainstream" approaches were not designed with Aboriginal people in mind and there is a serious gap between First Nations conditions and the social welfare policies that they are required to implement.

> [P]rovincial (welfare) systems do not reflect First Nation cultures, they are part of a fragmented (rather than integrated) approach to the achievement of health and well-being, and they are geared to the provision of support to individuals but in such a manner that the frequent result is isolation and dependency. In practice, linking First Nation welfare to provincial systems has produced what might be called a separate and unequal system (Wien, 2001, p. 26).

Child Welfare

Unfortunately, the violence that Aboriginal children experienced in residential schools continues today, albeit in a new form: child welfare. The current analysis of child welfare data as of March 12, 2007 from the *Wen:de Series* reports that:

> There are approximately three times the numbers of First Nations children in state care than there were at the height of residential schools in the 1940's (Blackstock, 2003). Taken together the 9000 First Nations children in care who are resident on reserve in Canada will spend over two million nights away from their families this year (McKenzie, 2002) (First Nations Child and Family Caring Society of Canada, 2007, p. 8).

Cindy Blackstock, a member of the Gitksan Nation who has worked in child and family services for over twenty years, says the child welfare system supports only marginal efforts to address the structural risks. By "structural risks," she means the consequences of taking children away not only from their nuclear families but from their cultures, traditions, extended family communities, and ways of life. This unwillingness to address the larger consequences to the children as members of First Nations has frustrated efforts to redress the overrepresentation of Aboriginal children in care (Luxely et al., 2005; Chandler & Lalonde, 2004a,b,Forthcoming).

Findings from the *Wen:de* report states that removal, instead of being used as a last resort, is often the only option considered to resolve child safety concerns. Research has shown that neglect is the primary reason that the child welfare system takes Aboriginal children from their parents. Yet neglect is poverty based: poverty for food, shelter, education, clothing, and good childcare while parents must be at work. For Aboriginal peoples, poverty is based on the politics of oppression and injustice—on colonialism (First Nations Child and Family Caring Society of Canada, 2007; Bennette & Blackstock, 2002; Wien, 2001).

By contrast, abuse is the main reason that non-Aboriginal children are put into state care. This abuse is either sexual or physical, the latter occurring when the abusers apply "corrective" punishment to certain behaviours (First Nations Child and Family Caring Society of Canada, 2007). The loss of children from the communities creates untold trauma, elevates risk factors or drives communities directly into crisis. A crisis occurs through the experience of everyday stresses and possibly combined with an event that exceeds the coping mechanisms available in the community (Irvine, 2004). While undergoing the crisis, the people and community are so upset and disorganized that it could lead to further acute episodes stemming from socio-cultural sources. There are three parts to the crisis; one: a precipitating event; two: the perception of this event that causes stress; and three: the failure of coping mechanisms to remedy the situation.

Family violence and suicide are markers of an acute crisis in First Nations communities, lack of culturally relevant education prevention programs and support services are often the only on reserve organizations to provide crisis response (Irvine, 2004). Crisis literature suggests that the ability of a community to handle a crisis depends upon readily available and accessible services, and resources. Most importantly – culturally appropriate responses are critical to any response.

Three factors are interconnected in identifying a community at risk:

1. Social and economic instability of families in the community.
2. Lack of individual and family interpersonal needs being met.
3. Inadequate community resources to meet basic needs (p. 23).

Without these important factors being met, crisis in communities will remain unresolved. However, crises also present the opportunity to explore ways to enhance strengths and social capital within the context of the disenfranchised community (Irvine, 2004).

Youth Gang Issues

Public Safety Canada examined how Aboriginal gangs in Western Canada are formed, particularly their recruitment processes (Public Safety Canada, 2006). Gangs are attractive to recruits because they promise material benefits. In many cases, joining a gang can significantly increase one's personal income. Yet, research shows that the promise of material gain is only one of several factors that might lead a young person to join an Aboriginal gang. Gangs offer other benefits to Aboriginal youth-benefits that should be filled by other social institutions.

Moreover, Aboriginal gangs appear to attract youth for different reasons and have different characteristics from other gangs. Their recruitment processes are considerably more violent. The youth carry trauma from dysfunctional families, from being excluded from educational and work opportunities, and from negative peer associations. On top of this, they face systemic discrimination and labeling.

National Aboriginal Health Organization (NAHO)
Organisation nationale de la santé autochtone (ONSA)
ᑲᓇᑕᒥ ᓄᓇᖃᖅᑳᖅᓯᒪᔪᑦ ᐊᕙᑎᓕᕆᓂᕐᒧᑦ ᑲᑐᔾᔨᖃᑎᒌᑦ

Journal of Aboriginal Health, November 2009   71

The report An Investigation into the Formation and Recruitment Processes of Aboriginal Gangs in Western Canada (Public Safety Canada, 2006, pp. 10-11) found the following:

- The Canadian Police Survey on Youth Gangs (Astwood Strategy Corp, 2002) estimated that there are 434 youth gangs in Canada with an estimated membership of 7,071.
- Saskatchewan, Manitoba and British Columbia have the highest percentages of jurisdictions reporting active youth gangs.
- No youth gang activity was reported in the northern territories or the Maritimes (with the exception of Nova Scotia).
- On a per capita basis, Saskatchewan reported the highest concentration of youth gang members: 1.34 per 1,000 youths or approximately 1,315 (CPS, 2002, pp. 13ñ14).
- There are at least 12 known adult and youth gangs operating in Saskatchewan. In Regina, the average age is 24 (CISS, 2005, p. 2).
- Based on the criminal history of a sample of 56 known gang members in Saskatchewan, a large percentage (87.5 per cent) had previous youth court convictions and multiple property-related offences. The severity of their offences escalated with age (CISS, 2005, p. 3).
- The vast majority of youth gang members are male (94 per cent) and are between the ages of 16 and 18 (39 per cent). Almost half (48 per cent) are under the age of 18 (Mellor et al., 2005, p. 2).
- The largest proportion of youth gang members in Canada are African/Canadian/Black (25 per cent), followed by Aboriginal (22 per cent), and then Caucasian/White (18 per cent) (Mellor et al., 2005, p. 2).
- Across the country, 40 per cent of the respondents (gang members) believe that the return of adult or youth gang-involved inmates from prison has had a considerable effect on youth gangs (Mellor et al., 2005, p. 2).
- In Alberta, Aboriginal youth are 4.5 times more likely than non-Aboriginal youth to be young offenders (Edmonton Urban Aboriginal Accord Initiative, 2005, p. 45).

- While Aboriginal youth make up 7 per cent of the total youth population in Alberta, in 2000-2001, 31 per cent of the youth placed in temporary custody were Aboriginal. Of the young people admitted to open custody, 33 per cent were Aboriginal (Edmonton Urban Aboriginal Accord Initiative, 2005, p. 45).
- Aboriginal-based gang recruitment focuses on Aboriginal youth, creating the next generation of street-gang members. These street gangs possess a lower level of criminal capabilities, but they show a higher propensity for violence (Edmonton Urban Aboriginal Accord Initiative, 2005, p. 45).

Clearly, there is a gap in the research on this topic that is specific to Aboriginal gangs. The findings of this study suggest that policy and programming initiatives should consider a number of causal factors when they develop programs to meet the needs of Aboriginal youth, especially those involved in gangs. These causal factors all stem from the youths lack of bonding to a healthy community. This disconnect shows up, as we said earlier, in family-related issues, lack of education and employment opportunities, and problematic peer associations. It is exacerbated, when institutional authorities, the media and society in general then label Aboriginal youth in negative and condemning ways, making the breakdown of relationships even worse.

We have two opportunities to create effective programming in this area. First, we can create preventive programs, focusing on youth who have been in trouble with the law or are considered at risk to get in trouble with the law. These programs must address the issues that make Aboriginal youth more susceptible to joining a gang. Preventive programs also need to focus on the structural conditions that make gangs an attractive option and sometimes the only option for marginalized youth. Second, the literature suggests we need intervention programs for those who are already committed to a criminal/gang lifestyle. Many of these youth and young adults have already been convicted of an offence and are serving time.

The report examined three programs: Gang Prevention and Intervention, Community Solution to Gang Violence and Healing through Dynamic Intervention. All three programs have developed a number of approaches for intervening on gang activities and preventing youth from becoming gang members. And, they all addressed similar causal factors that lead Aboriginal youth to join gangs, though each program focuses on how these factors enter into different stages of the process (Public Safety Canada, 2006).

For example, Gang Prevention and Intervention is run by two Aboriginal ex-gang members. They offer intervention services for gang-involved individuals who want to leave the lifestyle (intervention). They also do presentations on the realities of gang life to students (prevention), and workshops to professionals working in the field.

A second initiative, the Community Solution to Gang Violence, pursues an integrated approach to gang prevention. They engage over forty community agencies to build support and programming for at risk youth, families and educational institutions. They also work on educating the community about gangs. Their underpinning philosophy is that it takes a community to raise a child. The rise of gangs clearly indicates that our communities need to be strengthened.

Finally, Healing through Dynamic Intervention offers a philosophical healing approach. The program of individual and group therapy sessions is offered to long-term offenders with the goal of addressing the causes that contribute to gang and criminal lifestyles.

These three programs aim to reduce the marginalization, discrimination and labeling that contributes to gang involvement. Such programs show youth at risk and incarcerated offenders that they do, in fact, have something to live for. For all youth and particularly for Aboriginal youth developing a sense of personal meaning and worth goes hand in hand with building and strengthening their communities. Community conditions, the social, economic, political environments, and personal relationships provide the support and guidance that young people need. For youth to live healthy lives, the communities must be healthy as well (Public Safety Canada, 2006).

They argued that creating bonds between youth, pro-social, and a society that is crime free must be built and sustained in an organized and inclusive way. For youth, this gives them a different experience from the disorganized, threatening, social environment that drove them to gangs. Pro-social role models, strong links to schools, and access to employment opportunities, recreational programs, and facilities that promote social bonding are all critical to gang prevention. The youth must also be educated about the perils of gang life. When their environment provides the support that gangs otherwise offer, youth are far less likely to turn to gangs, especially if they know the dangers of gang life. As the author suggests,

> [A]nti-gang programming appears to be most effective when it is aimed at the supply of new gang and group members....programs in high schools can reduce fear and intimidation, dry up the source of gang personnel,

and help generate a broader, negative perspective of gang membership, especially amongst younger adolescents. A great deal is accomplished once gang membership is defined as uncool by the adolescent sub-culture (Public Safety Canada, 2006, p. 57).

Targeting street gang members is more difficult, but it is still possible. Street gang members who have already been exposed to the benefits of street gang life may need more coaxing to leave. In dealing with these individuals, ex-gang member mentors can be most effective at intervention (Public Safety Canada, 2006).

Once gang members get behind bars, prison programming should also focus on both prevention and intervention. The best way to prevent prisoners from forming gangs is to deal with the issues of protection and the desire for money (employment) inside prisons. It also means reducing the premature labeling of all Aboriginal inmates as gang members real or probable. Long-term offender programs help with intervention by encouraging inmates to face the issues in their lives relating to family, substance abuse and violence that could be precursors to gang involvement. Street gangs and prison gangs are deeply connected. Prisons are where many gang members are recruited. That being said, preventing or intervening on gang activities inside prisons can be a powerfully effective way of reducing gang activities both inside and outside prison walls. When the activity of prison gangs goes down, the number of gang members on the street after release also goes down (Public Safety Canada, 2006).

Policing Services

Communities play a major role in the health of their members. What is the level of health in communities across Canada? What do communities need to do to maintain or improve the health of their people? Some of the health indicators for communities include mental health (e.g., do people feel hope in life?), the physical environment (e.g., how toxic is it? how safe is it?), the economy (e.g., do people have access to capital for building businesses or investing in education?), and the social environment (e.g., do values of openness, respect, tolerance, generosity, and equal justice prevail?).

In assessing the health of Aboriginal communities, people look at statistics for suicides, drug and alcohol dependencies, domestic violence, and the loss of traditional cultures as key indicators of social health and well-being. These indicators shed light on a community's capacity, resilience and efficacy, all of which promote a healthy social

National Aboriginal Health Organization (NAHO)
Organisation nationale de la santé autochtone (ONSA)
ᖃᐅᔨᒪᔭᐅᖃᑦᑕᖁᔭᐅᑦ ᐊᓯᐊᓂᑦᓴᑐᕐᓂᓱᑦ ᑲᑐᔾᔨᖃᑎᒌᑦ

Journal of Aboriginal Health, November 2009   73

environment, even in the face of crises.

This core philosophy advocates that the major stakeholders and all other members of the community participate in creating community health. Traditionally, Aboriginal people lived this way. They adhered to the principle of collective responsibility for securing the well-being of their entire community. This responsibility included helping community members resolve their conflicts, including those that arose within families or between spouses.

Among the factors that affect health, public safety is a major issue, yet it is rarely analyzed on its own. For Aboriginal people, however, safety plays a role in virtually every health-related issue. For example, communities have trouble recruiting and keeping health professionals if their communities are not safe or if they have a reputation for being dangerous. Violence and domestic difficulties make communities unsafe, particularly if they lack adequate policing services (Public Safety Canada, 2006).

It is reported that far too many First Nation communities have a problem with crimes committed by people who drink alcohol at night (Paradis, 2007). According to the Aboriginal Policing Directorate (APD), communities that have Self-Administered Policing Services should have a minimum of five officers per 1000 people on a per capita basis. The APD advises that communities that use the Community Tripartite Policing Services should have 3 officers per 1000 people. The average of these two arrangements is 4 officers per 1,000 people. Across Canada generally, the average is approximately 2 officers per 1,000 people (Statistics Canada, 2004a, b).

Policing can also reduce suicide rates, which have increased for Aboriginal youth at alarming rates. For example, Nunavut reports a suicide rate 40 times the Canadian average (Inuit Tapiriit Kanatami & Inuit Circumpolar Council (Canada), 2007). If policing is adequate and culturally appropriate, many people believe that it can have a positive impact in lowering suicide rates.

Ideally, policing is seen as a "social contract" between the people and the State. The people surrender certain individual liberties in return for public safety and promoting the security of society as a whole. The State agrees to take on these liberties—and the responsibilities that go with them—and to exercise these powers equitably and impartially. Police maintain social order and public peace, while acting within their designated authority (through laws, legislation, regulation, and governance) on behalf of the State (Eng, 2005).

In order for policing services to be effective, certain criteria must be met to ensure the safety of the public, the safety of the police officers and social order in general. In Canada, Public Safety Canada has this responsibility and works with Aboriginal communities, provincial/territorial governments and other law enforcement partners to implement the *First Nations Policing Policy*. The *First Nations Policing Policy* was developed in 1991 to provide Aboriginal communities with policing arrangements that respect their cultures and ways of life (Public Safety Canada, 2007).

The Aboriginal Policing Directorate regularly conducts public opinion surveys to determine awareness levels and Canadian opinions on Aboriginal policing services. On the matter of awareness of self-administered policing, the 2006 survey reported that two-thirds of Canadians admitted knowledge that some Aboriginal communities have their own self-administered police services. Although the importance of the support of the community cannot be overstated, Canadian support is reported to be lower for these services at 59 per cent. Although the vast majority of the general public (94 per cent) state that they have confidence that the RCMP provides police services that are accountable to the community, 79 per cent believe that Aboriginal communities can also (or should) provide accountable policing services (Public Safety Canada, 2007).

Domestic Violence

In cases of family violence, both victims and abusers are involved in intimate or dependent relationships, and they often have strong emotional ties. Family violence is a complex issue which is having an enormous impact in Canada. Statistics Canada (2005) has reported that Aboriginal women are over three times more likely to be the victim of spousal violence than other women in Canada. Moreover:

- 54 per cent of Aboriginal women reported experiencing severe and potentially life threatening violence compared to 37 per cent of non-Aboriginal women (Statistics Canada, 2005).
- Over the last two decades, some 500 Indigenous women in Canada have been murdered or are missing and feared dead (Native Women's Association of Canada, Sisters in Spirit, 2007).
- Up to 75 per cent of the survivors of sexual assault in Aboriginal communities are young women under 18 years old. 50 per cent of those are under 14 years old, and almost 25 per cent are younger than seven years old (The Metropolitan Toronto Action Committee on Violence Against Women and Children, 2001).
- 82 per cent of all federally sentenced women report that they have been physically and/or sexually abused. This percentage rises to 90 per cent for

Aboriginal women (Canadian Association of Elizabeth Fry Societies, 2006).

- Racialized and sexualized violence is violence perpetrated against Aboriginal women because of their Aboriginal and gender identity. This type of violence typically occurs in the public sphere, where the indifference of colonizer society often leaves Aboriginal women at greater risk (Government of Newfoundland and Labrador, 2005).

As research has shown repeatedly, a vast majority of Aboriginal women have been assaulted, and a majority of Aboriginal children have witnessed some form of abuse in their lives. The violence that is so prevalent in Aboriginal communities is directly related to the sexual and physical abuse that generations of Aboriginal people suffered in residential schools. Anywhere from 48 per cent to 90 per cent of Aboriginal women have been assaulted at the hands of their partners, depending on the community in which they live. Aboriginal women also experience more racially motivated violence than non-Aboriginal women (Aboriginal Circle, 1993). Aboriginal women continue to be at risk in part because critical measures have not been implemented that would reduce the marginalization of Aboriginal women in society (Amnesty International, 2004).

Women who cannot remain in their homes because of violence need immediate help. Transition houses help women in two ways: they provide a temporary place to stay, and the support workers assist women to make healthy choices about their next steps. Without police assistance to these homes the potential for further violence arises. The housing shortage that exists on many reserves makes the issues associated with matrimonial property under the *Indian Act* even worse. The lack of available housing is a major reason why many women stay in abusive and violent relationships.

Lack of justice, lack of access to legal services and lack of enforcement of court orders are common problems that Aboriginal women face. Issues around policing and protection services and access to legal aid and legal professionals who are knowledgeable about matrimonial real property issues are desperately needed. Over and over, Native Women's Association of Canada (NWAC) heard the frustrations of Aboriginal women who had attempted to access judicial processes but were unsuccessful because of lack of finances, remoteness and the lack of available services.

Many women found that there was not enough policing or police presence on reserve to provide protection and to enforce any legal judgments. Participants spoke about the difficulties that they had experienced in gaining police assistance or in getting the police to act on matters related to Matrimonial Real Property (MRP), violence in the family home, or court orders against a partner or spouse.

Participants in the focus groups called for the creation of an independent holistic system that would act on the needs of Aboriginal women and children. The women commented:

> … when proper legal processes are taken, they too are often powerless and not worth the paper they are written on. For instance, there is not enough policing that deals with matrimonial real property as a means of enforcing maintenance issues. This leads to ineffective enactment and enforcement of court ordered payments. Most see on reserve policing as inadequate. Many speak of the fact there is little regard or sensitivity for women's issues (NWAC, 2007, p. 18).

An alternative appropriate holistic justice system was described as being one that would use Aboriginal value systems, language and culture to achieve sound and culturally appropriate solutions.

The recent report from the Canadian Centre for Justice Statistics supports these findings and provides data on the nature and extent of family violence in Canada. Trends show that over 38,000 incidents of spousal violence were reported to the police in 2006. Spousal violence accounts for approximately 25 per cent of all violent crimes and occurs twice as often between current partners than between former partners (Statistics Canada, Canadian Centre for Justice Statistics, 2008). When males were victims of spousal violence, 23 per cent were victims of major assault, compared with 13 per cent of female victims. Stalking and uttering threats were more common among female victims than male victims. Police laid charges in the majority (77 per cent) of spousal violence incidents. Incidents involving female victims were more likely to result in a charge being laid than those involving male victims. Among the provinces and territories, Manitoba, Ontario, Yukon, and Nunavut saw the highest proportion of charges being laid for spousal abuse (Statistics Canada, Canadian Centre for Justice Statistics, 2008).

To mount an effective response, we need the ongoing commitment and collaboration of community members, social health practitioners and all levels of government across Canada. In the long term, culturally appropriate mechanisms are the best way to resolve domestic violence. This is consistent with the traditional practice of communities holding themselves collectively responsible for the well-being for both the community as a whole and

National Aboriginal Health Organization (NAHO)
Organisation nationale de la santé autochtone (ONSA)
ᏏᏏᏏ ᏏᏏᏏᏏᏏ ᏏᏏᏏᏏᏏᏏᏏᏏᏏ ᏏᏏᏏᏏᏏᏏᏏ

Journal of Aboriginal Health, November 2009   75

all their members. This certainly includes responsibility for supporting healthy relationships moving toward appropriate balance between men and women.

Crime Rates

Generally, the crime rate on reserve is significantly higher than in the rest of Canada (Brzozowski, Taylor-Butts & Johnson, 2006). In 2005, the on-reserve rate was 28,900 offences per 100,000 people, while the off-reserve population experienced 8,500 offences per 100,000 people (Quann & Trevethan, 2000). The most common crimes committed on reserve are violent offences: homicide (first and second degree murder and manslaughter); attempted murder; robbery; assault; sexual assault; other sexual offences; and abduction. The second most common category is property offences: breaking and entering; motor vehicle theft; theft over $5,000, theft of $5,000 and under; possession of stolen goods; and fraud. The third most common type of offences on reserve fall into the "other" category: prostitution; gaming and betting; offensive weapons; arson; bail violations; counterfeiting currency; disturbing the peace; and mischief. Interestingly, property offences are the most common offences found in Canadian communities generally, while violent offences rank third (Public Safety Canada, 2007).

The Safety of Health Workers

The Office of Nursing Services within Health Canada has recognized the potential dangers for nurses who work in remote communities (MacKinnon, 2008). The Office has designed and implemented a course on safety and security for all nurses who work in First Nations communities. These nurses are particularly at risk for workplace violence for a number of reasons: the 24/7 on-call requirements; complex client and social issues; inadequate policing in communities; high turnover of staff; and limited on-site staff. Creating and maintaining safe and healthy workplaces is essential to stabilizing the nursing workforce in these communities.

Part 3 Animating Justice and Security in First Nation Communities

3.1 Cultural Methodologies for Health and Healing

Today, different Aboriginal societies have various traditions and approaches to health and healing that must be respected. Many of these traditions are oral, some are symbolically written and transmitted from healer to helper over the generations. Aboriginal traditions may be healing practices integrated into health institutions. Various aspects of Aboriginal healing must be reconciled with existing health frameworks and institutions, such as hospitals and health care professions. These institutions need to develop multi-layered strategies for further integration of Aboriginal healing without disrupting the natural self-regulation that currently protects it. Aboriginal knowledge of plant medicines must be protected from scientific and commercial expropriation. Indigenous knowledge and Aboriginal healing have become a source of fascination for external observers. Much has been written that purports to provide an explanatory framework by describing and analyzing First Nation beliefs and practices, but very little of this literature is helpful in understanding the true nature of Aboriginal healing. For example, traditional medicine is described as a mechanism of social control, in an effort to provide a 'rational' explanation for a phenomenon that to the western scientific mind is 'irrational' and unintelligible. Rarely have these external writings sought to understand Aboriginal healing in its own terms according to the world view of its practitioners.

Aboriginal healing is a pervasive and holistic way of life rather than a segregated or specialized activity. It is complete with jurisprudential principles and guidelines for behaviours, systems of authority and, in some instances, punitive mechanisms. It should be understood in more holistic terms than western medicine (with its state-imposed regulatory structures). Aboriginal healing is derived from altogether different sources than the authority delegated from the Canadian state. In *Reclaiming Connections*, the Aboriginal Healing Foundation author Deborah Chansonneuve (2005) provides a resource manual and recommendations for change such as the use of traditional Aboriginal ways like the sweat lodge, fasting and healing circles. She examines not only historical developments but also the impact of colonization and how it was implemented in residential schools. Residential schools created a trauma disconnect for generations of First Nation students, and this trauma pattern continues to have an impact on the health of First Nations today. Not surprisingly, the resource manual identifies sexual and physical abuse as a major factor contributing to Aboriginal violence, suicides and addictions in Aboriginal communities.

3.2 Community Strategies of Success

i) Community Support and Leadership

A healthy community requires healthy leaders. The literature reviewed for this paper show the importance of good leadership skills, by examining the qualities of great leaders. Leaders are not born as leaders but are developed through individuals and their community by positive mentoring and nurturing (Sask. Justice Reform. 2004). The Saskatchewan Justice Reform Commission describes this concept:

> This Commission believes that leadership requires a complex interplay of skills (such as discipline, flexibility, self-awareness, self-management, ability to learn, drive, purpose and honesty). It also requires the knowledge and skills to work with others and within organizations. Such work calls for the ability to manage effective work groups, the ability to build and maintain relationships, the ability to communicate, the ability to develop others, the ability to inspire, the ability to manage change, the ability to solve problems and make decisions, the ability to influence, the ability to take risks, and the ability to set and obtain goals and make plans. Some may come by these skills naturally, but for most they are learned. In the right settings, they can be taught, practised and cultivated (Saskatchewan, 2004, Ch. 1, pp. 1-2).

It is important to support today's capable leaders and to cultivate the next generation of leaders – without this – our recommendations may fail. While it is necessary to create governance structures to deal with the concerns noted in this report. The structure that governs a community and a First Nation must be one of empowerment to support the leaders while any new approaches are developed.

ii) Preventing and Targeting Crime

Chantal Bernier (2007), Assistant Deputy Minister (ADM) of the Community Safety and Partnership Branch of Public Safety Canada, noted in her report that:

> With any government policy or program, there will always be the typical challenges—lack of funding, insufficient mandates or jurisdictional issues, to name a few. However, the real challenge is to find ways to overcome these obstacles and provide effective services to the people the policy serves (Bernier, 2007, p. 4).

The policing issues that we see today will be exacerbated with any significant population growth, not to mention growth rates exceeding 75 per cent in less than two decades. Policies must then be crafted to reflect a new framework. For example, we need policies that improve the resources to police on reserve but also actively encourage them to work closer with the community. Policies are needed to set a framework of sharing information, developing holistic approaches and making meaningful commitments to work with the communities.

Engaging Aboriginal people in securing the safety of their communities is a critical step away from the colonizing model. Fundamentally, First Nations cultures held people on a good path in any number of ways. But in a no man's or no woman's land of neither one nor the other, we must find ways to address the trauma of colonization that support the reconnections of Aboriginal people with each other and others. Utilizing some of the recommendations in this paper is a very good start (Bernier, 2007).

As Ms. Bernier's report states, the serious issues raised will not solve themselves. Demographic data demonstrates that high crime rates, poor health conditions, and overcrowded, rundown housing will only get worse unless these problems are vigorously confronted and resolved. Building partnerships by consulting meaningfully with those most affected and rallying the essential human and financial resources necessary will help address some of the serious problems underlying safety issues in Aboriginal communities today. Until the restraints and positive supports provided by Aboriginal cultures are restored, communities need help in restraining those individuals so overcome with trauma or addictions that they "act out" on those closest to them. Restraining and, if necessary, excluding—banishing—those who act harmfully toward the community are practices that are consistent with many First Nations traditions. For all these reasons, we need to provide what is necessary to adequately police Aboriginal communities. This includes, for example, increasing the number of culturally astute police officers to provide around-the-clock service, providing acceptable office and lock-up facilities, and making sure the officers have appropriate housing. The health and well-being of residents of First Nations and other Aboriginal communities depends on safe environments through preventing and targeting crime.

Part 4 Moving Forward in New Directions

4.1 Increasing Knowledge

As the adage goes, knowledge is power and so it is within

National Aboriginal Health Organization (NAHO)
Organisation nationale de la santé autochtone (ONSA)
ᖃᓚᒋ ᓄᑉᖃᖅᑲᑐᖃᔾᒋᑦᒥᔪᖑᓂᑯᖑ ᓄᑎᒥ

Journal of Aboriginal Health, November 2009   77

Aboriginal communities. The National Aboriginal Health Organization (NAHO) (2002) suggests that improving the health of Aboriginal people requires that we collectively engage in transferring knowledge and developing links for doing this more fluidly. With indigenous knowledge, we can rebuild what has been lost in cultural wisdom and knowledge and use it to restore personal, kinship and community health. We can fund specific research into First Nation health practices—physical, mental, emotional, and spiritual. We can also develop strategic research partnerships for both addressing the massive harms inflicted by colonization and promoting traditional healing practices. With this multi-pronged approach, we can also address immediate health needs by recruiting, training and figuring out how to keep Aboriginal health workers (retention) (National Aboriginal Health Organization, 2002).

These include engaging in activities and linkages related to effective communication through knowledge transfer; addressing key promotion/prevention issues; undertaking specific research and developing strategic research partnerships; facilitating the recruitment, retention and training, and utilization of Aboriginal health workers; and promoting traditional healing practices.

4.2 Mapping New Frameworks

It is clear that programs and its policy and decision makers cannot provide the only solutions. If colonization is the root cause of all trauma and harms in First Nations communities - a singular colonial agency approach to develop better policing, better justice delivery and better social programs would be or could turn into the same approach that does not work. The changes require us to focus on empowering healing processes of First Nations communities. We can do this by always asking ourselves, what moves us away from colonization and steps us closer to decolonization? Doing this won't be easy or inexpensive. There have been a lot of resources dedicated toward causing the trauma and harms in First Nations communities and resources must be funded to repair the damages. It seems only logical then to dedicate the necessary decolonizing resources to move forward in a positive way. But how can we do this and what does it mean to do things differently?

It cannot be overstated that rethinking how to step toward decolonization is no easy task. Daring to do so means facing a lot of resistance, both from the colonial regimes, policies and programs but also those internal colonial streaks we all carry inside of us. Colonial programming is pervasive and tantalizing even with those of us that know a paradigm shift is needed. Many of us find it difficult to continue to hold the line and resist the

safe paradigm that lurks within our souls. But for those of us that want to go forward in a new healing way, we must say "no" to systemic discrimination, bias and prejudice in a thousand different ways. We must respond in good, sustainable ways to the colonial onslaughts. First Nations cultures, traditions and communities give hope and direction to do the best we can in facing the colonial churning. To be genuine, changes would have to honour First Nations self-determination as this is what the value of respect requires. Clearly, abandoning the colonial system seems the only reasonable approach if we are to approach First Nations communities in a meaningful, just and respectful healing way. Yet, the realities of power make this unlikely; at least in the immediate future. The work of the international nonprofit society *Four Worlds* is helping to alleviate this gap. Four Worlds emerged out of Aboriginal community healing and development efforts from across North America as well as in Africa, South-east Asia, the Pacific, the former Soviet Union, and Latin America. Four Worlds uses a culturally based approach to develop models of success that builds human and community transformations. Over the last decade, Four Worlds has conducted several national studies related to justice and security issues in Aboriginal communities with the aim of strengthening community based approaches, understanding and building comprehensive strategies in addressing root causes of harm (Lane, Bopp, Bopp, & Norris, 2005). One study, the *Mapping the Healing Journey* found there were generally four distinct cycles (or circles) of healing processes (Lane et al., 2005). Stage one is the beginning of the journey of the long Winter; next is gathering momentum in Spring; hitting the wall in Summer and finally moving from healing to transformation in Fall. The Winter cycle of healing is often jolted by a crisis or a paralysis in the community. For the first time, the community is challenging the dysfunctional patterns and members start their own individual healing journeys. It is a time of hope as healing of the community becomes a priority. In the Spring cycle, much energy is given to encourage the occurrence of positive shifts. New patterns begin to emerge and the healing process creates new programs, organizations and methods in addressing at risk or crisis issues. There is great hope and optimism during this cycle, but then soon, the hitting of the wall in the Summer cycle is upon the communities. Human and financial resources are strained or broken, bureaucratic requirements and the feeling of hope turns into resentment and avoidance tactics overwhelms processes. Aboriginal communities struggle to make it through this long hot Summer. If they can get through the Summer, transformation and healing takes form. The Fall cycle moves from individual pattern

changes to remedying systemic issues. Communities, agencies and governments are working together in transforming the trauma to healing. Communities take control over the patterns and others work to support the initiatives (Lane et al., 2005).

We need a different model of how we make decisions, a more holistic, inclusive model. In so doing, we will have to move toward creating justice and security in First Nation communities. The following principles highlight strategies for success based on healthy decision-making processes, mutual respect and strengthening communities:

Core recommendations for Frameworks for the Future include four key categories:

- Self-Determination (control and continuity over systems).

- Economic Development (increased economic growth).

- Social Developments (social capacity building).

- Circles of Democracy (decision-making and inclusion through circle processes).

4.3 Recommendations and Action Strategies
(*Frameworks for the Future*)

There are a number of principles that ground recommendations for the future and the literature suggests consensus that a principled approach must include:

- First Nations need to define their own terminology which captures their *sui generis* cultural perspectives and understandings.
- Initiatives must be consistent and supportive toward First Nations inherent right to self-determination.
- Government's role should be working in a collaborative manner toward providing support to First Nations and as such, working toward resolving any conflict issues that may arise between government departments, agencies and delivery services.
- Limitations in any one department or agency in actively remedying crisis factors should be addressed by the parties to consult, work together and coordinate efforts to address in an effective and efficient manner.
- Mutual respect must take into account different

interests, perspectives, cultures, understandings, and concerns of stakeholders.
- Processes should be inclusive, gender sensitive, and linked to culture and traditions.
- Ensure a balanced approach is engaged which reflects gender stability.
- Consideration of the balancing of individual and collective rights consistent with indigenous laws and Canadian laws.
- Processes should be developed that provide for community leadership, input, application, and an appeal processes (this may vary depending upon the characterization and roles).
- Processes and procedures are to be grounded within principles of openness and transparency.
- Crisis factors must be approached in a proactive manner rather than inactive or response approach. For example Community Health Plans, Community Justice Plans and Community Education Plans would be developed as preventative plans for averting or reducing crisis factors.
- Priority is to be given for adequate and meaningful consultation processes and where appropriate, accommodate community initiatives.
- It is important that adequate and meaningful communications be implemented so that everyone is aware of what is going on in their community. A communications strategy is important. Some examples of timely communication follow in the form of specific recommendations:

Recommendation 1 – Empowering the Healing Processes of First Nations

Engaging the Circle Process – The Circle Model

The ancient indigenous model of the Circle offers a different approach. Circles bring people together who have widely different backgrounds and experiences. In fact, the more diverse the group and the more divergent the views, the greater the possibilities are for truly innovative and unprecedented outcomes. Circles are not about amplifying sameness. They are about culling wisdom from different experiences and engaging a wider knowledge base from which to make balanced and sustainable decisions.

The Circle Model is a decision making and delivery model that provides a shifting in the framework from one of power over to inclusiveness (stepping toward decolonization). It reflects the commitment to doing things

in a different way and working through challenges that brought us to where we are now. It is a call for peoples to people relationships, a way to do things differently in a holistic way, share information, enhance capacities and be open to transformations. Decolonization and Circle Models are not just big words or another way of managing and maintaining the status quo but are at the core of healing in First Nation communities. It signifies a transformation like we have not yet seen. And it must come because the costs of avoiding it are too great for everyone.

The Circle Model offers a structured form of dialogue that engages us in those difficult conversations and builds relationships through common goals. Circles create safe spaces for expressions of how best to approach deep and controversial problems. But, how can community input most effectively steer decision makers on matters that are challenging, emotional and controversial, so that their decisions serve the broader community interest for justice and security? Clearly, Circles shift the mindset of both planners (program delivery personal, agencies and governments) and communities. By offering a new vision, the Circle Model invites a philosophical shift in how we—planners and communities can approach everyday community justice and security issues. Circles stimulate and shape the discussions within the community and allows for collective decisions and actions. It helps the communities achieve their vision for the community.

Values: The Link between Planning and the Circle Model

Embedded in the philosophy of Circles is an emphasis on values and common concerns. This emphasis guides communities in concrete ways to form better relationships and to improve performances in reducing at risk or crisis events. The Circle Model value-based approach helps:

- Access strengths in participants to resolve very difficult problems.
- Bridge differences between cultures, ages, genders, geographies, status, etc., since the core values of the Circle are widely understood and shared across these differences.

- Engage people on spiritual or meaningful levels as well as on mental, physical and emotional levels.
- Promote creativity.
- Reinforce healthy relationships.
- Build communities to prevent misunderstandings and disputes.

- Energize a commitment to the shared vision of the project.
- Provide a way to guide and assess performance without becoming prescriptive.
- Form a unifying force across disciplines and circumstances.
- Allow local autonomy while holding a common vision.

At the community level, there are strong emotions to crisis events that are being affected: violence, death and addictions, or other dangers are at play. Communities and agencies often find themselves in the middle of intensely emotional conflicts, and it is no small challenge for them to handle the emotional responses, much less the reasons behind them.

Today, most communities and agencies recognize the need for engaging the public, even though they know the problems associated with doing this. This trend has been building over decades. The Circle Model is a recognized body of knowledge as a technical and political aspect of knowledge which gives it credibility. The Circle Model offers the communities and profession a new tool for engaging in difficult conversations. It is not a one-way process in either direction. Instead, Circles create safe and equal opportunities for everyone to participate. Everyone in the Circle shares responsibility for the dialogue and for building strategies for change. Circles can be used either as one-time, stand-alone events or in concert with other strategies for engaging when in crisis or at risk. Certainly, whenever there is a need to develop relationships and build understanding, a Circle is a good choice.

Suggested Methodology

- Make Contact with Chief and Council or justice committee or health committee; discuss what processes are already in place that could be built upon (look at health departments, education and schools, justice committees, etc.).
- Look at it as a process, not a singular event – it is a powerful process that engages the participants. Assess the parties and their preparation – may want to use one large circle or a series of smaller circles.
- Look at the purpose of the circle – is it going to be used to address justice and security issues on reserve – do you want a large public circle, or a series of private circles followed by a large circle.
- As noted above, the core values and the principles remain unchanged for the Circle Model.

The process can be adapted to the changing circumstances of the event(s) and changed while the process is occurring to adapt to new issues as they are revealed.

- Who is the facilitator? Ensure that this person is capable to lead the process and will ensure follow up.

Recommendation 2 – Seek Comparable Funding for Preventative and Proactive Community Justice and Security Community Plans

As Response to Frontline Crisis

In response to the realities of First Nations communities, it is recommended that a new funding method capable of assisting frontline agencies who are frequently the first and often the only line of response in a crisis situation. The decolonizing resources must be flexible to meet the unique cultures and needs of the communities. There must be crisis prevention, response and crisis aftermath initiatives based on holistic understandings. For example, governments (First Nations, provincial/territorial, federal), proximal municipalities, agencies (schools, daycare, police, health programs, youth centres), and families themselves must work together in new ways to ensure the safety and well-being of First Nations communities throughout the crisis, development of prevention, response and aftermath remedies. Preventative and pro-active Justice and Security Community Plans can be developed in accordance with the principles noted above. The urgency of the crisis situation in many First Nations communities requires an active proactive preventive approach, knowledge exchange, enhancing prevention, intervention processes, and reducing strategies that suppress healing must be implemented in a stronger and more holistic manner. These new more appropriate systems must be rooted in the First Nations cultures of the community which required clarity and understandings of colonization, decolonization and steps in between.

Suggested Methodology

- Once you have developed the focus of your project, you will need to find a source or sources to fund it. There are several types of funding you could pursue such as (but not limited to), your committee; your band; federal government sources, provincial government sources; Aboriginal organizations – either locally, regionally or nationally; private

sources or industry sources.

- A proposal will have to be written. There are many sources to assist you with this at the band office, you may also look online or there may be government sources to assist in this area. The proposal should be garnered and approved through the band council/office and/or the committee you are involved with. The proposal will provide the substantive and financial basis for the work you will do, the timelines and the deliverables.
- Sometimes if you partner with other agencies within your community or other agencies within the Tribal Council or (local/regional/national) organization that you belong then the resources (both financial and/or human) may be shared.

Recommendation 3 – Building Community Capacity and Infrastructure

The crisis situation in many First Nations communities indicates the urgent need for the development of responsive services and programs capable of supporting families, protecting children and youth and promoting community healing. Capital funds are needed to develop community infrastructure that is capable of supporting community guided approaches to healing. Enhancing healing capacities for First Nations to develop culturally based crisis prevention and response materials is crucial.

Suggested Methodology

- Using the suggested methods of garnering funding for the community as noted above, a community centre could be seen as one way to create an infrastructure that could house, prevent and respond to any crisis. There should be some type of infrastructure in place to have the capacity to respond to crisis and to act as the centre hub for civic, social, cultural, and educational activities.

- For some First Nations, the use of co-operatives has proven successful as a mid way point between band run projects and private enterprise for economic development. In the context of responding to crisis, a co-operative of certain people could be built and utilized that could be the frontline responders using this models as a basic template to build infrastructure in a community.

National Aboriginal Health Organization (NAHO)
Organisation nationale de la santé autochtone (ONSA)
ᑲᓇᑕᒥ ᓄᓇᖃᖅᑳᖅᓯᒪᔪᓄᑦ ᐋᓐᓂᐊᖃᙱᓕᕐᓂᓕᕆᔨᒃᑯᑦ ᑲᑐᔾᖃᑎᒌᑦ

Journal of Aboriginal Health, November 2009   81

Recommendation 4 – Building Relationships

The development of collaborative relationships must occur to respond to at risk or crisis events with particular focus on incidents of violence and suicides. Dedicated human and financial resources are required in order to facilitate the education, awareness and the development of community communication plans. Further relationship building must be integrated into the funding formula as a funded line item in order to support collaborations between First Nations agencies and other organizations on and off reserve. For instance, approach government, provincial and federal, on capacity to engage community with and without partners; community organizations, such as John Howard, Tribal Councils and neighbouring First Nations. Health Canada and Department of Indian Affairs and Northern Development (DIAND) should also work collaboratively with other departments to ensure that the voluntary sector receives the support it needs to enter into respectful relationships with First Nations.

A true partnership works therefore transparency of the parties is crucial so the parties should be involved from the outset. It is important that there are designates from each partnership that have the requisite knowledge to actively participate in the project – whether it be community health plans, or community education plans, etc. All must be on equal playing fields and have a common objective(s), and the terms of reference should be developed to outline the roles each partnership will take.

Suggested Methodology

- Build community trust and comfort on an ongoing basis through a good communication plan and dialogue with those who your actions will affect and be affected by.
- Good relationships are based on ethical and honest behaviour.
- Look at your project plan with other stakeholders and garner their support by engagement.

- Consider Memorandums of Understanding/Intent, Letters of Agreement to work together. Terms of References are useful for outlining responsibilities of the parties.

Recommendation 5 – Review Models that Work (Project and Cooperative Governance)

Good governance requires leaders that lead. There are a number of approaches that are suggested that will assist a First Nation in this area. These include:

- Work towards increasing the size and number of leadership training programs in First Nation communities and institutions.
- Focus on the leadership content in mainstream education and training programs.
- Improve the cultural content of leadership training programs so that these programs meet the needs of First Nations leaders and communities.

Additionally, looking at different models that have been successful and how various communities have defined success and leadership is very important when reviewing models that work. For instance, models that work can be found in a variety of instances – for these purposes it may be for the actual project itself (such as Hollow Water) or for models of cooperation (such as a co-operative model). It can not be overemphasized that models of success can not be transplanted without deep and thoughtful consideration given to the unique culture and circumstances of the community with community input.

Suggested Methodologies – Project

- Do a literature review on the subject matter.
- Visit various projects that have been in place and ask questions on how they developed their model. See if you could sit in on their project while it is occurring. Ask for assistance to help set up your project and the use of their forms, etc.

Suggested Methodologies – Cooperative Governance

- As an alternative method to the Band Council and Chief making decisions - a small body may be a decision maker that combined with other small bodies working on the same type of projects would create a type of Membership Council. Together they are the governing body that ensures consensual democracy is adhered to (with established rules of procedure, etc.). This can be either project driven or community driven. It could consist of many small project driven groups (i.e.: health committees to deal with health crisis, and justice committees to deal with justice and security crisis) from each band that together create a larger body of like minded projects, and are able

to move forward more efficiently than if a body was overseeing their work that had no interest or knowledge of the issues.

CONCLUSION

As the literature on First Nations communities at risk or in crisis notes, there must be new transformative decolonized approaches to enhance the justice and security capacities of the communities. Investment in coordinated and multi-disciplinary strategies and programs that include the corporate and government sectors and affirm the role of families themselves to respond to crisis situations are urgently needed. A realistic plan for developing First Nations leadership must provide for community involvement, recognize traditional practices and must look at ways to support current and future leaders in their quest for healthy communities.

This body of literature warrants the time and support needed to generate new ideas, map out new ways of conceptualizing collaborative relationships across cultures, and engage in the cross-disciplinary discussions that have the potential to change how we think about addressing social problems. By fostering an environment that seeks to strengthen our capacity to communicate across our differences in order to cooperatively engage in problem-solving, there emerges the possibility of solidifying respectful connections that have the potential to support the social change that is urgently needed to create a better world for us all and ensure a just future for First Nations people.

APPENDIX "A-1"

Definitions

Aboriginal Over-Representation – refers to the high rate of prison population of Aboriginal people in relation to the general population. Criminal justice studies and case law has named colonialism as the root cause of Aboriginal over-representation in Canadian prisons.

Assault – refers to three types of physical assaults under the Criminal Code being: common assault (s. 265), major assault level 2 (s. 267) and major assault level 3 (s. 268). Common assault is the least serious level and includes pushing, slapping, punching, and face to face verbal threats. Level 2 assault includes assault with a weapon or causing bodily harm including carrying, using or threatening to use a weapon. Level 3 includes aggravated assault wounding, maiming, disfiguring or endangering the life of someone.

Colonialism – refers to both the formal and informal methods (behaviours, ideologies, institutions, policies, and economics) that maintain the subjugation or exploitation of Indigenous peoples, lands and resources.

Crisis Events – refers to two types of crisis events. Community crisis occur when horrific events shock and horrify the community and general society. Systemic crisis occurs when horrific treatments of individual people occur within the criminal justice system.

Crisis Origins - refers to the root causes of the crisis in order to provide potential sources of support for the individual or the community in crisis. One is to think about the possible reasons why the problem began which may enhance the ability to develop strategies about the social resources and support required to impact a) the outcome of a crisis, and b) risk factors or indicators associated with the crisis.

> Origins fall into 3 categories: situational, transitional and cultural/social.
> **i)** Situational occurs when extraordinary events happens that are not predictable, can vary in intensity and have characteristics of sudden onset, unexpected, emergency, potential impact. Examples of man made disasters or natural – flood, fire, crimes, illness, and death.
> **ii)** Transitional may be seen as life stages passages (adolescence, marriage, parenthood) and can be prepared for but has the potential to provoke depression and crisis.
> **iii)** Cultural and social/structural sources come from outside the person and are often beyond the control of the individual. This is discrimination in all walks of life, violence against women, hate crimes, etc. It may also include institutionalization and forced relocation. People may internalize oppression believing these falsehoods to be true – this results in self hatred and self destruction.

Crisis Multi-dimensional – refers to the understanding that one definition of communities at risk or in crisis is not adequate. Instead factors that should be considered include, but are not limited to:

- Degree of community infrastructure (emergency service, schools, health care, etc.).
- Degree of community recovery from colonization.
- Inventory of possible hazards (ie: environmental, transportation, political unrest, suicide rates, violence, and distress in family).
- Community emergency response plan in place.

National Aboriginal Health Organization (NAHO)
Organisation nationale de la santé autochtone (ONSA)
ᗯᑕᓕ ᐁᓇᖦᑊᖦᐱᐣᖤᑉ ᐊᖦᐊᖤ�°ᖢᓐᓐᑉᑕᑊ ᗯᒍᖮᖦᑫᓐᑊᑐ

Journal of Aboriginal Health, November 2009   83

- Proximity to culturally appropriate response teams.
- Training and support for prevention and response.

Decolonization – is the intelligent, calculated and active resistance to the forces of colonialism that perpetuate the subjugation and/or exploitation of our minds, bodies and lands, and it is engaged for the ultimate purpose of overturning the colonial structure and realizing indigenous liberation. It is not about tweaking the existing colonial system to make it more indigenous-friendly or little less oppressive.

First Nation(s) – is a term used in place of "Indian(s)" that emphasizes the political and cultural dimensions of those who lived on the land from "time immemorial." When discussing specific First Nations, the name of that nation may be used.

Registered Indian - a term used by Statistics Canada to indicate a registered or Treaty Indian. The expression "Registered Indian" refers to those persons who reported they were registered under the Indian Act of Canada. Treaty Indians are persons who are registered under the Indian Act and are descended from a band that signed a Treaty.

Sexual Assault – refers to actions ranging from unwanted sexual touching to sexual violence resulting in serious physical injury. Special categories under the Criminal Code are designed to protect children from sexual abuse. Criminal Code s. 271, s. 272, and s. 273 capture sexual assault level 1 (minor or no injuries), level 2 (sexual assault with a weapon, threats or causing bodily harm) and level 3 (wounding, maiming, disfiguring or endangering the life of the victim). Criminal Code s. 151, s. 152, s. 153, s.155, s. 159, and s.160 are directed primarily to address sexual abuse directed at children.

Sui Generis - *Sui generis* is a Latin term meaning "of its own kind," "unique or peculiar." *Blacks Law Dictionary*, 7th ed., (St. Paul MN.: West Group, 1999) *s.v.* "sui generis." Rights that are *sui generis* do not fit into categories of French or English law. *Guerin v. R.,* [1984] 2 S.C.R. 335.

REFERENCES

Aboriginal Circle. (1993). In Canadian Panel on Violence Against Women, Changing the Landscape: Ending Violence – Achieving Equality. (pp. 101-190), Ottawa: Minister of Supply and Services.

Aboriginal Healing Foundation. (2006). *Final Report of the Aboriginal Healing Foundation: Healing Journey: Reclaiming Wellness. Vol. 1*, (p. 147). Ottawa: Aboriginal Healing Foundation.

Aboriginal Healing Foundation. (2008). *From Truth to Reconciliation: Transforming the Legacy of Residential Schools*. Ottawa: Dollco Printing.

Amnesty International. (2004). *Stolen Sisters Discrimination and Violence Against Indigenous Women in Canada* – A Summary of Amnesty International's Concerns. Retrieved December 15, 2008, from http://web.amnesty.org/library/Index/ENGAMR200012004

Assembly of First Nations. (1998). *Residential School Update*. Ottawa: Assembly of First Nations.

Assembly of First Nations. (2008). *Fact Sheet: First Nations Population*. Retrieved December 1, 2008, from http://www.afn.ca/article.asp?id=2918

Astwood Strategy Corporation. (2002). *Results of the 2002 Canadian Police Survey on Youth Gangs*. Retrieved December 1, 2008, from http://ww2.ps-sp.gc.ca/publications/policing/pdf/gangs_e.pdf

Backhouse, C. (1999). *Colour-Coded: a Legal History of Racism in Canada, 1900-1950*. Toronto: University of Toronto Press.

Battiste, M. (2004a). Bringing Aboriginal Education into the Contemporary education: Narratives of Cognitive Imperialism reconciling with Decolonization! In J. Collard & C. Reynolds (Eds.), *Leadership, Gender and Culture: Male and Female Perspectives* (pp. 142-148). U.K.: Open University Press.

Battiste, M. (2004b). Unfolding the Lessons of Colonization. In C. Sugars (Ed.), *Unhomely States: Theorizing English-Canadian Postcolonialism* (pp. 209-220). ON: Broadview Press.

Battiste, M. & Henderson, J.Y. (2005). Protecting Indigenous Knowledge and Heritage: A Global Challenge. In W. McCaslin (Ed.), *Justice as Healing: Indigenous Ways* (p. 240). MN: Living Justice Press.

Bennette, M. & Blackstock, C. (2002). *A Literature Review and Annotated Bibliography Focusing on aspects of Aboriginal Child Welfare in Canada*. Ottawa: First Nations Child and Family Caring Society of Canada.

Bernier, C. (2007). *Speech for Delivery, and Presented at the National Aboriginal Policing Forum*. Ottawa: Pacific Business and Law Institute (unpublished on file with the authors).

Brzozowski, J., Taylor-Butts, A. & Johnson, S. (2006). *Victimization and offending among the Aboriginal population in Canada*. Ottawa: Statistics Canada – Catalogue no. 85-002-XIE, 26(3).

Canadian Association of Elizabeth Fry Societies. (2006). *Health and Mental Health*. Ottawa. Retrieved December 21, 2008, from http://www.elizabethfry.ca/eweek06/pdf/menthlth.pdf

Canadian Race Relations Foundation. (2009). *UNEQUAL ACCESS: A Canadian Profile of Racial Differences in Education, Employment and Income*. Retrieved February 13, 2009, from http://www.crr.ca/content/view/260/538/lang,english/

Chandler, M. & Lalonde, C. (2004a). Cultural Continuity as a Hedge against Suicide in Canada's First Nations. *Transcultural Psychiatry, 35*, 191-219.

Chandler, M. & Lalonde, C. (2004b). Culture, Selves, and Time: Theories of Personal Persistence in Native and Non-Native Youth. In C. Lightfoot, C. Lalonde & M. Chandler (Eds.), *Changing Conceptions of the Psychological Life*. Nahwah, NJ: Laurence Erlbaum and Associates

Chandler, M. & Lalonde, C. (Forthcoming) Cultural Continuity as a Moderator of Suicide Risk Among Canada's First Nations. In L. Kirmayer & G. Valaskakis (Eds.), *The Mental Health of Canadian Aboriginal Peoples: Transformations, Identity, and Community*. Vancouver: University of British Columbia Press.

Chansonneuve, D. (2005). *Reclaiming Connections: Understanding Residential School Trauma Among Aboriginal People*. Ottawa: Aboriginal Healing Foundation. Retrieved January 26, 2009, from http://www.ahf.ca/publications/research-series

Chartrand, L., Logan, T.E. & Daniels, J.D. (2006). *Métis History and Experience and Residential Schools in Canada*. Ottawa: Aboriginal Healing Foundation.

DeSouza, M. (2008, January 16). Canada's aboriginal population passes one million. *The Star Phoenix*, p. D4.

Eng, S. (2005). *Policing for the Public Good: A Commentary. In D. Cooley (Ed.), Re-imagining Policing in Canada* (p. 320). Toronto: University of Toronto Press.

First Nations and Inuit Regional Health Survey National Steering Committee. (2002). *First Nations and Inuit Regional Health Survey, National Report*. Ottawa: National Aboriginal Health Organization.

First Nations Child and Family Caring Society of Canada. (2007). *Wen:de Series of Reports Summary Sheet*. Retrieved January 26, 2009, from http://www.fncfcs.com/docs/WendeReportsSummary.pdf

Government of Newfoundland and Labrador. (2005). *Facts on Violence*. Newfoundland & Labrador: Canada.

Hamilton, A.C. & Sinclair, C.M. (1991). *Report of the Aboriginal Justice Inquiry of Manitoba: The Justice System and Aboriginal People. Vol. 1*. Winnipeg: The Inquiry.

Health Canada. (2001). *A Statistical Profile on the Health of First Nations in Canada for the Year 2000*. Ottawa: Canada.

Health Canada. (2005). *First Nations Comparable Health Indicators*. Retrieved December 15, 2008, from http://www.hc-sc.gc.ca/fniah-spnia/diseases-maladies/2005-01_health-sante_indicat-eng.php

Henderson, B. (1996). *Notes on the Indian Act.* Retrieved December 19, 2008, from http://www.bloorstreet.com/200block/sindact.htm

Henderson, J.Y. (2006). *First nations Jurisprudence and Aboriginal Rights*. Saskatoon: Native Law Centre.

Indian Act, R.S.C. 1985, c. I-5.

Indian Act, 1876. S.C. 1875, c. 18.

Indian Act, 1906, S.C. c. 81, s. 2(c).

Indian and Northern Affairs Canada. (2007). *Historical Trends – Registered Indian Population Canada 1982-2007*. Retrieved December 8, 2008, from http://www.ainc-inac.gc.ca/ai/rs/pubs/sts/ht/ht-can-eng.pdf

Inuit Tapiriit Kanatami & Inuit Circumpolar Council (Canada). (2007). *Building Inuit Nunaat, The Inuit Action Plan*. Ottawa: Inuit Tapiriit Kanatami & Inuit Circumpolar Council.

National Aboriginal Health Organization (NAHO)
Organisation nationale de la santé autochtone (ONSA)
ᑲᓇᑕᒥ ᓄᓇᖃᖅᑳᖅᓯᒪᔪᓄᑦ ᐋᓐᓂᐋᖃᕐᓇᖏᑦᑐᓕᕆᔨᒃ ᑲᑐᔾᔨᖃᑎᒌᑦ

Journal of Aboriginal Health, November 2009   85

Irvine, K. (2004). *First Nations Child & Family Caring Society Crisis Response in First Nations Child and Family Services*. Blackstock, C. (Ed.) Retrieved December 19, 2008, from http://www.fncfcs.com/docs/Communities_in_Crisis.pdf

Lane, P., Bopp, M., Bopp, J., & Norris, J. (2005). Mapping the Healing Journey: First Nations Research Project on Healing in Canadian Aboriginal Communities. In W.D. McCaslin (Ed.), *Justice as Healing: Indigenous Ways* (pp. 396-405). MN: Living Justice Press

Linden, S.B. (2007). *Ipperwash Inquiry*. Ontario: Ministry of the Attorney General

Lux, M. (2001). Medicine That Walks: Disease, Medicine, and Canadian Plains Native Peoples; 1880-1940. Toronto: University of Toronto Press

Luxely, J., DeRiviere, L., Prakash, T., Blackstock, C., Wien, F., & Thomas Prokop, S. (2005). *WEN:DE The Journey Continues: The National Policy Review on First Nations Child and Family Services Research Project: Phase Three*. Retrieved January 26, 2009, from http://www.fncfcs.com/docs/WendeJourneyContinues.pdf

MacKinnon, K.A. (2008). Labouring to nurse: the work of rural nurses who provide maternity care. *The International Electronic Journal of Rural and Remote Health Research, Education, Practice and Policy 8*, 1047. (online) http://www.rrh.org.au/publishedarticles/article_print_1047.pdf

National Aboriginal Health Organization. (2007). *About NAHO*. Ottawa:NAHO. (online) http://www.naho.ca/english/about.php

National Aboriginal Health Organization. (2002). *Improving population health, health promotion, disease prevention and health protection services and programs for aboriginal people: recommendations for NAHO activities*. Ottawa:NAHO.

National Council of Welfare. (2008a, December 10). Press Release. Retrieved December 19, 2008, from http://www.ncwcnbes.net/documents/newsroom/2008DecPressreleaseE.pdf

National Council of Welfare. (2008b). *First Nations, Métis and Inuit Children and Youth: Time to Act*. Retrieved December 19, 2008, from http://www.ncwcnbes.net/documents/researchpublications/ResearchProjects/FirstNationsMetisInuitChildrenAndYouth/2007Report-TimeToAct/ReportENG.pdf

National Council of Welfare. (2008c). *Welfare Incomes, 2006 and 2007. Vol. 128*. Retrieved December 19, 2008, from http://www.ncwcnbes.net/documents/researchpublications/OtherPublications/2008Report-WelfareIncomes2006-2007/Report-WelfareIncomes2006-2007E.pdf

National Council of Welfare. (2007d, September 18). Press Release. Retrieved December 19, 2008, from http://www.ncwcnbes.net/documents/researchpublications/ResearchProjects/FirstNationsMetisInuitChildrenAndYouth/2007Report-TimeToAct/PressReleaseENG.htm

Native Women's Association of Canada. (2007). *Reclaiming Our Way of Being: Matrimonial Real Property Solutions Position Paper*. Retrieved December 19, 2008, from http://www.nwac-hq.org/en/documents/NWACMRP.pdf

Paradis, S. (2007, July 2). Residents Live in fear due to lack of Police. *Timmins Daily Press*, p. 1

Point, R.v. (1957). 22 W.W.R. p. 527.

Public Safety Canada. (2006). *An investigation into the formation and recruitment processes of Aboriginal gangs in western Canada*. Retrieved from http://www.publicsafety.gc.ca/res/cor/apc/abor_gangs-eng.aspx

Public Safety Canada. (2007). *First Nations Policing Policy*. Retrieved December 21, 2008, from http://publicsafety.gc.ca/pol/le/FNPP-en.asp

Quann, N. & Trevethan, S. (2000). *Police-Reported Aboriginal Crime in Saskatchewan*. Ottawa: Statistics Canada – Catalogue no. 85F0031-XIE.

Royal Commission on Aboriginal Peoples. (1996). *Report of the Royal Commission on Aboriginal Peoples. Vol. 1-5*. Retrieved June 16, 2009, from http://www.ainc-inac.gc.ca/ap/index-eng.asp

S.C. (1850). *An Act for the Better Protection of the Lands and Property of the Indians in Lower Canada*. C. 42, s. 5.

Saskatchewan. (2004). *Commission on First Nations and Métis Peoples and Justice Reform: Final Report Legacy of Hope An Agenda for Change*, Vol. 1, pp. 1-2, 8-24, Retrieved March 21, 2009, from http://www.justicereformcomm.sk.ca/

Statistics Canada. (2004a). *CANSIM, Table 051-0001*, Centre for Criminal Justice Statistics

Statistics Canada. (2004b). *CANSIM, Table 254-0002*. Ottawa: Canada

Statistics Canada. (2007). *Aboriginal health and well-being 2008*. Ottawa: Canada.

Statistics Canada. (2008a). *Aboriginal Children's Survey (ACS)*. Ottawa: Canada.

Statistics Canada (2008b). *Aboriginal Population Profile, 2006 Census*. Retrieved January 4, 2009, from http://www12. statcan.ca/English/ensus06/data/profiles/aboriginal

Statistics Canada. (2008c) *Special Interest Profiles: Registered Indian Status (3), Area of Residence (6), Age Groups (8), Sex (3) and Selected Demographic, Culture, Labour Force, Educational and Income Characteristics (238), for the Total Population of Canada, Provinces and Territories, 2006 Census – 20% Sample Data*. Retrieved March 21, 2009, from http://www12.statcan.ca/ english/census06/data/profiles/sip/RetrieveProductTable.cfm? Temporal=2006&PID=97450&GID=614135&METH=1&A PATH=3&PTYPE=97154&THEME=73&AID=&FREE=0 &FOCUS=&VID=0&GC=99&GK=NA&RL=0&TPL=RE TR&SUB=0&d1=1&d2=0&d3=0

Statistics Canada, Canadian Centre for Justice Statistics. (2005). *Family Violence in Canada: A Statistical Profile 2005*. Retrieved December 21, 2008, from http://www.statcan.gc.ca/pub/85- 224-x/85-224-x2005000-eng.pdf

Statistics Canada, Canadian Centre for Justice Statistics. (2008). *Family Violence in Canada, A Statistical Profile 2008*. Retrieved January 26, 2009, from http://www.statcan.gc.ca/pub/85-224- x/85-224-x2008000-eng.pdf

The Metropolitan Toronto Action Committee on Violence Against Women and Children. (2001). *Statistics Sheet: Sexual Assault*. Toronto.

Tjepkema, M. (2002). *The Health of the Off-reserve Aboriginal Population*. Retrieved Decmeber 12, 2008, from http://www. statistiquecanada.ca/english/freepub/82-003-SIE/2002001/ pdf/82-003-SIE2002004.pdf

Waldram, J.B., Herring, D.A. & Young, T.K. (1995). *Aboriginal Health in Canada. Historical, Cultural and Epidemiological Perspectives*. Toronto: University of Toronto Press.

Wien, F. (2001). *A Literature Review of Models of Social Assistance Appropriate for Aboriginal Communities*. Funded project for the Atlantic Policy Congress of First Nation Chiefs.

Wilson, A. & Sarson, J. (2009). *Can Institutional Systems Learn to Listen?* In Canadian Race Relations Foundation: Systemic Discrimination Against Aboriginal Peoples. Vol. 5 no. 1 pp. 37-39. Retrieved February 13, 2009, from http://www.crr.ca/ contenct/view/491/378/lang,english/

Wright, D.H. (2004). *Report of the Commission of Inquiry Into Matters Relating to the Death of Neil Stonechild*. Regina: Queen's Printer.

END NOTES

1. The National Aboriginal Health Organization has adapted the formatting style from the Canadian Guide to Uniform Legal Citation, 6th edition ('McGill Guide') to the American Psychological Association ('APA Style') and as such the authors, as legal academics trained in the McGill Guide format, do not take responsibility for the APA style formatting of this paper as it is outside their area of expertise.

National Aboriginal Health Organization (NAHO)
Organisation nationale de la santé autochtone (ONSA)
ᑲᓇᑕᒥ ᓄᓇᖃᖅᑲᖅᓯᒪᔪᓄᑦ ᐋᓐᓂᐊᖃᕐᓇᖏᑦᑐᓕᕆᔨᒃᑯᑦ ᑲᑐᔾᔨᖃᑎᒌᑦ

Journal of Aboriginal Health, November 2009   87