

Walking the Prevention Pathway: Violence Prevention in Indigenous Communities

Dr. Debra Pepler¹, Dawn-Lee Ricard¹, & Shelley Cardinal²

¹York University

²Canadian Red Cross



Ministry of
Public Safety and
Solicitor General



Royal Canadian Mounted Police
Gendarmerie royale du Canada



YORK
UNIVERSITY
UNIVERSITY

Table of Contents

The Crime Reduction Research Program.....	1
Acknowledgements	2
Project Background	4
Work Accomplished through the CRRP Grant.....	5
1. Developing the Starting Place Story Framework, Process, and Tools.....	5
Background	5
SPS Development and Research Training for Community Coordinators.....	8
SPS Orientation and Training for Community Coordinators	8
Qualitative Evaluation Strategy for the SPS	9
Findings: SPS Process & Tools.....	10
Conclusion	14
2. CRC Walking the Prevention Pathway Programming.....	14
Qualitative Evaluation Strategy for the CRC WTPP Programming	14
Findings: WTPP Programming	15
Conclusion	19
Lessons Learned and Recommendations	20
Lesson 1. Focusing on Strengths Facilitates Systems Revision	20
Recommendation 1.	21
Lesson 2. The SPS Supports Communities to Claim and Control Their Narrative Which Connects Their Past, Present, and Future	21
Recommendation 2a – SPS.....	21
Recommendation 2b – WTPP.....	21
Lesson 3. Culturally Relevant Targets to Restore Relational Determinants of Health Provide Direction for Communities’ Self-Determined Journey to Wellness.....	22
Recommendation 3.	22
References.....	23
Appendix A. Community Journey of Change Through Relational Determinants of Health ..	25

The Crime Reduction Research Program

This project was funded through the British Columbia Crime Reduction Research Program (CRRP).

The CRRP is a research grant program administered and funded by the Province of British Columbia in collaboration with the Royal Canadian Mounted Police (RCMP). The CRRP is focused on investing in independent research to inform priority policing operations, policies, and programs related to public safety in British Columbia. In doing so, the CRRP also aims to foster greater collaboration between government, law enforcement, and academic experts in the field of policing and public safety.

Eligible research topics are identified on an annual basis by the BC Ministry of Public Safety & Solicitor General and the RCMP based on current and emerging provincial priorities. All grants are awarded on a merit basis by the CRRP Working Group.

Disclaimer

The statements, findings, and recommendations contained in this report have been reached independently by the authors of this report and do not necessarily reflect the views of the Province of British Columbia.

Acknowledgements

We acknowledge the work of all of our team members, past and current, and gratefully recognize the contributions of the many Indigenous¹ community members who shared their knowledge and guided our work together. We are most grateful for the knowledge shared by the Community Coordinators (CCs) on the Canadian Red Cross' (CRCs) *Creating Safe Environments Project (CSEP)* funded by the National Crime Prevent Centre (NCPS): Alice Petawabano, Cree Nation of Mistissini;² Gem Osborne, Norway House Cree Nation; Jim Searson, Lac La Ronge Indian Band; Leta Blackjack, Little Salmon/Carmacks First Nation; Lesley Wesley, Kashechewan First Nation; the two CCs for the Vancouver Aboriginal Friendship Centre Society, JoAnne Mansfield (Nle'kep'mx/Mohawk, European and Splatshin-Secwepemc) and Janelle Jakesta (Shuswap/Carrier and Kaska Dena); and, for the CRCs CSEP in Ontario, Judy Martin, Attawapiskat First Nation. We are grateful for the support of Debora Abood, Project Manager for the NCPC funded CSEP, who facilitated ongoing conversations between the CCs and the research team and Danielle Gelinis, CRC Sr. Manager, Indigenous Programming in Ontario, who facilitated conversations between the CCs in Ontario and the research team. Lastly, we acknowledge with gratitude the funder who made this Walking the Prevention Pathway research project possible, the Crime Reduction Research Program, a joint research model with representation from the BC Ministry of Public Safety and Solicitor General, Royal Canadian Mounted Police in BC, and Combined Forces Special Enforcement Unit of BC.

Before presenting the project's findings, we would like to share that the work done alongside Indigenous communities in this project has been carried out in what Ermine (2007) calls an ethical space of engagement. Traditional Knowledge Keeper Willie Ermine (Sturgeon Lake First Nation) explains that when the different knowledge systems of Indigenous communities and non-Indigenous organizations come together for work, a part of Reconciliation is the co-creation of an ethical space of engagement for conducting

¹ In this report, the word Indigenous is used in the following contexts, as outlined by Younging (2018): *Indigenous Peoples*—"refer[s] to First Nations, Inuit and Métis peoples in Canada collectively" (p. 64); *an Indigenous People*—"a single one of the distinct societies of the First Nations, Inuit and Métis peoples in Canada" (p. 65); *Indigenous people*—"refers to people who identify as First Nations, Inuit, or Métis in a context where their specific identity is not at issue" (p. 65); in this report, *an Indigenous community* includes First Nations reserves, Inuit hamlets, Métis settlements in Alberta, as compared to an urban Indigenous community which is self-determined by the Indigenous Peoples living in a specific city.

² For the purposes of this report, we used the community naming and spelling practice of asking each Community Coordinator how to record their community's name. With the exception of the two CCs for the Vancouver Aboriginal Friendship Centre Society, the CCs are members of their named communities. For the CCs working with the urban Indigenous organization, the Vancouver Aboriginal Friendship Centre Society, as per their request, the territories they have personal connection with follow their names in brackets. The other Indigenous people in this report are named the way we found them identified in the citation source (e.g., after their name, including in brackets the Nation they have membership in).

that work. An ethical space of engagement includes ethical and human principles such as trust, mutual respect, flexibility, generosity, and working together in meaningful ways. Eli Enns (Tla-o-qui-aht First Nation) further explains that ethical space is the intermediary between two different knowledge systems (Conservation through Reconciliation Partnership, 2000). It enables parties with different knowledge systems to share their needs, which are sometimes the same and sometimes different. By working together respectfully, all parties are able to meet those needs. We recognize that this ethical space of engagement also includes relational obligations. As researchers, we understand it is our relational obligation to report the findings of this project in a way that represents the voices of the communities involved, and as such, is an accurate reflection of the communities' knowledge. We apologize and take responsibility for any misrepresented or inaccurate community knowledge in this report that was shared during the project. Additionally, we acknowledge that the First Nations principles of OCAP applies to the community knowledge shared during the course of this project (First Nations Information Governance Centre, 2021a) and that the knowledge shared remains the property of the individual, organization, and or community that consented to participate in the project.

Project Background

We have found our work for the CRRP grant to be most fulfilling. The research objectives for this project were to deliver, document, and evaluate promising culturally relevant practices that prevent and address violence in the lives of children and youth, who are First Nations living on reserve, Métis peoples, Inuit, and urban Indigenous Peoples. We have focused on redesigning and evaluating a culturally relevant framework for the Starting Place Story Process and Tools (SPS) for Indigenous communities. We have also been evaluating the Canadian Red Cross (CRC) Walking the Prevention Pathway (WTPP) violence prevention and wellness programming for Indigenous communities.

Debra Pepler lives and works on the Traditional Territory of the Wendat, the Anishnaabeg, Haudenosaunee, Métis, and the Mississaugas of the Credit First Nation, whom she acknowledges and continues to learn from. Her European ancestors came as uninvited settlers to Canada over a 150 years ago. She has been invited to be an ally and has pursued a learning journey to understand the strengths of and challenges faced by Indigenous children and youth in the context of families and communities. Debra is a professor of psychology, and a mother and grandmother. Her teaching and research have focused on child and youth development in family and peer relationships.

Dawn-Lee Ricard acknowledges and respects the ləkʷəŋən (lay-kwung-gen) speaking Peoples on whose unceded Traditional Territory she lives and works on as a guest, and the Songhees, Esquimalt, and ƳSÁNEĆ (weh-saanich) people's historical relationships with the land that continue to this day. As a child, her parents passed on to her the oral history of her ancestry³, British/Scottish and Dutch on her mother's side; Scottish and Métis/French on her father's side. This history generated many questions: "Why would people leave the land they were born on? What were their lives like before and after they left? How did they build relationships and live together with the Peoples on the territories they settled on? How did they help each other and what did that reciprocity look like?" Her curiosity led her to pay attention to relationships and the ways they support individuals, families, and communities to thrive. Dawn-Lee's understanding of the complexities in the answers to her questions deepened when living and working in Japan and Thailand for six years, countries with different worldviews than what she was raised with. The relationships she entered into, and that last to this day, taught her the importance of respecting and working to understand the cultural knowledge and practices of the people in the new communities we migrate to; this is part of being a good guest. These lessons guide Dawn-Lee in the research she does today alongside Indigenous communities.

³ The practice Dawn-Lee used to list her family ancestry was to place the ancestry of her mother first—mother's mother then mother's father, followed by the ancestry of her father—father's mother then father's father. So, in Dawn-Lee's ancestry, while the ancestors in the patrilineal lineage of her father (father's father) have been living on Turtle Island the longest, since the 1660s, they are listed last. This practice is part of Dawn-Lee's decolonizing process while exploring her ancestry and reclaiming her family's history.

Muskwas Nitanees, the Daughter of Little Bear, also known as Shelley Cardinal, is Cree and Mennonite. She was raised with stories of cultural strength and stories of the harms that Indigenous Peoples endured. From a young age, she knew her life work would contribute to addressing the harms. As a daughter of a Residential School survivor and thriver, and an aunty to many, Shelley understands the power in strengthening culture and wellness. Today, she leads Indigenous relations, research, and engagement within the Canadian Red Cross.

In our original proposal, we planned to gather data in one reserve community, Norway House Cree Nation, and one urban Indigenous organization, the Vancouver Aboriginal Friendship Centre Society (VAFCS). We were interested to see what, if any, differences there may be in the community mobilization process between a reserve First Nation community and an urban Indigenous community organization.

Ultimately, to further develop and pilot test the revised SPS framework, we partnered with seven Indigenous communities. We redesigned the SPS to align with the Community Journey of Change model (Cardinal & Pepler, 2021). The model depicts the Cycle of Violence, the Circle of Wellness, and the Relational Determinants of Health, providing communities with a map for its self-determined journey to wellness. The Community Coordinators (CCs) we worked with in these communities indicated that the process of completing the community SPS was seminal in preparing their Violence Prevention Team to engage in the violence prevention and wellness programming, both during and after WTPP was delivered.

Work Accomplished through the CRRP Grant

The research conducted for the CRRP funded project comprised two dimensions: developing and evaluating the value of the SPS and evaluating the revised CRC WTPP violence prevention and wellness programming.

1. Developing the Starting Place Story Framework, Process, and Tools

Background

In our previous SSHRC-funded work, we had a community self-assessment measure that we found met neither the needs of the community nor the CRC. The first objective of our CRRP project was to develop a comprehensive community self-determination toolkit, which we refer to as the Starting Place Story (Ricard et al., in preparation).

With its Framework, Process, and Tools, the SPS Toolkit has been developed in collaboration with communities to assist their violence prevention and wellness planning, as well as their movement toward their wellness landing place.

Community Journey of Change

The SPS is designed as a self-determination tool to guide a community's movement through the Community Journey of Change model developed by Cardinal and Pepler

(2021) (see Appendix A. Community Journey of Change Through Relational Determinants of Health). This model was presented to Indigenous communities in the CRC WTPP violence prevention and wellness programming as part of the National Crime Prevention Centre (NCPC) funded *Creating Safe Environments Project (CSEP)*. The CRC supports Indigenous communities in creating healing processes that address the Cycle of Violence rooted in colonization and promote communities' movements toward their Circle of Wellness rooted in Indigenous knowledge and practices. The Community Journey of Change conceptual model is presented in Figure 1 below.

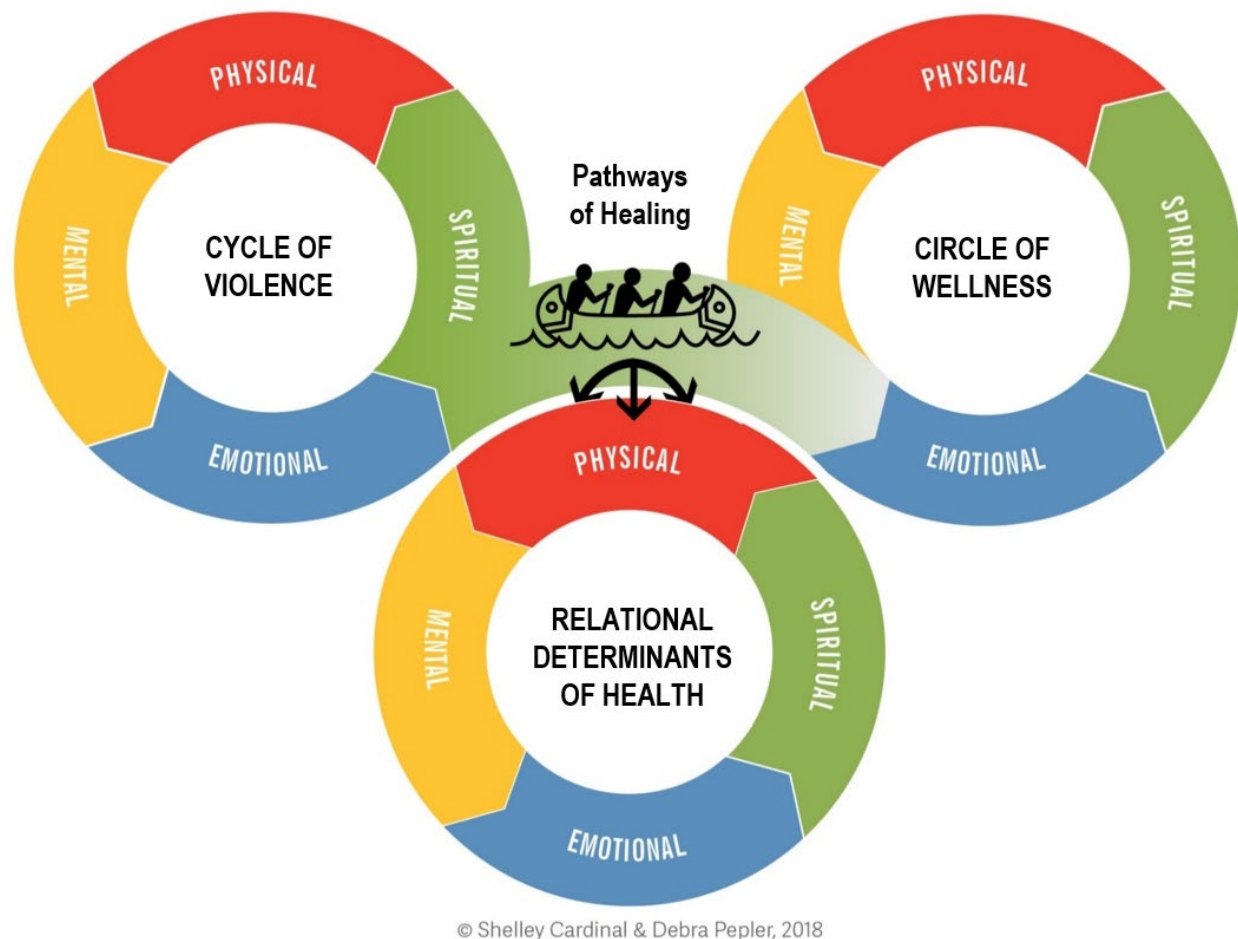


Figure 1. Map of Community's Movement along their Pathways of Healing to Restoring its Relational Determinants of Health.

The SPS provides a framework for communities to:

- identify the impacts of historical and ongoing harms specific to their community's Cycle of Violence (Bromley, Cardinal, & Pepler, 2020);
- engage multiple sectors in the community and work in a coordinated way to identify the community's landing place of wellness, their Circle of Wellness; and,

-
- develop the WTPP Violence Prevention Team's Community Action Plan using their pathways of healing to restore community's Relational Determinants of Health.

By working together, the community comes to understand, name, and re-claim its past and begin their self-determined journey from the Cycle of Violence to the Circle of Wellness. Movement along their pathways of healing leads to restoring community's Relational Determinants of Health.

Initially, the SPS was developed as a community self-determination tool that would prepare a community for WTPP programming by helping them understand their own history of harms and reflect on and gather community knowledge for their wellness landing place. The SPS process enables communities to begin scaffolding their understanding of the Community Journey of Change model, which is central to the community's work with WTPP programming. The CRC explained to communities that the story was theirs and did not need to be shared with the CRC. The community's WTPP Violence Prevention Team could use the knowledge gathered and woven together into their SPS during WTPP programming to begin constructing their violence prevention and wellness Community Action Plan.

Over time, as the SPS was introduced and WTPP continued to be delivered, two insights led to a proposal to redesign of the SPS Process and Tools:

- it was taking communities much longer than originally projected to gather their community stories and knowledge about history of harms and their vision of a wellness landing place in preparing their SPS; and,
- the CRC recognized that receiving preliminary information on the community's strengths and gaps would help WTPP facilitators tailor the violence prevention and wellness programming to the community.

The redesign created a PHASE 1 and a PHASE 2 for the SPS. In PHASE 1, a CC or other community members review the full set of questions for the SPS Knowledge Gathering interviews and identify two or three key questions in each of the four quadrants in both the Cycle of Violence and the Circle of Wellness. This provides a total of 16 to 24 questions. With this abbreviated set of questions, the CC then conducts three to five targeted interviews to create a Community Strengths and Gaps document. This document can be shared with the CRC for tailoring WTPP programming to the communities' strengths and gaps.

In PHASE 2, with the full participation of the community's Violence Prevention Team, the complete set of SPS Knowledge Gathering Questions is used to conduct interviews with key community members from different sectors within the community (e.g., Elders, youth, health services, education, social services, leadership, RCMP). We developed a manual that introduces the SPS Framework, Process, and Tools, which describes how to conduct the interviews, how to assemble the interviews into the template, and how to edit the template into the community's complete SPS.

We developed a representation of the way in which the SPS has emerged as a framework that guides communities in recovering and weaving together their story threads that have been and continue to be broken through colonization. Through the process of creating the SPS, communities come to understand what has happened, what is currently happening, and begin envisioning their self-determined community journey to wellness. By rekindling their cultural ways of knowing, being and doing, communities are able to move along their pathways of healing to restore their Relational Determinants of Health.

For the current project, the pandemic interrupted testing the complete redesign of the SPS PHASE 1 and PHASE 2. Nevertheless, we continued to support CCs in developing a complete SPS and refined the SPS methods to ensure that they aligned with the needs of both the communities and the CRC.

SPS Development and Research Training for Community Coordinators

We developed the SPS Toolkit within the context of the CRC's National Crime Prevention Centre's (NCPC) funded *Creating Safe Environments Project (CSEP)*. CCs in this project had the responsibility to lead the completion of their community's SPS with community members. The SPS Tools were provided to the CCs on a USB, including: a manual for administration, a one-page description, consent forms, SPS question sheets, recording pages, and SPS template. In the next months, these materials will be uploaded on a comprehensive website that is currently being developed by Animikii Indigenous Technology for the larger SSHRC-funded project. The SPS will serve as a tool not only for the CRC in its engagement with Indigenous communities but also for other Indigenous communities that are interested in documenting their community-specific Cycle of Violence, Circle of Wellness, and their pathways of healing to restore their Relational Determinants of Health.

SPS Orientation and Training for Community Coordinators

We delivered SPS Orientation and Training to the CCs from seven Indigenous communities, six of which were involved in the NCPC CSEP: Gem Osborne (Norway House Cree Nation in MB); JoAnne Mansfield (Vancouver Aboriginal Friendship Centre Society in BC); Alice Petawabano (Cree Nation of Mistissini in QC); Leta Blackjack (Little Salmon/Carmacks First Nation in YT); Jim Searson (Lac La Ronge Indian Band in SK); and, Lesley Wesley (Kashechewan First Nation in ON). The seventh was Judy Martin (Attawapiskat First Nation in ON), one of the CRC's Ontario CSEP communities.

The CCs began developing their SPS at different times relative to when the community engaged in the CRC's WTPP programming:

- two CCs began the SPS after WTPP programming had been fully delivered in their community—JoAnne Mansfield of the Vancouver Aboriginal Friendship Centre Society and Alice Petawabano of the Cree Nation of Mistissini;
- one CC began the SPS after WTPP programming had been partially delivered—Jim Searson of the Lac La Ronge Indian Band;

-
- two CCs began the SPS before WTPP programming had been delivered—Gem Osborne of the Norway House Cree Nation and Leta Blackjack of the Little Salmon/Carmacks First Nation; and,
 - two CCs were trained to use the SPS, but due to the COVID pandemic were unable to develop the SPS for their communities, nor was WTPP programming delivered in these communities—Judy Martin of the Attawapiskat First Nation and Lesley Wesley of the Kashechewan First Nation.

Dawn-Lee Ricard continued to support the CCs in adapting the general SPS Knowledge Gathering Questions to fit culturally within their specific community. The next step in the SPS development process is to revise the questions based on the CRRP research feedback from the CCs.

Qualitative Evaluation Strategy for the SPS

As with so many dimensions of life during the pandemic, we found that we needed to adjust our research strategy to ensure that we were able to gather the data we needed to meet the project objectives. We are most grateful for the one-year extension provided by the CRRP.

1. For the SPS, Dawn-Lee Ricard, the research associate on the project, was able to travel to five Indigenous communities to train and join the CCs in gathering data on their initial SPS Knowledge Gathering interviews. When travel to communities was no longer possible, she was able to work with two additional communities to conduct online training with the CCs and join them in conducting interviews with community members through Zoom.
2. In the final stages of the CRRP project, we conducted three focus groups with seven CCs, all through Zoom. In the first focus group session, we gathered the CCs' perspectives of the SPS. In the second focus group session, we asked the CCs to reflect on whether and how completing the SPS prepared the community to engage with the CRC's violence prevention and wellness programming. In the final focus group session, we gathered CCs' perspectives of WTPP programming (discussed below).

We also conducted three individual SPS Follow-Up interviews, the first one with Gem Osborne, *CSEP* CC in Norway House Cree Nation, the second one with Alice Petawabano, *CSEP* CC in the Cree Nation of Mistissini, and the third one with the JoAnne Mansfield, *CSEP* CC at the VAFCS. With these interviews, we were able to gather these CCs' perspectives of the value, ease of administration, and challenges in creating the community's SPS. These three CCs were planning to conduct the same SPS Follow-Up interview with a mix of five community members drawn from their Violence Prevention Team and key sectors in their community. Due to COVID-19, the NCPC *CSEP* ended a year earlier than expected before these CCs were able to conduct their SPS Follow-Up interviews.

Findings: SPS Process & Tools

CC Reported Benefits

CCs provided consistent feedback that the primary value of the SPS was that it helped them to:

1. Talk about and make sense of the historical and ongoing harms of colonization in their community.
2. Identify the current impacts of those harms.
3. Create a Community Action Plan to mobilize their community toward their landing place of wellness.

The CCs informed us that the SPS created a safe container, which guided communities in determining their journey of wellness aligned with the Community Journey of Change model (Cardinal & Pepler, 2021).

CCs reported:

- They and community members found the SPS Process “eye-opening.” (Alice Petawabano, CC, Cree Nation of Mistissini)⁴
- The SPS Process created a safe space for community members to share pieces of their personal stories, as CCs wove the pieces into a large community story.
 - “[The SPS questions] helped to gather individual community members’ own perspective on things that have happened in our community, from the past to now.... We were able to jog people’s memories and get people to think about our own communities and...their own personal experiences in regard to what had happened in history, what was going on up until now, what had happened in their own families.... I think that’s what really helped to get the information that we needed.” (Gem Osborne, CC, Norway House Cree Nation)
- Elders said, until participating in the SPS, they did not realize some of the important cultural community knowledge they held.
 - Elders’ faces would light up when they were talking.
 - While some of their memories were difficult, they began to connect with good memories and experiences as well. These memories helped Elders recall the importance of their cultural knowledge, how it is stabilizing for the community, and how it promotes healing.

⁴ Prior to the knowledge gathering process, Community Coordinators were asked if they consented to have their words shared in quotes. They were also asked whether they wanted their names linked to their statements or whether they would like to be identified as “Community Coordinator”. We have attributed the quotes according to their wishes.

-
- The SPS Knowledge Gathering interviews
 - "...made a lot of sense in person.... [T]hey laid down a foundation for people to see that this is where [we're] starting from. It helped them to [gather] their own thoughts from the past, to now, and to where they want to go. It helped them to see that there is a healing process and helped them to think about how it was all related." (JoAnne Mansfield, VAFCS)
 - The SPS Process opened conversations at the community level bringing people together for community action planning.
 - "It stimulated a lot of different understandings about the different layers of harm that happened. When I interviewed each participant, they realized that they have a lot of knowledge and wisdom and a lot of strategies within them. Following one interview, the participant said, 'I knew about these things, but wow, I really enjoyed the interview, I really am learning a lot from talking. I knew about this stuff, but I didn't talk about it in the manner.' So, it really empowered a lot of people and they said, 'We can move forward.' They really enjoyed the workshops, the WTPP programming, and they enjoyed the [SPS] interviews." (Alice Petawabano, Cree Nation of Mistissini)
 - The SPS Tools—the Community Journey of Change Figures and the SPS Knowledge Gathering Questions in particular—were good for addressing community's social challenges as they helped leadership identify which priorities to focus on.
 - The same SPS Tools helped people understand the holistic nature of what is happening in their community and the disruption of culture. Current social challenges are a consequence of the interrelated physical, mental, emotional, and spiritual aspects of community life having been disrupted by the harms of colonization.
 - "It's VAFCS' thing to bring culture into the [urban Indigenous] community and to maintain culture as part of their services. People do realize how culture connects them to their past, to their future, to their whole entity, I will say it that way. They feel a connection. Even more so when you have all of the groups that come out and try to focus on the good in the Community and the bad in the Community and focus on overcoming those things and bring culture together; bring the drums in for protests, bringing their spiritual prayers into the events that they have and honoring the people and the past." (JoAnne Mansfield, CC, VAFCS)

CC Reported Challenges and Accompanying Suggestions

CCs were also forthcoming about the challenges they faced in completing the SPS, as follows:

- There are a lot of questions in the SPS Knowledge Gathering interviews. It might work to consolidate some of the questions.

-
- Community members need a lot of time to sit with the questions and think about them before answering. Elders in particular hold a lot of knowledge they need to sort through and piece together to provide an answer that fits the research question and serves the community at the same time. It might work to consider providing community members with the questions a week before the interview so they can review and think about their answers and the knowledge to be shared. It is important to ensure that the community member is informed about the time that an interview takes and let them know that this is normal and is ok.
 - It is difficult to coordinate the CCs' schedules with those of the community members who are also working. With so many questions, it often took scheduling at least two interviews to answer all the questions. As in the point above, it is important to explain this beforehand to community members and allow a lot of time to complete all the interviews.
 - Transcribing the interviews then putting the knowledge shared into the SPS template takes a lot of time. It would be helpful to have a group of people developing the SPS. For example:
 - Members of the Violence Prevention Team could take part in developing the SPS, which would provide the foundation for developing their violence prevention and wellness Community Action Plan.
 - Youth doing interviews and transcribing them could help them learn their community's history and prepare them for leadership in their community. It could also serve as a mechanism for the intergenerational transfer of cultural knowledge and practices from Elders to youth.
 - Working remotely with Elders, whether because of the pandemic or any other reason, is not conducive to community knowledge gathering. It is important to ensure that interviews with Elders are conducted in person in a culturally grounded manner; for example, having tea together.

Additional Suggestions for using the SPS to Prep for WTPP

- Provide a working timeline for the development of the community's SPS. For example: aim for this number of interviews; have the interviews transcribed and transcripts shared back with the community members for their review by this time; have the reviewed transcripts put into the SPS template by this time; and, finally, have the SPS final edited by this time.
- Include interview questions specific to intergenerational trauma. Even though all the SPS Knowledge Gathering Questions are linked to the ongoing community impacts of intergenerational trauma, this link needs to be stated openly and made explicit.
- Ask community members what they think are the top three actions the Violence Prevention Team should focus on for violence prevention and wellness planning.

The SPS within Urban Indigenous Organizations, Urban Indigenous Communities

In supporting and working with the VAFCS CC, the challenge of defining 'community' emerged. There were differences between the community of the VAFCS Indigenous organization (the people who work in and come to the VAFCS) and the broader urban Indigenous community living in Vancouver and the surrounding area. These differences demonstrate the cultural, structural, and systemic layers of complexity for urban Indigenous organizations and community members. For example, some members of the urban Indigenous community are also members of a First Nation reserve community; however, other urban Indigenous people, for multiple reasons, no longer have a home community.

To fully comprehend how compounded layers of harm have been woven through the lived experience of all Indigenous Peoples across Turtle Island, it is essential to recognize that a SPS for an urban Indigenous organization and a SPS for a broader urban Indigenous community are two different SPSs. While there is overlap in the content of the two SPSs, they are different stories. For example:

- The SPS for the Indigenous organization will include the why and how that organization came into being. It will share its historical and current organizational issues arising from the intricacies of serving an urban Indigenous community made up of Indigenous Peoples from diverse cultures, each with their own history and stories.
- The SPS for a given urban Indigenous community is broader as it includes the structural impacts of colonization on the diverse Indigenous Peoples across Turtle Island who have come to the city and its surrounding areas. This SPS reveals how these structural impacts have and continue to affect Indigenous individuals living away from their home communities.
 - JoAnne Mansfield, the CC at the VAFCS, identified and unpacked the distressing impacts for those urban Indigenous community members who no longer have connection and or access to their Traditional Territory or home community. These impacts are a result of the harms of colonization not only on an entire community but also on individual community members. For example, a community member deciding to relocate to an urban center where they see more economic opportunities for themselves and or their family is not a simple 'choice'. They are not only being pulled to that urban centre, but often they are also being pushed out of their home community due to the ongoing harmful impacts from the superimposed colonial structures now embedded within their community. This attrition can lead to a hollowing out of a community's strengths, as well as the self-identity of the community member who has been pushed out. The erosion in the connection between the community and the community member is a clear example of how the impacts of colonization have disrupted the physical, mental, emotional, and spiritual Relational Determinants of Health for Indigenous communities and Indigenous Peoples.

-
- Given that more than 50% of Indigenous Peoples within Canada now live in urban communities, areas with at least 100,000 people (Statistics Canada, 2016), we see this as a significant area for further research.

Conclusion

Challenges in Indigenous communities go well beyond social problems. Many of these challenges arise from the legacy of the cascading harms from colonization that have disrupted all Indigenous communities' Relational Determinants of Health (Cardinal & Pepler, 2021). The SPS Tools helped the communities organize their historical and current experiences, which gave them direction for their community action planning. The CCs found that the Community Journey of Change model, with the Cycle of Violence, the Circle of Wellness, and the Relational Determinants of Health, was culturally relevant. With guidance from the model, community members immediately knew how to break down their experiences across time, connecting their past, present, and future.

All CCs reported they could see that their community's SPS is an ongoing story. Pieces of community history and cultural knowledge will continue to be recovered and woven into the community's story. As their community's SPS evolves, new pathways toward their wellness landing place will continue to emerge and the community's Relational Determinants of Health will continue to be restored.

We will be making a final revision of the SPS Framework, Process, and Tools, and Manual based on feedback from the CCs and their community members, which will be available on the website.

2. CRC Walking the Prevention Pathway Programming

Qualitative Evaluation Strategy for the CRC WTPP Programming

For the second objective of the CRRP project, we focused on an evaluation of the CRC's WTPP programming, within two sites. The original plan, however, required an adjustment. While working with one of the original sites, VAFCS, the CC identified that the organization was in transition as it adapted to the changing needs of the urban Indigenous community in the Vancouver area. This transition resulted in shifts in leadership, programming, and service delivery making it challenging to track the community mobilization process in the VAFCS. Consequently, to better meet the objectives of this research project, another NCPC CSEP First Nation community partner was approached to be the second site, the Cree Nation of Mistissini in Quebec, and they accepted.

1. To meet the research and evaluation objectives of the CRRP project, which was focused on both the SPS and WTPP for Indigenous communities, we engaged the CCs as active collaborators in the research. Dr. Debra Pepler and Dawn-Lee Ricard provided research training for all six CCs involved in the first stage of the NCPC funded CSEP. This research training included Indigenous research methods, ethics, issues of consent and confidentiality (Riddell et al., 2017), and theme analysis. The CCs who were trained came from the following communities: Gem Osborne, Norway House Cree Nation in

MB; JoAnne Mansfield, the Vancouver Aboriginal Friendship Centre Society in BC; Alice Petawabano, Cree Nation of Mistissini in QC; Leta Blackjack, Little Salmon/Carmacks First Nation in YT; Jim Searson Lac La Ronge Indian Band in SK; and, Judy Martin, Attawapiskat First Nation in ON. By engaging and training CCs in the research process, we met our ethical obligations to promote capacity building for all the communities, even those that were not directly involved in the research project. During this research training, we worked with the CCs and Shelley Cardinal, Director of Indigenous Relations for the CRC, to develop the WTPP Follow-Up questions and consent form required for this research.

2. As indicated above, in the final stages of the CRRP project we conducted three focus groups with seven CCs, which were all conducted through Zoom given the constraints of COVID-19. In the first focus group session, we gathered the CCs' perspectives of the SPS. In the second focus group session, we gathered CCs' perspectives of WTPP programming. In the final focus group session, we asked the CCs to reflect on whether and how completing the SPS prepared the community to engage with the CRC's violence prevention and wellness programming.
3. We also conducted two individual WTPP programming Follow-Up interviews: the first one with Gem Osborne in Norway House Cree Nation and the second one with Alice Petawabano in the Cree Nation of Mistissini. These two CCs, in turn, were to conduct the same WTPP Follow-Up interview with a mix of five community members drawn from their Violence Prevention Team and key sectors in their community. Due to COVID-19, the NCPC CSEP ended a year earlier than expected before they were able to conduct their WTPP Follow-Up interviews.

Findings: WTPP Programming

CC Reported Benefits

- Overall, the CCs reported that WTPP programming enhanced the strengths that already existed in the community. The programming supported and enhanced 'All My Relations'⁵, especially by putting the initial focus of the programming on children, then working outward to the family, then the community as a whole.
 - "I noticed that a lot of the stuff that we worked on...that had to do with children or the youth in the Community...was well received and supported by the people I work with." (Gem Osborne, CC, Norway House Cree Nation)

⁵ "... the phrase 'all my relations' points to the truth that we are related, that we are all connected, that we all belong to each other. The most important word is 'all'. Not just those who look like me, sing like me, dance like me, speak like me, pray like me or behave like me. ALL my relations. That means every person, just as it means every rock, mineral, blade of grass, and creature. We live because everything else does. If we were to choose collectively to live that teaching, the energy of our change of consciousness would heal each of us—and heal the planet." (Wagamese, 2016, p. 36).

-
- “I agree with what Gem said. I think you really nailed it, that it was easier to sell and get people involved if there were children involved. Another thing that we thought about for the past few years involves families...so I think the easiest stuff to sell is when it includes families.” (Jim Searson, CC, Lac La Ronge Indian Band)
 - “It gave voices to people, even if they were Elders. We talked about the safety of kids, but it also gave a voice to Elders to be able to share their story and reflect on some of their historical pieces.” (Janelle Jakesta, CC, VAFCS)
 - At the community level, CCs reported WTPP programming helped people understand the layers of harm that have occurred, with cascading impacts across time, and realize how these impacts have affected families and the community.
 - “The program...gives us an overall perspective from at the time contact right across the country and how it affected all of us, the common experiences, the common contact disruptions, and it gives [us] an overall view of what’s happening today, in chronological order...and the Starting Place Story, it went more in depth where the community is at today, like the different types of strengths and weaknesses and the different challenges. So, with the Starting Place Story the understanding goes deeper.” (Alice Petawabano, CC, Cree Nation of Mistissini)
 - At another point, the CC for the Cree Nation of Mistissini talked about the Cycle of Violence in particular, the value of it for the Violence Prevention Team in helping them understand the different layers of harm, “its cultural, its language, it’s the human aspect, the dignity part, residential schools, the economic impact...even today.” (Alice Petawabano, CC, Cree Nation of Mistissini)
 - “I think when we talk about violence...the [programming] really sensitized [people] and there’s more compassion.” (Leta Blackjack, CC, Little Salmon/Carmacks First Nation)
 - CCs reported that WTPP programming positively impacted them personally as well, because it gave them access to resources and helped them recognize different approaches for supporting their community.
 - WTPP programming increased the community’s awareness of the importance of violence prevention and wellness planning. It also helped people see that individuals can take small steps that make a big difference in the level of community safety. For example, one community started a Neighbourhood Safety Group using Facebook Messenger for neighbours to communicate with each other during the night about neighbourhood safety concerns.
 - WTPP programming helped community members “get a clearer focus on anti-violence” (Gem Osborne, CC, Norway House Cree Nation). It taught people how to use local events as learning opportunities for the community. For example, in Norway House on Helen Betty Osborne Day the community went beyond simply remembering Helen Betty Osborne’s life and death, to asserting that her murder is not what represents the
-

community; rather, it is everyone working together for safety and wellness that represents the community.

- WTPP guides each community to bring together a Violence Prevention Team with representatives from multiple sectors in the community. The responsibility of the Violence Prevention Team is to create and carry out a violence prevention and wellness Community Action Plan. This WTPP process helped people understand how to message that violence is not a community value, rather safety and wellness are community values.
 - “When something happens, people are able to talk about...people will come together and say, ‘Well, you know, this is not what we want. Violence is not what we want in our community.’ By seeing where we’ve come from to say, ‘Okay, let’s change this.’ By being able to bring up things that have happened and not worry about shutting people down and saying, ‘No, no, no, don’t talk about that.’” (Gem Osborne, CC, Norway House Cree Nation)
- The programming provided the space to talk about the violence in the community “safely and without judgement.” (Gem Osborne, CC, Norway House Cree Nation). “People feel safer to talk about different situations.” (Leta Blackjack, CC, Little Salmon/Carmacks First Nation). “You need to feel safe to go forward, right. If you’re so used to being oppressed in different systems, you learn to not speak up.” (Janelle Jakesta., CC, VAFCS)

CC Reported Challenges and Accompanying Suggestions

- Several CCs noted that the Community Journey of Change model, SPS Framework, WTPP programming, and working on the violence prevention and wellness Community Action Plan do not appear to be seamlessly aligned with one another. To facilitate WTPP programming, two suggestions were made:
 - First, rather than relying on the Ten Step spiral image for WTPP, the CRC violence prevention and wellness programming would be more relevant to communities if the stages for community mobilization were based on the Community Journey of Change model figures, which are already integrated into the SPS Framework Manual.
 - Second, it would be helpful to split delivery of WTPP programming into WTPP PART 1 and WTPP PART 2.
 - After completing SPS PHASE 1, in which the community creates their Strengths and Gaps document for the CRC, the CRC could visit the community and deliver WTPP PART 1.
 - In WTPP PART 1, the community focuses on learning the Community Journey of Change model and how the historical timeline of harms of colonization (Bromley et al., 2020) will enable communities to begin to identify the community-specific harms that it has experienced. The Strengths and Gaps

identified in SPS PHASE 1 can be used as community knowledge to guide the Community Action Plan.

- After the CRC has completed WTPP PART 1 with the community, the Violence Prevention Team engages in SPS PHASE 2, conducting the full SPS Knowledge Gathering interviews and compiling the community SPS.
 - Four to six months after delivering WTPP PART 1, the CRC returns to community to deliver WTPP PART 2. Here, community uses the community knowledge gathered during the full SPS Knowledge Gathering interviews. With knowledge of the specific impacts of harms and a vision of their wellness landing place, the Violence Prevention Team builds the Community Action Plan.
 - A critical question that has arisen through this research is whether the focus in WTPP programming should be on creating a Violence Prevention and Wellness Community Action Plan or a Wellness and Safety Community Action Plan. The latter framing is more aligned with a strength- and resilience-based Indigenous view of wellness.
- The CCs reported that sometimes the CRC had operational requirements that did not fit with communities' realities. For example, technology is underdeveloped in many rural communities, so it is not always possible to follow through with tasks at pre-determined organizational times. The CCs suggested that the CRC WTPP facilitators discuss scheduling options in advance with the community. Even then, it may not be possible to meet timelines.
 - At times, the technology limitations in rural communities made conducting WTPP programming challenging. It was suggested CRC facilitators ensure their materials and programming deadlines fit within these limitations, so the CRC programming objectives are not turned into obstacles for the community.
 - The CCs also noted that there are sometimes challenges in the processes and timing of funding transfers to the communities. There is a need to balance communities' structural realities and needs with the CRC's organizational fiscal procedures and policies.
 - WTPP programming highlights the need to include cultural knowledge and practices in violence prevention and wellness planning. The CCs reported that communities engage in an ongoing self-determined process to identify which cultural knowledge and practices to restore and how to restore them. CCs said the complexity of this ongoing process needs to be accounted for by outside organizations by adjusting their program and project completion timelines to support these self-determined community processes.
 - Over time, communities have adapted in different ways to live with imposed colonial and Euro-western systems. Unpacking their historical adaptations to develop culturally relevant community wellness planning takes time, resources, and community

discussion. For example, in one community a high school that was following provincial education policies would not allow the practice of smudging to be carried out inside the school. Rather than letting go of this cultural wellness practice, the Violence Prevention Team worked around the policy restrictions by inviting the students outside to smudge. The Violence Prevention Team kept the focus on the strength and cultural relevance of the practice rather than let a provincial education policy disrupt or erase it. This example was given as a gentle reminder that communities need time to unravel the imposed systems before they are able to recover, restore, and revitalize their own culturally relevant systems.

- The CCs noted that there were too many topics outlined in WTPP programming for developing their Community Action Plan. There was a suggestion to focus the Community Action Plan on only three objectives identified by community members in the SPS. By working on these three objectives there will be a natural ripple effect in which other issues will automatically be addressed to promote wellness in the community.

Conclusion

In general, the CCs reported that CRC WTPP programming was beneficial for their communities. It helped communities identify and enhance the strengths that already existed and deal with some of the challenges that prevention programming was designed to address. The communities appreciated the programming based on Indigenous cultural worldviews of 'All My Relations'. Communities also valued the centrality of children in the WTPP which puts the initial focus of violence prevention and wellness planning on creating safe environments for children and youth, then works outward to the family, then the community as a whole. CCs also reported that the historical timeline of harm highlighted in the WTPP programming helped people acknowledge the layers of harm that have occurred within the community and how these have affected individuals, families, and the community. WTPP guided each community in creating a Violence Prevention Team with representatives from multiple sectors in the community. The community mobilization was led by this team which created, communicated, and carried out their Community Action Plan. This WTPP process helped community members understand how to convey the message that violence is not a community value, rather safety and wellness are community values that they all aspire to.

Community mobilization of WTPP violence prevention and wellness programming was facilitated by weekly conference call meetings, which provided the opportunity for the NCPC CSEP CCs to work alongside each other. During these meetings, the CCs learned from one another, supported each other, and strategized together for community change. Communities built upon each other's successes and identified alternative solutions for each other's challenges. These weekly conference call meetings were consistent with Indigenous Services Canada's Indigenous Community Development National Strategy, Pillar 2, to "bring Indigenous communities of practice together to share knowledge one-

on-one [and] in small groups...in order to build capacity..." (Indigenous Services Canada, 2021).

The CCs had many suggestions for improvements to the WTPP programming. Most importantly, they indicated that the CRC violence prevention and wellness programming would be more relevant to communities if the community mobilization process were based on the Community Journey of Change model. This change would be consistent with the SPS, which is based on the Journey of Change model. The CCs also noted that the WTPP programming would be better paced if it were delivered in two parts. PART 1 of the WTPP programming would be best implemented after the community completed PHASE 1 of the SPS, which identifies the community's Strengths and Gaps for the CRC. PART 2 of the WTPP programming would occur after the community has worked on PHASE 2 of the SPS for four to six months. In PART 2, WTPP programming would guide a community's Violence Prevention Team to use the knowledge of the specific impacts of harms and vision of a wellness landing place gathered in PHASE 2 of the SPS. This group work in PART 2 would establish the foundation of their Community Action Plan. In PART 2, the CRC would work with communities to recognize, recover, and restore their Relational Determinants of Health.

All of the CCs shared that the *CSEP* project, inclusive of the SPS, WTPP programming, and the additional CRC workshops, was just the beginning for the communities' violence prevention and wellness planning to create safe environments for children and youth. As one CC expressed:

- "It's ongoing, and...we now have this plan and this idea of where we need to go and what we're doing.... it's going to help.... I think I will always go back to it; I will always be connected to it. And even people who have gone through the training and [planning] will always have that in their mind." (Gem Osborne, CC, Norway House Cree Nation)

Lessons Learned and Recommendations

Lesson 1. Focusing on Strengths Facilitates Systems Revision

Through the SPS and WTPP programming, Indigenous communities come to understand the multiple, nuanced, and layered harms from colonization and how these harms have disrupted community life, wellness, and their Relational Determinants of Health. Initially it can be overwhelming for communities to recognize the multiple and cascading layers of harm they have been navigating for generations. Nevertheless, communities have expressed deep appreciation for the clarification of the external causes for the challenges their communities face. By recognizing that the multiple challenges in their community are grounded in factors external to their culture and ways of knowing, communities are released to reassert their traditional ways of being and move along their pathways of healing to wellness.

Recommendation 1.

During times of crisis, Indigenous communities come together and draw on their traditions and culture to support their community wellbeing. The ongoing work of community is to carry these crisis skills into everyday community planning for violence prevention and wellness. Violence prevention and wellness programming that highlights strengths, which helps communities reframe what they have been told are deficits, enables them to self-determine positive, culturally attuned solutions and pathways of healing.

Lesson 2. The SPS Supports Communities to Claim and Control Their Narrative Which Connects Their Past, Present, and Future

The SPS Framework, Process and Tools are not only a way of communities documenting their history, but also a way of reclaiming their history. The SPS has been embraced by the diverse community members who contributed personal and historical knowledge for their respective communities. Those participating have come to understand the SPS as a powerful tool to gather story threads related to community-specific historical and current experiences, and the resilience, strengths, and cultural knowledge and practices that support their pathways of healing. As more Indigenous communities re-gain control of their community narratives, the greater their influence will be in re-shaping the national conversation to honour, respect, and be inclusive of Indigenous Peoples across Turtle Island.

Recommendation 2a – SPS.

The communities need to come together to begin clarifying a Community Wellness Vision Statement that defines their wellness landing place. This Vision Statement is the community's WHY for doing what they do. The Violence Prevention Team could hold up and use this Vision Statement while it is navigating challenging community processes and or shifts in their work. The SPS could include an additional question in the Relational Determinants of Health Community Knowledge section to help the community self-determine its Wellness Vision Statement. For example, "What are four foundations of wellness [wellness foundations are highlighted in the four quadrants of the Circle of Wellness] that you think are essential for our community's Wellness Vision Statement?"

Recommendation 2b – WTPP.

Group discussion during WTPP program delivery of individual community members' answers to the SPS Foundations of Wellness question could be one of the first steps in the WTPP programming. In the words of Gwen Phillips (Ktunaxa Nation), a Board Director for the First Nations Information Governance Centre (2021b), WTPP participants could "construct positive objectives of where they would like to go, drawing on memories and teachings from the past" (as cited in Geddes, 2015, p. 11). Discussion during the WTPP programming would provide a further level of

consolidation of the community knowledge and practices gathered during individual community members' SPS Knowledge Gathering interviews.

Lesson 3. Culturally Relevant Targets to Restore Relational Determinants of Health Provide Direction for Communities' Self-Determined Journey to Wellness

CCs reported that even if only some of the WTPP programming was delivered (due to COVID-19 restrictions), the programming was still highly effective in directing and inspiring community members to keep going with violence prevention and wellness planning in their community. We understand this as an indication of the cultural relevance of the CRC WTPP programming as informed by the Community Journey of Change model (Cardinal & Pepler, 2021).

Recommendation 3.

Community self-determination is central to the Journey of Change. It is essential for outside organizations to seek and allow for community's cultural knowledge and practices to be foundational in violence prevention and wellness programming and planning. Community members from the full lifespan (youth to Elders) need to be involved in gathering community knowledge and practices, contributing not only to the SPS, but also to violence prevention and wellness planning. Successful community action planning also requires multi-sectoral participation (e.g., health, social services, education, policing, etc.). It is essential to have consistent and strong engagement from leadership in community, even when leadership changes, to support community mobilization of violence prevention and wellness planning and smooth the way for the community's journey to its wellness landing place and restoration of its Relational Determinants of Health.

References

- Bromley, S., Cardinal, S., & Pepler, D. (2020). A timeline of harm of colonization for Indigenous Peoples in Canada: Historical and ongoing cascades. [Manuscript in preparation]. Department of Psychology, York University.
- Cardinal, S., & Pepler, D. (2021). [Community journey of change through relational determinants of health](#). *The International Policy Journal*. 12(3).
- Conservation Through Reconciliation Partnership. (2020, October, 8). [What is Ethical Space?](#) [Video]. YouTube.
- Ermine, W. (2007). The ethical space of engagement. *Indigenous Law Journal*, (6)1, 193–203.
- First Nations Information Governance Centre. (2021a). [The First Nations Principles of OCAP](#).
- First Nations Information Governance Centre. (2021b). [Our Board of Directors](#).
- Geddes, B. (2015). [Measuring wellness: An indicator development guide for First Nations](#). Ktunaxa Nation Council and Aboriginal Affairs and Northern Development Canada.
- Indigenous Services Canada. (2021). [Indigenous Community Development National Strategy: Pillar 2](#).
- Ricard, D., Pepler, D., & Cardinal, S. (2022). Starting Place Story Framework: A self-determination tool for Indigenous communities. [Manuscript in preparation]. Department of Psychology, York University.
- Riddell, J.K., Salamanca, A., Pepler, D.J., Cardinal, S., & McIvor, O. (2017). [Laying the groundwork: A practical guide for ethical research with Indigenous communities](#). *International Indigenous Policy Journal*, 8(2).
- Statistics Canada. (2016). [Aboriginal peoples in Canada: Key results from the 2016 Census](#).
- Wagamese, R. (2016). *Embers: One Ojibway's Meditations*. Douglas & McIntyre.
- Younging, G. (2018). *Elements of Indigenous Style: A guide for writing by and about Indigenous Peoples*. Brush Education Inc.

-
- Mussell, B., Cardiff, K., & White, J. (2004). [*The mental health and well-being of Aboriginal children and youth: Guidance for new approaches and services*](#). Sal'I'shan Institute, Children's Mental Health Policy Research Program.
- National Aboriginal Community Controlled Health Organisation. (2006). [*Constitution for the National Aboriginal Community Controlled Health Organization*](#).
- Pepler, D., & Rubin-Vaughan, A. (2011). *Walking the prevention circle: A report for the National Crime Prevention Centre*. Prepared for the Canadian Red Cross RespectED Programs.
- Reading, C. (2018). Structural determinants of Aboriginal Peoples' health. In M. Greenwood, S. de Leeuw, & N. Lindsay (Eds.), *Determinants of Indigenous Peoples' health: Beyond the social* (2nd ed., pp. 3–17). Canadian Scholars' Press.
- Riddell, J.K., Salamanca, A., Pepler, D.J., Cardinal, S., & McIvor, O. (2017). [*Laying the groundwork: A practical guide for ethical research with Indigenous communities*](#). *International Indigenous Policy Journal*, 8(2).
- Rowan, M., Poole, N., Shea, B., Gone, J.P., Mykota, D., Farag, M., Hopkins, C., Hall, L., Mushquash, C., & Dell, C. (2014). [*Cultural interventions to treat addictions in Indigenous populations: Findings from a scoping study*](#). *Substance Abuse Treatment, Prevention, and Policy*, 9(1), 34.
- Teegee, T. (2018). Take care of the land and the land will take care of you: Resources, development, and health. In M. Greenwood, S. de Leeuw, & N. Lindsay (Eds.), *Determinants of Indigenous Peoples' health: Beyond the social* (2nd ed., pp. 224–340). Canadian Scholars' Press.
- Truth and Reconciliation Commission of Canada. (2015). [*Canada's residential schools: The final report of the Truth and Reconciliation Commission of Canada*](#) (Vol. 1).
- Tsey, K., Deemal, A., Whiteside, M., & Gibson, T. (2003). [*It's an eye-opener for people to see you can change things': An evaluation of a 'family wellbeing' personal and community development pilot project in two Cape York Communities*](#). Apunipima Cape York Health Council.
- UN General Assembly. (2007). [*United Nations Declaration on the Rights of Indigenous Peoples*](#) (A/RES/61/295).
- Wagamese, R. (2016). *Embers: One Ojibway's meditations*. Douglas & McIntyre.
- Yamada, S.A. (2014). [*Walking the prevention circle: Bearing witness to an Indigenous process for knowledge sharing*](#) [Doctoral dissertation, York University]. York University Library.

Appendix A.



The International Indigenous Policy Journal

Volume 12 | Issue 3

October 2021

Community Journey of Change Through Relational Determinants of Health

Shelley Cardinal

Canadian Red Cross, Canada, shelley.cardinal@redcross.ca

Debra Pepler

York University, Canada, pepler@yorku.ca

Recommended Citation

Cardinal, S., & Pepler, D. (2021). Community journey of change through relational determinants of health. *The International Indigenous Policy Journal*, 12(3). <https://doi.org/10.18584/iipj.2021.12.3.11058>

Community Journey of Change Through Relational Determinants of Health

Abstract

This article describes a model that maps Indigenous communities' journeys from the *cycle of violence* arising from colonization to the *circle of wellness* through *relational determinants of health*. This model emerged from learning with Indigenous communities participating in research on violence prevention programming with the Canadian Red Cross. Indigenous communities have shown us that they are returning to a place of thriving by restoring relationality with land, culture, ceremony, and language. Therefore, the relational determinants of health comprise the foundational relationships that contribute to wellness. The Community Journey of Change model represents actions that communities can undertake in moving to wellness. The model has implications for policies, programs, and services for Indigenous communities as they begin to restore health and wellness.

Keywords

violence prevention, Indigenous wellness, relational determinants of health, Indigenous communities

Acknowledgments

We acknowledge the work of all our team members, past and current, and gratefully recognize the contributions of Indigenous community members who shared knowledge and guided our work together. Dr. Kathy Absolon, Dr. Susan Dion, and Dr. Onowa McIvor were important researchers helping to guide the Indigenous research methods, ethics, and meaning making. Judi Fairholm, Dr. Wendy Craig, and Sarah Burke helped us navigate through this complex project. We are grateful for the support of Angela Salamanca, the project coordinator who assisted with project logistics, Julia Riddell, who guided the qualitative analyses, as well as Sabina Bromley, who did years of work on the historical timeline. We are most grateful for the many community-based researchers including Stephanie Aulatjut, Curtis Bigeye, Joni Gibbons, Fran Hunt-Jinnouchi, Janice Moise, Nancy McFarland, Dawn-Lee Ricard, Laurie Sutherland, Phoebe Sutherland, and Tanya Smethurst. We also acknowledge the critical support of Terry-Lynn Beavereye, Terrellyn Fearn, Janice Morin, and Shirley Tagalik in helping establish and maintain the community partnerships. We appreciate the contributions of the research assistants Melissa Major, Stephanie McKenzie, Stephen Pepler, and Emily Melo. The understanding of Indigenous health from a Canadian perspective was co-developed by Dawn-Lee Ricard, Debra Pepler, and Shelley Cardinal. This research was funded through the Social Sciences and Humanities Research Council of Canada Partnership Grant #895-2011-1013.

Creative Commons License



This work is licensed under a [Creative Commons Attribution-Noncommercial-No Derivative Works 4.0 License](https://creativecommons.org/licenses/by-nc-nd/4.0/).

Community Journey of Change Through Relational Determinants of Health

Since 1998, the Canadian Red Cross has been working with Indigenous communities in Canada to support them in capacity building and preventing violence in the lives of children and youth. Working with communities, Indigenous leaders, and allies, the Canadian Red Cross developed a suite of violence prevention programs for Indigenous communities. These programs focused on building awareness and capacity to promote safe environments for the healthy development of children and youth. The adult programs are grounded in the view that adults in the community have a responsibility to create safety for children and youth. Participants focus on developing a comprehensive understanding of historical and current forms of violence. Although the communities valued the violence prevention content, the workshops alone did not contribute to reduced violence within the community. This feedback led to the development of a community mobilization process.

Over the past 8 years, we have partnered with five Indigenous communities to study community mobilization processes: two First Nations reserve communities (in Saskatchewan and Ontario), two Inuit hamlets in Nunavut, and one urban Indigenous community represented through a Friendship Centre in British Columbia (Canadian Red Cross, 2009). We, Shelley Cardinal of the Canadian Red Cross and Debra Pepler of York University, have co-led this project. We acknowledge the work of all our team members, past and current, and gratefully recognize the contributions of Indigenous community members who shared knowledge and guided our work together. In this article, we integrate the relevant literature and our learning with communities to highlight a pathway for moving away from historical harm and systemic violence and toward a landing place of wellness that is relational.

Muskwas Nitanees, the Daughter of Little Bear, also known as Shelley Cardinal, is Cree and Mennonite. She was raised with stories of cultural strength and stories of the harms that Indigenous Peoples endured. From a young age, she knew her life work would contribute to addressing the harms. As a daughter of a Residential School Survivor and thriver, and an aunty to many, Shelley understands the power of strengthening culture and wellness. Today, she leads Indigenous relations, research, and engagement within the Canadian Red Cross. Debra Pepler lives and works on the Traditional Territory of the Wendat, the Anishnaabeg, Haudenosaunee, Métis, and the Mississaugas of the Credit First Nation. Her European ancestors came as uninvited settlers to Canada over a 150 years ago. She has been invited to be an ally and pursued a learning journey to understand the strengths of and challenges faced by Indigenous children and youth in the context of their families and communities. Debra is a mother, grandmother, and professor of psychology. Her teaching and research focus is child and youth development in family and peer relationships. Shelley and Debra met over 15 years ago, and they recognized a common interest in promoting relationships and preventing violence. Our collaboration began with a preliminary evaluation of the Canadian Red Cross Indigenous programming (Pepler & Rubin-Vaughan, 2011), followed by a study of the processes that facilitators use to mobilize knowledge for Indigenous Peoples. We learned that the facilitators sought to deliver the program with fidelity, while balancing the needs of participants. They balanced the layers of harm being addressed with layers of safety (Yamada, 2014). These studies raised questions about the processes of program delivery, community capacity for health promotion, and systems supports needed to achieve and sustain community wellbeing. Communities highlighted gaps in violence prevention programming that focus primarily on understanding past and present violence. The programs seldom offer the advocacy and allyship needed to move beyond the harms and systemic barriers in order to enable communities to

connect to a place of living in a healthy way grounded in cultural wellness. In this article, we present a model for communities' journeys to wellness through relational determinants of health.

Challenges Indigenous Communities Face in Moving Toward Wellness

The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP; UN General Assembly, 2007) acknowledged that Indigenous Peoples around the world have been oppressed, marginalized, and exploited because of historical and ongoing harms of colonization. These rights violations and inequities were formally recognized by the United Nations in 1982 based on work by the Working Group on Indigenous Populations examining discrimination faced by Indigenous Peoples throughout the world. In 2007, Ban Ki-moon, the United Nations secretary-general, stated that the UNDRIP was “a triumph for indigenous peoples around the world ... a historic moment when UN Member States and indigenous peoples reconciled with their painful histories and resolved to move forward together on the path of human rights, justice, and development for all” (Ban, 2007, para. 1).

Canada did not endorse UNDRIP until 2016, when the government stated:

[UNDRIP] provides us with a road map to advance lasting reconciliation with Indigenous Peoples. It shows us that further steps must be taken to respect, recognize, and protect the human rights of Indigenous Peoples and to address the wrongs of the past. (Government of Canada, 2016, paras. 1–2)

As in many countries around the world, there is much work to be done in Canada to meet the UNDRIP standards for Indigenous Peoples' rights. Indigenous communities in Canada have experienced chronic and multiple traumas since first contact, including displacement from Traditional Lands, devastation by diseases, subjugation under the Indian Act, banning of cultural practices, forced attendance at residential schools, child apprehension during the Sixties Scoop, and racist and systematic harms across many generations. The health of Indigenous children and youth has been identified as a critical issue in Canada: “After hundreds of years of colonial policies that intentionally eroded Aboriginal health care systems, First Nations, Inuit, and Métis children and youth lag behind their non-Aboriginal peers on virtually every measure of health status” (Blackstock et al., 2006, p. 3).¹ Addressing historical harm contributes to community wellness. However, if imposed systems continue to foster oppression and marginalization, community resources are drained, making it difficult for communities to be in right relationship within their world in order to achieve balance and their full potential.

Indigenous children, youth, and adults thrive in a healthy relational environment. Therefore, our understanding of Indigenous health is that it comprises the physical, mental, emotional, and spiritual wellbeing of the whole community, whether urban, rural, or remote.² Indigenous community health

¹ We have followed the guidance of Cyndy Baskin (2016) and others who use the term *Indigenous*, as opposed to the term *Aboriginal*, to refer to First Nations, Inuit, and Métis Peoples in Canada, as well as those around the world who are the original peoples on their lands. This collective noun is consistent with the United Nations Declaration of the Rights of Indigenous Peoples. When we quote directly, we have maintained the authors' original terms.

² This definition of Indigenous community health has been adapted from the Australian National Aboriginal Community Controlled Health Organization (2006).

relies on foundational relationships with land, culture, ceremony, and language that contribute to wellness. We understand these as relational determinants of health.

For thousands of years, physical, mental, emotional, and spiritual relationships have created the foundations for Indigenous Peoples' strength, wholeness, and wellness. Communities helped us understand that their journeys to wellness involve recognition and restoration of the relationships that contribute to wellness. In their journeys, Indigenous communities are coming back to a place of thriving by restoring their relationality with land, culture, language, and ceremony. Therefore, we refer to the relational determinants of health as the foundational relationships that contribute to wellness.

In considering the determinants of Indigenous Peoples' health, de Leeuw et al. (2015) argued that understanding needs to extend beyond purely social determinants of health. They noted three shortcomings in the current knowledge:

- a. Colonialism has yet to be accounted for as an important determinant of Indigenous Peoples' health,
- b. Indigenous people's health should be examined as a unique area requiring different perspectives, and
- c. Literature on the social determinants of Indigenous Peoples' health has been primarily written by non-Indigenous people.

According to de Leeuw and colleagues (2015), the term "social" is inadequate in describing factors that influence the health of Indigenous Peoples including: "spirituality, relationship to the land, geography, history, culture, language, and knowledge systems" (p. xii). We propose that these factors are foundational to relational determinants of health.

Reconnections to relational determinants of health occur within broader historical, political, societal, and economic systems that shape Indigenous Peoples' wellbeing and holistic health (Reading, 2018). Communities' journeys to wellness are constrained by these systems, which still operate from colonizing and Western perspectives that create marked inequities, limited opportunities, impoverished conditions, and discrimination. According to Reading (2018), these distal historical, political, ideological, economic, and social foundations create the context from which all intermediate and proximal social determinants arise. Therefore, Indigenous communities strive to mobilize to a place of thriving by restoring relationality, which can only be effective when systems within and beyond the community facilitate, rather than disrupt, the journeys to wellness.

Programming in Indigenous Communities

Community-based prevention programs for Indigenous populations can be effective in addressing a range of health challenges (e.g., Mussell et al., 2004; Rowan et al., 2014; Tsey et al., 2003). When programming is delivered at a community level, the community becomes the context for treatment (Jiwa et al., 2008). Research points to several defining features of effective violence prevention programming in Indigenous communities, including definitions of violence that recognize historical harms; strong community interest and engagement; community capacity building; community leadership in planning and delivery; recognizing culture as intervention and the role of Traditional Teachings and healing; inclusion of community, families, and individuals; coordinated service delivery; and sustainable

resourcing and funding (Jiwa et al., 2008; Mussell et al., 2004). In developing Indigenous programming, the Canadian Red Cross has largely incorporated these elements. By studying the delivery of the Red Cross Indigenous programming, we have worked to understand the historical context, multi-generational trauma, and current suffering in communities with the goal of understanding the pathways away from violence.

In response to needs identified by communities, the Canadian Red Cross has partnered with Indigenous communities in preventing violence and promoting safe environments for children and youth for over 20 years. Canadian Red Cross programs have been developed with and for Indigenous communities that are seeking to understand and address challenges of violence. These programs promote understanding of the layers of historical harm, which are the foundation for current experiences of violence within communities. Community members come to understand, name, and re-claim the past, then begin the transition from the cycle of violence to wellness—a journey beginning with awareness and moving toward prevention. In a preliminary evaluation, we learned that this programming was valued by community participants and effective in communicating key messages about violence and abuse prevention (Pepler & Rubin-Vaughan, 2011). Communities helped us understand that, although there was change in participants' understanding after the programming, it did not create a collective violence prevention response. To address this concern, the Canadian Red Cross (2009) developed a community mobilization process to create safe environments by:

- a. Understanding the issue;
- b. Recognizing the vulnerability and resilience of children and youth;
- c. Defining protection instruments;
- d. Creating a prevention team;
- e. Completing a risk assessment;
- f. Developing policies and procedures;
- g. Educating adults, youth, and children;
- h. Responding to disclosures of violence, abuse, bullying, and harassment;
- i. Meeting community challenges around violence; and
- j. Exploring how to maintain safe environments.

To support self-determination, there is an urgent need for Indigenous-led research on comprehensive, culturally relevant, and community-based violence prevention to understand what works, why it works, and what does not work. The Canadian UNICEF Committee (2009) report, *Leaving No Child Behind*, calls for “increased capacity-building initiatives for Aboriginal peoples to actively and effectively govern their own social, health, and education initiatives” (p. 9). In response to this need, we began our research partnerships to address the lack of knowledge about the implementation and effectiveness of violence prevention programming in Indigenous communities. In conducting our research, we recognized the need to work in a decolonizing, humble, and relational way that enables communities to return to balance and wellness. We were guided by diverse ethical frameworks and worked with communities to bring these ethical principles to life as they related to the diverse communities partnering in the research (Riddell et al., 2017). Our approach was grounded in respect, open communication, understanding responsibility and accountability, and ensuring learning in all places.

Developing a Model of the Community Journey of Change from the Cycle of Violence to the Circle of Wellness

Through our partnerships, we have been working to identify, document, and understand community processes that address the cycle of violence rooted in colonization and promote wellness rooted in Indigenous traditions. As Indigenous and non-Indigenous scholars working with Indigenous leaders on community-based research, we sought to understand the processes that enable Indigenous communities to mobilize to promote individual, family, community, and cultural benefits. We also aimed to share knowledge within and beyond communities in Canada. We were focused on understanding communities' journeys to re-establishing health as they transition from the cycle of violence to community wellness. While working together toward a comprehensive evaluation of the violence prevention programming, we began to develop a conceptual model to describe the foundation for the work with Indigenous communities, based on the cultural framework of the First Nations Longitudinal Health Survey (Dumont, 2005).

As we engaged in research with communities, they guided us to recognize their needs for understanding, sharing, and self-documentation of the harms they have experienced. We also recognized the need for a compilation of reports from across Canada documenting the shared Indigenous story of colonial harms. For this historical documentation, we gathered information from over 1,000 sources including research, news media, Indigenous writing, government documents, films, etc. We developed a timeline of the harmful historical experiences that First Nations, Métis, and Inuit peoples endured through colonization in Canada: *Pathways to Our Truths*. The review revealed that harms were systematically layered for the purposes of power, control, greed, assimilation, and genocide. We organized the findings in a two-dimensional chart with blocks of time since contact intersecting with experiences that began to coalesce into layers of harm. This chart reveals 15 layers of harm that accumulated to explain the deep and ongoing disruptions in community, family, and individual wellbeing. The layers of harm included disruptive experiences: contact, environmental dispossession, slavery and missing persons, dislocation, disease, substances, imposition of Christianity, residential schools, making and breaking of Treaties, Confederation, Indian Act and Aboriginal policies, police and criminal justice, pass system, Indian hospitals, and the Sixties and Millennial Scoops (Bromley et al, 2021). The review revealed that destructive layers of harm were planned and carried out based on previous layers of harm inflicted on Indigenous people. These layers of harm have cascaded, with accelerated disruption and dis-integration, increasing the burden of trauma over the past 500 years. This timeline is now being developed into a website for all Canadians and others to access and learn the truth about the harms from colonization. Having identified these layers of harm from the literature, we developed a *Community Journey of Change* model of the physical, mental, emotional, and spiritual harms arising from colonization over the past 500 years that still continue today. This model represents the pathways that communities can follow as they plan and travel away from the harms toward their journey to wellness by restoring and re-integrating the relational determinants of Indigenous health and wellness that have been disrupted by colonization.

With enhanced understanding from the timeline and from our experiences in communities, we depicted the *cycle of violence* that communities have struggled under, the *circle of wellness* that communities aspire to, and a sphere with cultural pathways that Indigenous communities have used in their journeys, represented by a canoe in motion, to reach the *relational determinants of health* (see Figure 1). Our

knowledge gathering from the communities that participated in the violence prevention research has enabled us to develop the Community Journey of Change model. We are grateful to be able to integrate insights shared by community members to shed light on the meaning of the processes depicted in our Community Journey of Change model. These insights were from recorded share-back sessions with communities that participated in our Walking the Prevention Pathway research, funded by the Social Sciences and Humanities Research Council. For a description of the project and its methods, see Riddell et al. (2017).

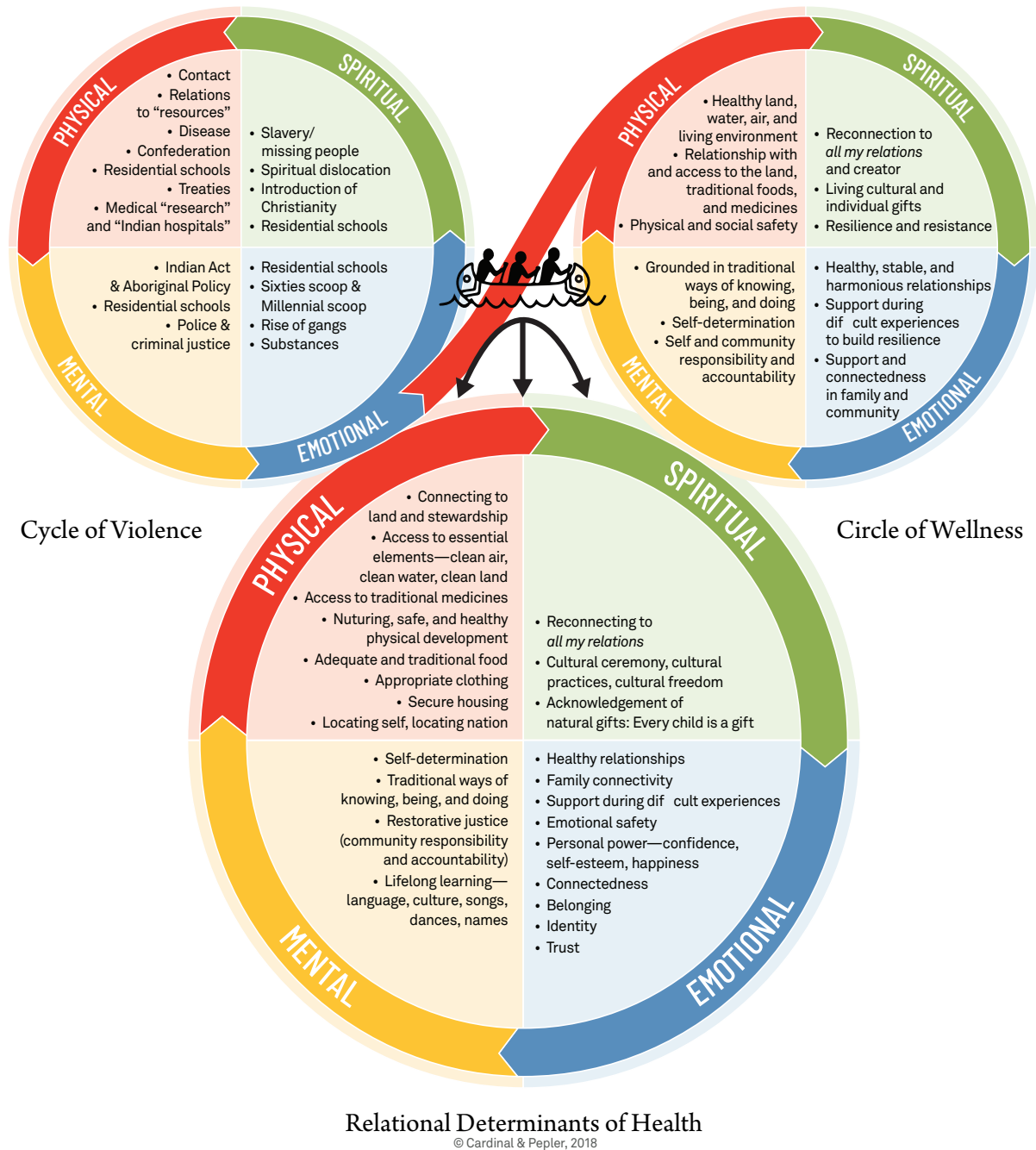
Cycle of Violence

The stories that were generously shared in our research helped us to understand that every form of harm from colonization has created physical, mental, emotional, and spiritual violence and has disrupted all domains of Indigenous wellbeing. Colonization disrupted the foundational Indigenous way of being in *all my relations*, which Richard Wagamese (2016) discussed in his book *Embers: One Ojibway's Meditations*:

I've been considering the phrase 'all my relations' for some time now. It's hugely important. It's our saving grace in the end. It points to the truth that we are all related, we are all connected, we all belong to each other. The most important word is "all." Not just those who look like me, sing like me, dance like me, speak like me, pray like me, or behave like me. ALL my relations. That means every person, just as it means every rock, mineral, blade of grass, and creature. We live because everything else does. If we were to choose collectively to live that teaching, the energy of our change of consciousness would heal each of us—and heal the planet. (p. 36)

In depicting the cycle of violence, we distributed the 15 layers of harm identified in the timeline among the four domains by assigning the harm to the domain where its disruption is most prominent. We recognize, however, that each harm fits into each domain and its effects span domains. The cycle of violence illustrates the immense impact of historical harms on Indigenous Nations, communities, and Peoples. Although we began our research with a trauma-informed lens and a deep understanding of historical harms, we were overwhelmed by the breadth, depth, and longevity of harms emerging from the research and depicted within the integrated Pathways to Our Truths. The historical chart revealed a cascade of intentional harm and trauma. We were able to see how the cascade of harm gained intensity with each action by colonizers. As Dodge et al. (2009) described, "The metaphor of cascades, as in tumbling water that increases in speed and force as it is altered by, and alters, rocks in its path, captures some of the dynamic and transactional qualities" (p. 5). Indigenous Peoples' resistance to the intentional harm elicited quick and forceful reactions by colonizers to disrupt, displace, assimilate, and eradicate Indigenous Peoples in Canada.

Figure A.1. Community Journey of Change through Relational Determinants of Health



Note. Copyright 2018 by Cardinal & Pepler.

The accumulation of layers of harm and trauma within Indigenous Nations, communities, families, and individuals continues to this day. As one of our community participants explained:

Because we're not [pause] we're already damaged, we're already broken, there's nothing to be broken anymore, we're just suffering ... We just need to, you know, help each other to heal and to move forward. (Community member)³

Another community member explained how the traditional ways of living and collectively solving problems of violence were disrupted by colonization:

Before all that happened, all this violence. If there was an incident that happened within the camps, it was dealt with by the family, by an Elder ... with a small group like a parent, an Elder and the person who was causing the problem ... And there was like ... everyone was connected ... And after colonization, that stopped ... People were trying to adapt I guess to the modern ... modern way of life and they lost their culture and their ways, their connections. (Hilary Irwin)

Relational Determinants of Health

With a view of the layers of harm and disruptions, we were then able to ask: What needs to be restored, repaired, re-placed, and re-integrated for the community journey to wellness? Based on our experiences of working with communities, we wondered how we could understand and support communities in effecting these restorations in today's reality. We examined each harm in the cycle of violence separately and were then able to consider the unique disruption caused by each harm for Indigenous Peoples. Within the model, we have labelled this healing process as restoring the relational determinants of health—the foundational relationships that contribute to wellness.

In identifying the journey that communities have used or may use to move from the cycle of violence to wellness, we have considered the determinants of Indigenous health from a relational perspective. With an understanding of the harms, it becomes possible to consider the interventions that counter the disruptions and support the journey of restoring the relational determinants of physical, mental, emotional, and spiritual health. These interventions form the basis of the communities' work in creating their journey through the relational determinants of health. For example, in the cycle of violence, there was dislocation from land and broken access to resources. In re-establishing relational determinants of health, the dislocation and disconnection can begin to be repaired by connecting individuals, families, and communities back to the land and providing access to essential elements: clean air, clean water, and clean land. The processes of reconnection to and repair of the land are complex and require consideration of governance, land ownership, and stewardship. Allowing stewardship to emerge entails interactive processes of recognizing whose Traditional Territory one is on, supporting the traditional stewards of the territory, finding space for one's own cultural activities and ceremony, and re-claiming the Indigenous right to hunt, gather, and secure traditional medicines. Shelley Cardinal explained: "This is something we all need to do. As a Cree woman living on Lekwangan Territory, I must always be

³ For our knowledge gathering, we recontacted community members who shared their knowledge to ask permission to include their quote and to ask whether they wanted their names to be linked to their statements or whether they wanted to be identified as a "community member." We have attributed the quotes according to their wishes.

cognizant that I am a guest and a visitor, and I need guidance on respectful Coast Salish practice” (personal communication, October 4, 2021). Indigenous Peoples see their relationship to the land as central to their wellbeing: “One of our Elders, Sophie Thomans from Saik’uz, said, ‘If you take care of the land, the land will take care of you.’ That’s a very inclusive statement” (Teegee, 2018, p. 239). Sarah de Leeuw (2018) noted that land is separate from a social determinant of Indigenous identity and wellbeing: “Land ... is not enfolded into language culture, or spiritual values, but instead is ‘reflected’ in the sociological trait of being Aboriginal” (p. 191).

The journey through relational determinants of health highlights considerations for Indigenous communities as they reconnect and repair. This journey highlights many relational processes that may be constructive for recovery from the harms and disruptions of colonization. For example, in the mental domain, healing programming can promote self-determination; traditional ways of knowing, being, and doing; traditional justice; and learning the languages, songs, dances, and names that give meaning to and define each community’s culture. Although Indigenous children, youth, and adults are embedded in the 21st century, our work with communities has helped us understand that they are restoring balance by being bi-cultural and strengthening their Indigenous identities, meanings, and connections with culture. With culturally attuned supports, communities can mobilize away from the harms of colonization and onto pathways that re-create connections and enable movement toward health and wellness.

According to one community participant, the restoration of relational determinants of health with culturally grounded pathways has seldom been implemented:

Although there’s been some different programs towards that, looking at the community from the top to find out what is really going on ... that has been done, several times by different organizations, prevention organizations, but one of the things that they always seem to forget is that how it was in the past with the Elders ... that’s something that they always don’t include in these ... programs. I may be wrong, but the prevention programs are always concentrating on the present day never ... from the past ... Because in the past things worked with families ... and what they are failing, I could be wrong but, what they, what they seem to be failing to do is put in that part into the programs. (Billy Ukutak)

Circle of Wellness

Wellness from an Indigenous perspective is a whole and healthy person expressed through a sense of balance of spirit, emotion, mind, and body. Central to wellness is belief in one’s connection to language, land, beings of creation, and ancestry, supported by a caring family and environment. (Dumont, 2014, p. 2)

Through learning together with communities, we began to understand the journey through relational determinants of health and recognize that a relational lens is integral to the circle of wellness. We came to understand that if colonization had disrupted all my relations, then wellness could be conceptualized as a state of re-integrated all my relations. We considered general principles that would represent restoration of all my relations within the physical, mental, emotional, and spiritual domains. Within each domain, we identified three guiding principles for wellness (see Figure 1). The circle of wellness is self-determined by communities as they envision their landing place for wellness and ask questions such as:

What are our common goals for wellness? Where do we come together to work on a common vision?
What are our priorities in re-creating wellness within our community?

We learned from communities that the pathways through the relational determinants of health and the landing place of wellness need to be identified and led by the community and its members. Community members need to see and share a collective vision of a landing place for wellness in their community. The relational determinants of health indicate how communities can mobilize to restore their strong cultural foundations and provide clear guidance for interactions with systems both within the community and external to the community. Stronger relational determinants of health correspond to a stronger cultural foundation and self-determination. From this place, the community can provide greater direction to whatever is happening within or coming into the community. Restoring the relational determinants of health contributes to a shift in power dynamics—communities can engage in deep partnerships in which they are leading change to promote community health and wellbeing. By standing within their own culture, communities can identify the pathways through which to guide system change in ways that strengthen, rather than constrain, the relational determinants of health.

A community member who participated in the violence prevention programming explained:

I think the action plan in this process has brought light to the fact that there are people who can work together, so that the main tools that we can use are the tools of one another in different agencies, in different institutions and even just neighbours. (Chi-chi Arizne)

Another community member shared:

Whenever we go ask for help. They're always willing to help. So, it's the same thing with us ... Yeah. Like I said we're all striving for the same thing. We're all trying to keep the community safe and better for the youth, and just the overall community in general ... So I said that the motivation is still there. (Community member)

Within Indigenous communities, there is strong motivation and will for collective processes to restore health and move from the cycle of violence to the circle of wellness. As the Truth and Reconciliation Commission of Canada (TRC, 2015) revealed, repair, restoration, and reintegration are needed in many facets of the lives of Indigenous Peoples and communities. The Community Journey of Change model can guide organizations when invited to walk alongside Indigenous communities through the process of identifying their journeys to wellness. The cycle of violence highlights the violence and trauma experienced by Indigenous Peoples through colonization, which is not only historical, but ongoing and cascading. The relational determinants of health clarify processes for re-establishing disrupted Indigenous ways of knowing, being, and doing. The circle of wellness begins to provide clarity on the principles of wellness that communities can use to re-create their landing places for health and wellbeing. In this work, Indigenous Peoples can invite non-Indigenous peoples to walk alongside them in repairing and restoring the wellbeing, integrity, traditions, and relations of Indigenous individuals, families, and communities.

Considerations for Programs and Services with Indigenous Communities

The Community Journey of Change model was informed by our research on the historical and ongoing harms of colonization for Indigenous Peoples in Canada. UNDRIP (2007) acknowledged similar harms experienced by Indigenous Peoples around the world who have “suffered from historic injustices as a result of, inter alia, their colonization and dispossession of their lands, territories and resources, thus preventing them from exercising, in particular, their right to development in accordance with their own needs and interests” (p. 3). Reparation for these harms can only be made with policies and practices that enable Indigenous communities to repair, re-place, and re-integrate what has been disrupted by colonization to meet their own needs and interests.

Given the disparate worldviews held within Indigenous and Western societies and their need to work together to restore balance and full rights for Indigenous Peoples, Ermine (2007) proposed a strategy of creating ethical space. Ethical space between Indigenous and Western systems requires engagement based on ethical and human principles, including humanity and respect. Ermine (2007) identified significant work to be done to create ethical space: “to step out of our allegiances, to detach from the cages of our mental worlds and assume a position where human-to-human dialogue can occur” (p. 202). As we have walked alongside communities in their journeys to restore wellness, they have helped us to understand that policies, programs, and services must align with principles of ethical space. It is only when Indigenous and non-Indigenous people can come together to work within ethical space that the barriers related to shame, guilt, inequities, and intergenerational trauma can be overcome.

Through our research, communities have guided us in identifying six considerations for creating ethical space in which to develop policies, programs, and services that support communities’ journeys of change:

- a. Look to Indigenous leaders for organizational alignment and Indigenous program development,
- b. Respect self-determination and support community vision and actions (see also Barker et al., 2017),
- c. Ensure safety at all levels and for all participants (Yamada, 2014),
- d. Work to re-integrate culture (Dumont, 2014; Mussell et al., 2004),
- e. Promote cohesion and culture within the community (Chandler & Lalonde, 2008), and
- f. Lead systems change (Reading, 2018; TRC, 2015).

Each of these considerations is briefly described below.

Organizational Alignment with Indigenous Development

Indigenous program development and service planning must be directed by Indigenous leaders. External organizations with an interest in working alongside and support communities in restoring wellbeing must embed Indigenous leaders within their organization. Only these leaders are able to frame the policies, programming, and services through an Indigenous lens. The core processes of addressing the cycle of violence and mobilizing communities toward wellness must be envisioned, developed, and delivered by Indigenous leaders at all levels of the organization. This is the only approach that will

provide a strong foundation for the other considerations: self-determination, safety, culture, cohesion, and systems change.

Self-Determination

A community's vision of healing pathways and wellness is determined internally, not by an external program or service. Programs and services are often bound by deliverables; however, there has to be shared leadership and flexibility to meet communities' requests, visions, capacities, and paces of change. The communities need to lead their own healing processes and define their own landing place for wellness. To support self-determination, it is essential to ensure that external policies, programs, and services support Indigenous Peoples and communities and do not create dependency.

Safety

The layers of harm and trauma from colonization need to be counterbalanced with levels of safety (Yamada, 2014). Within community-based programs and services, we can ask: What safety mechanisms are in place to counteract the layers of harm and trauma? How can trust and safe relationships be created and sustained while working within the community? How can safety be created in delivering programs and services? It is imperative to ensure that policies, programs, and services do no harm and intentionally work to counteract and end the ongoing harms of colonization.

Culture

Re-integrating the cultural foundation that has been eroded is the key to beginning the journey to healing (Dumont, 2014). Cultural continuity within a community is linked to the health and wellbeing of its members (Chandler & Lalonde, 2008). Ideally, effective community-based programs and services arise from within the community; however, in the context of today's reality, Indigenous communities often invite external programs and services to address harms. Any policy or program in an Indigenous community needs to make space for culture. The community has to lead the processes of capacity building and mobilizing for healing. The agency, program, or service, not the community, must be responsible for finding those who can inform the cultural elements to be embedded into policies, programming, and services.

Cohesion

Cohesion is about working with all my relations and deepening relations to land, culture, language, and people. Therefore, any healing process needs to be undertaken with a deep cultural consideration and by a collective, rather than an individual. Leadership from a community team can guide progress in protection policies and measures, prevention efforts, and crisis responses. The journey taken in moving from the cycle of violence toward the circle of wellness will necessarily be specific to each community and embedded within its culture.

Systems Change

Communities are not able to journey to wellness without significant shifts in Western structures that create and sustain social, economic, environmental, political, and cultural inequities, marginalization,

and criminalization. Our historical timeline reveals the ongoing trauma from colonization. With the burden of historical and current harms, communities are caught between a deep commitment to leading their own healing process and pervasive harmful societal structures, policies, and practices.

The TRC (2015) focused on reparations related to the legacy of residential schools and presented Calls to Action for change in many systems within Canada including child welfare, education, language and culture, health, and justice. What systems changes are needed? These systems need to make room for natural Indigenous systems that worked well for millennia. Although self-determination is a guiding principle for journeying to wellness, it is difficult for Indigenous systems to operate independently from the broader social, economic, and political systems within the country.

Moving Forward

Our research with communities has enhanced our understanding of, not only the layers of violence and harm from colonization, but also how these have systematically fractured the foundational Indigenous principle of all my relations. We have learned from communities that the journey to wellness is grounded in re-integrating the fractured relational determinants of health and the cultural foundation of knowing, being, and doing in communities. Informed by the knowledge shared by communities, we are in the process of revising the violence prevention programming using our Community Journey of Change model so that it is Indigenized, re-integrative, and non-linear. This revised programming is being piloted and evaluated in communities across Canada. Although we are in the early stages of sharing the Community Journey of Change model, we have already heard from many community members about the important meaning and guidance provided by the model and programming based on it. One Elder shared:

What was meaningful for me was your explanation of the landing place. We are not thinking about our landing place and that provides a good guide for what we need to do. We need to define our landing place. (Community member)

Another community member explained:

My learning through the Community Change Journey massively increased my understanding of the role I play in my community and what my job is as a community connector. (Community member)

We believe that the Community Journey of Change model provides guidance to those working with and within diverse Indigenous communities to address the layers of harm from colonization and create culturally relevant pathways to restore the relational determinants of health. We are most grateful for the opportunities to work and learn with communities. We will continue to walk alongside and learn with Indigenous communities as they mobilize for their journeys of change and restore their relational determinants of health.

References

- Ban, K.-m. (2007, September 13). [*Secretary-General says Indigenous Rights Declaration 'triumph' for Indigenous Peoples around the world*](#) [Press release].
- Baskin, C. (2016). *Strong helpers' teachings: The value of Indigenous knowledges in the helping professions*. Canadian Scholars' Press.
- Barker, B., Goodman, A., & DeBeck, K. (2017). [*Reclaiming Indigenous identities: Culture as strength against suicide among Indigenous youth in Canada*](#). *Canadian Journal of Public Health*, 108(2), e208–e210.
- Blackstock, C., Bruyere, D., & Moreau, E. (2006). [*Many hands, one dream: Principles for a new perspective on the health of First Nations, Inuit, and Métis children and youth*](#). Canadian Paediatric Society.
- Bromley, S., Cardinal, S., & Pepler, D. (2021). A timeline of harm of colonization for Indigenous Peoples in Canada: Historical and ongoing cascades [Unpublished manuscript]. Department of Psychology, York University.
- Canadian Red Cross. (2009). [*Ten steps to creating safe environments for children and youth: A risk management road map to prevent violence and abuse*](#).
- Canadian UNICEF Committee. (2009). [*Aboriginal children's health: Leaving no child behind*](#). Canadian supplement to The State of the World's Children 2009.
- Chandler, M. J., & Lalonde, C. E. (2008). Cultural continuity as a protective factor against suicide in First Nations youth. *Horizons*, 10(1), 68–72.
- de Leeuw, S. (2018). Activating place: Geography as a determinant of Indigenous Peoples' health and well-being. In M. Greenwood, S. de Leeuw, & N. Lindsay (Eds.), *Determinants of Indigenous Peoples' health: Beyond the social* (2nd ed., pp. 187–203). Canadian Scholars' Press.
- de Leeuw, S., Lindsay, N., Greenwood, M., & Reading, C. (Eds.). (2015) *Determinants of Indigenous Peoples' health*. Canadian Scholars' Press.
- Dodge, K. A., Malone, P. S., Lansford, J. E., Miller, S., Pettit, G. S., & Bates, J. E. (2009). [*A dynamic cascade model of the development of substance-use onset*](#). *Monographs of the Society for Research in Child Development*, 74 (3), vii–119.
- Dumont, J. (2005). *First Nations Regional Longitudinal Health Survey (RHS) cultural framework*. First Nations Information Governance Committee.

- Dumont, J. (2014). [*Honouring our strengths: Indigenous culture as intervention in addictions treatment*](#). Thunderbird Partnership Foundation.
- Ermine, W. (2007). The ethical space of engagement. *Indigenous Law Journal*, 6(1), 193–203.
- Government of Canada. (2016). [*Implementing the United Nations Declaration on the Rights of Indigenous Peoples Act*](#).
- Jiwa, A., Kelly, L., & Pierre-Hansen, N. (2008). [*Healing the community to heal the individual: Literature review of Aboriginal community-based alcohol and substance abuse programs*](#). *Canadian Family Physician*, 54(7), 1000–1000.e7.
- Mussell, B., Cardiff, K., & White, J. (2004). [*The mental health and well-being of Aboriginal children and youth: Guidance for new approaches and services*](#). Sal'T'shan Institute, Children's Mental Health Policy Research Program.
- National Aboriginal Community Controlled Health Organisation. (2006). [*Constitution for the National Aboriginal Community Controlled Health Organization*](#).
- Pepler, D., & Rubin-Vaughan, A. (2011). *Walking the prevention circle: A report for the National Crime Prevention Centre*. Prepared for the Canadian Red Cross Respected Programs.
- Reading, C. (2018). Structural determinants of Aboriginal Peoples' health. In M. Greenwood, S. de Leeuw, & N. Lindsay (Eds.), *Determinants of Indigenous Peoples' health: Beyond the social* (2nd ed., pp. 3–17). Canadian Scholars' Press.
- Riddell, J. K., Salamanca, A., Pepler, D. J., Cardinal, S., & McIvor, O. (2017). [*Laying the groundwork: A practical guide for ethical research with Indigenous communities*](#). *International Indigenous Policy Journal*, 8(2).
- Rowan, M., Poole, N., Shea, B., Gone, J. P., Mykota, D., Farag, M., Hopkins, C., Hall, L., Mushquash, C., & Dell, C. (2014). [*Cultural interventions to treat addictions in Indigenous populations: Findings from a scoping study*](#). *Substance Abuse Treatment, Prevention, and Policy*, 9(1), 34.
- Teegee, T. (2018). Take care of the land and the land will take care of you: Resources, development, and health. In M. Greenwood, S. de Leeuw, & N. Lindsay (Eds.), *Determinants of Indigenous Peoples' health: Beyond the social* (2nd ed., pp. 224–340). Canadian Scholars' Press.
- Truth and Reconciliation Commission of Canada. (2015). [*Canada's residential schools: The final report of the Truth and Reconciliation Commission of Canada*](#) (Vol. 1).

- Tsey, K., Deemal, A., Whiteside, M., & Gibson, T. (2003). [*'It's an eye-opener for people to see you can change things': An evaluation of a 'family wellbeing' personal and community development pilot project in two Cape York Communities*](#). Apunipima Cape York Health Council.
- UN General Assembly. (2007). [*United Nations Declaration on the Rights of Indigenous Peoples*](#) (A/RES/61/295).
- Wagamese, R. (2016). *Embers: One Ojibway's meditations*. Douglas & McIntyre.
- Yamada, S. A. (2014). [*Walking the prevention circle: Bearing witness to an Indigenous process for knowledge sharing*](#) [Doctoral dissertation, York University]. York University Library.