"A Story I Never Heard Before": Aboriginal Young Women, Homelessness, and Restorying Connections[1]

Lia Ruttan
University of Alberta

Patti LaBoucane-Benson
Native Counselling Services of Alberta

Brenda Munro
University of Alberta

Abstract

Aboriginal young women are overrepresented in the youth homeless population found in Canada's urban centres. These young women, while experiencing difficulties in housing and often social, physical, spiritual, and emotional wellbeing, are part of families and communities which have experienced historically based trauma, often manifesting itself intergenerationally. This historical trauma includes the impact on participants and their grandmothers, aunties, and mothers of the effects of removal of children from families in order to foster assimilation, including removal to residential schools or through child welfare processes. Part of a larger qualitative and longitudinal study involving eighteen homeless female youth, the data from the nine Aboriginal participants was also analyzed separately. Results from this analysis include the influence of toxic narratives emerging from residential

school attendance, overly invasive child welfare intervention, and historical and ongoing systemic inequities; these factors contributed to participant's homelessness. At the same time, reconnection with culture and restorying identities allowed for the development of narratives of pride and hope which assisted in moving toward healthier lifestyles and transition from homelessness. These young women intend to raise their own children by the narratives and cultural practices they now consider essential to wellness.

Key Words: Aboriginal girls and young women, youth homelessness, residential schools, historical trauma, child welfare, cultural revitalization.

INTRODUCTION

Aboriginal girls and young women are overrepresented in the population of homeless youth found in Canada's urban centres (Baskin, 2007; Novac et al., 2002; Taefi and Czapska, 2007). While these young women go through experiences that are similar to those of other homeless youth, their background and circumstances while homeless are also influenced by structural factors which particularly affect Aboriginal youth, families, and communities (Baskin, 2007). The history of colonization includes the institutions of residential schooling, child welfare, and processes of systemic bias which, despite remarkable resilience, have had harmful effects on Aboriginal families intergenerationally (Dion Stout and Kipling, 2003; McKenzie and Morrissette, 2003; Whitbeck et al., 2004). The present analysis is based in a qualitative and longitudinal study of eighteen homeless young women as they experienced and used assets, both internal and external, to survive while homeless and to transition out of homelessness (Munro, LaBoucane-Benson, and Ruttan, 2007; Munro et al., 2008). In this paper, we present and discuss the results of analyzing the data solely from the nine Aboriginal participants in the study.

Any discussion regarding the wellbeing of Aboriginal women and their families, including that of the homeless girls and young women we interviewed in this study, must be placed in an historical context (Dion Stout and Kipling, 2003; Kirmayer, Brass, and Tait, 2000; Kirmayer, Simpson, and Cargo, 2003; Smylie, 2003). In this vein, Mohawk scholar and Elder, Marlene Brant Castellano (2008, pp. 8–9), describes the historical dynamics influencing Aboriginal families as: "the shocks of epidemics, displacement from lands, depleted food supply, suppression of ceremonies and languages, and the loss of children to residential schools and child welfare agencies."

These factors are associated with colonial efforts to assume ownership of lands and assimilate Aboriginal children into a labouring class. The history of Aboriginal families in Alberta, the Canadian province where this study took place, typifies this process, though negotiation of treaties, restriction of place-based ways of making a living, multiple deaths due to epidemics and disease, reduction of autonomy through legislation and through removal of children through forced attendance at residential schools, and later invasive child welfare programs. Brant holds that the impact of these actions "reverberates through tight knit [Aboriginal] communities provoking responses both adaptive and maladaptive" (p. 9).

Background

Colonial Background

During the nineteenth-century fur trade era, while many unions were life long and wives and children treasured, other men sought relationships with Aboriginal women to provide commodities required for making a living — clothing, pemmican and family connections along with "country comforts" — which could be traded away to other men when one left fur trade service. Western assumptions of racial inferiority, the dependent nature of women, and proper roles for women contributed to the labeling of Aboriginal women as dangerously independent during the Victorian era and the early twentieth century (Barman, 2005; Forsyth, 2005). Settlers and missionaries often "equated with prostitution" behaviour that differed from their own categories of feminine behaviour; this then allowed transgressions of Western norms of respect for women (Barman, 2005; Forsyth, 2005; Razack, 2002).

In the early twentieth century, federal Indian agents often attributed the spread of disease, including tuberculosis, to unclean households and the "laziness" of Aboriginal women as housekeepers (Ruttan, 2005). Additionally, legal racialized identities, including loss of status following marriage to non-First Nations men, limited the options and rights of many First Nations women. These assumptions, along with the desire to assimilate Aboriginal peoples and lands, motivated church and government to develop institutions to re-place and re-socialize children. Aboriginal women were to be removed from their homes, assimilated and purified as "convent girls," and then re-placed in European categories of wife and mother or as servants engaged in domestic labour.

To this end, as well as in response to the practical logistics of running these extremely underfunded institutions, sewing, cleaning, laundry work, and cooking were stressed. Aboriginal children were subjected to the sex-role expectations of the religious institutions who ran the schools. In the early twentieth century, marriages for young women were often arranged by mission personnel right from the institution. Women who returned to their home reserves often felt isolated and struggled with the ideas that had been promoted in the schools, including that their own relatives were uncivilized.

Also experienced were poor nutrition and disease including frequent deaths, teachers with little if any training, selection of vocational over academic subjects; even more egregiously, loss of culture, language, family life, an opportunity to learn healthy Aboriginal traditions of child rearing, and frequent physical, emotional, and sexual abuse (LaFrance, 2003; McKenzie and Morrissette, 2003; Miller, 1996; Royal Commission on Aboriginal Peoples [RCAP], 1996; Smith, Varcoe, and Edwards, 2005). The schools used child-rearing concepts based on punishment, abuse, coercion, and control (Quinn, 2007) as well as shaming and belittling. Children were encouraged to participate in the punishing and shaming of others; for example, one Alberta woman recalled having to help hold another girl down while a nun beat her (Canadian Broadcasting Corporation [CBC], 1991). Another Cree Elder, testifying before the House of Commons Aboriginal Affairs Committee, described what he referred to as the systematic and brutal process of "domestication" he experienced. Not only did one do as told, one also learned to habituate self-blaming and to keep quiet about abuse seen or experienced. Children were taught to believe that priests and ministers were infallible and to accept an almost total loss of agency — to the point that when told to crawl though the "shit" under the communal outhouse as a punishment for the loss of a handkerchief he silently obeyed. These experiences often led to a perpetual self-effacement that silenced voice or, on the other hand, a self-destructive anger that often resulted in addiction, abuse of self, and further victimization of others (McKenzie and Morrisette, 2003). Behaviour learned under these oppressive conditions was maintained by the "don't talk or trust" rules reinforced in the schools and through adoption of toxic narratives of identity (Abadian, 2006).

The cumulative effect of this removal of children on individuals, families, communities, and peoples is referred to as an aspect of historical trauma (Brave Heart, 1998, 2004; Wesley-Esquimaux and Smolewski, 2004).

Maria Yellow Horse Brave Heart (2004) defines historical trauma as a layered or cumulative process which results in "emotional and psychological wounding over the life span and across generations, emanating from massive group trauma" (p. 7). These cumulative woundings and losses, including those of land, culture, identity, family, and traditional knowledge, must also be understood as occurring and manifest not only in the past; they continue to be reinforced in current structures and relationships (Baskin, 2007; Whitbeck et al., 2004). Exacerbated by oppression, racism, and poverty, historical trauma is associated with substance abuse, trauma, family violence, and abuse and higher mortality; it is often passed on in an intergenerational manner (Brave Heart, 2004; LaFrance, 2003; McKenzie and Morrissette, 2003). These same dynamics are part of the backgrounds of the Aboriginal homeless young women in our study. Our analysis, in seeking to represent the experience of homeless Aboriginal young women is, therefore, situated in research and literature not only on youth homelessness but also on the experiences, both historical and current, that discriminate against and disempower Aboriginal women.

Aboriginal Youth, Child Welfare, and Homelessness

Aboriginal peoples in Canada have a higher proportion of youth under 25 in their total population resulting in a lower age structure than the general population. Aboriginal youth, as a group, leave their parental home earlier than other groups of Canadian youth (Beaujot and Kerr, 2007); many move in with other relatives. While many young Aboriginal women are doing well in educational, health, economic, and cultural realms, others are not; health and social inequities persist (Adelson, 2005; Smylie, 2003). Further, in a major study on urban Aboriginal youth the Canadian Standing Senate Committee on Aboriginal Peoples (2003, p. 86) concluded that "Aboriginal youth living in urban areas face major disadvantages in comparison with other Canadian youth when measured against every social and economic indicator." The disadvantage of poverty "leads to compromises which can perpetuate the risk of contact with child welfare services" (Harris, Russell, and Gockel, 2007, p. 23). Significantly for this study, "cultural discontinuity and oppression … [are] linked to high rates of depression, alcoholism, suicide, and violence in many communities, with the greatest impact on youth." (Kirmayer, Brass, and Tait, 2000, p. 607). For example, female Aboriginal youths are 7.5 times more likely to die by suicide than female adolescents in the total population (MacNeil, 2008).

In what is often referred to as the "60s scoop," large numbers of Aboriginal children were adopted and/or placed in foster care with non-Aboriginal families throughout Canada and the United States. Rates of adoption and foster care remain high in Canada today; 40% of children in care are Aboriginal (Farris-Manning and Zandstra, 2003, quoted in Blackstock, Trocme, and Bennett, 2004); these rates of removal are attributed to continuing assimilationist policies (Blackstock, Trocme, and Bennett, 2004; Richardson and Nelson, 2007). Aboriginal children, despite being similar in overall functioning to non-Aboriginal children reported to child welfare services, are vastly overrepresented in care. This usually results from a focus on the parent and the family socioeconomic conditions rather than on the child's behaviour and capacity (Blackstock, Trocme, and Bennett, 2004). Aboriginal children are removed for neglect, rather than physical or sexual abuse, more frequently than non-Aboriginal children (Blackstock, Trocme, and Bennett, 2004).

Based on qualitative research with eleven youth, Gilchrist (1995) indicated that while the reasons given for entry into homelessness and survival strategies utilized are similar across all backgrounds, the backgrounds of Aboriginal youth included cultural, historical, and structural factors leading to different entry paths, including a higher percentage from child welfare. In this context, Browne, Fiske, and Thomas (2007, p. 16) note that among the "most troubling consequences of the colonial legacy in health and social service sectors are the discriminatory judgments leveled against Aboriginal women as mothers." Baskin (2007) has reported that a strong connection exists between Aboriginal children who grow up in poverty, child welfare involvement, and becoming homeless as youth; Aboriginal youth also report more intense experiences of prejudice by authorities than do other homeless youth.

The Study

Methodology

A needs assessment of homeless youth in Edmonton, Alberta, completed by a research team with university and an Aboriginal community agency as partners, resulted in a joint proposal for the current study. The study, approved by a University of Alberta ethics committee, focused on the assets homeless youth used to survive while homeless and to transition out of homelessness. This focus on assets was innovative; there is little longitud-

inal research on homeless youth and even less that is both longitudinal and qualitative in nature.

Eighteen female homeless youth, over eighteen years of age and beginning to transition out of homelessness, were recruited through a snowball sampling process involving contacts with service agencies and other homeless youth already involved in the study. The nature of the research, its potential contribution, and the time commitments involved were discussed with potential participants before informed consent forms were signed. From the outset, we were interested in recruiting Aboriginal as well as non-Aboriginal participants as young Aboriginal women are overrepresented in the youth homeless community; nine of the research participants, or 50%, had Aboriginal backgrounds.

Interviews were conducted by two female research assistants with experience working in youth service agencies; the same interviewer worked with all but one of the Aboriginal participants. The interviews, usually a little over an hour long, took place approximately every two months. They were held in cafes or fast food restaurants of the participant's choice and a meal was provided. The initial interviews focused on background and experience both before and after entering the street environment; later interviews were organized around themes developed from earlier focus groups regarding the homeless experience in Edmonton and on updates on current life concerns. The interviews were, however, flexible and responsive to what the young women thought was important for us to know or wished to talk about on that day.

Results of the overall study are reported elsewhere (LaBoucane-Benson, Ruttan, and Munro, 2009; Munro, LaBoucane-Benson, and Ruttan, 2007; Munro et al., 2008). This article is one of two reporting on a separate analysis of the data involving the nine Aboriginal study participants. We were looking for issues in the experience of these youth which would improve understanding, assisting, and planning services for this particular population. The methodology and data collection processes were the same as the rest of the population. Interviews were tape-recorded unless participants indicated that they were uncomfortable with doing so; in that case, detailed notes were made following the interview. Additional data completed by the two interviewers included a demographic face sheet, detailed summaries of each interview, transcripts of specific interviews, life timelines, charts recording strengths and assets used, and final summaries of each participant's background and experience during the research period. Each participant chose a pseudonym

used in referencing their interviews. The interviewers also kept journals, detailing their own personal reactions and thoughts regarding the process.

During the course of the study, Aboriginal research participants took part in three to nine interviews each with an average of six interviews over an up to two year period, resulting in fifty-five interviews. A qualitative researcher experienced in Aboriginal research analyzed the data. The interviews were read and reread, followed by the thematic analysis, reduction, and rechecking of data related to emerging themes and interpretation typical of qualitative research (Marshall and Rossman, 1995). The linked social, historical, ecological, and cultural factors emerging in the data were explored in further detail as reported in this article.

Sample Characteristics

Nine of the eighteen young women from our original study indicated they were of Aboriginal background including First Nations, Métis, and non-status backgrounds. Whatever their legal status, all but one (Anishnaabe) had Cree or Cree/Métis backgrounds. Several had non-Aboriginal fathers and/or grandfathers. Most were raised in an urban setting; some experienced growing up in a mixture of reserve or rural and urban environments, and two participants had grown up primarily on a reserve or Métis settlement. Their age at entry to the street ranged from thirteen to eighteen years. Interestingly, of the four young women who indicated they entered the street environment at an early age (thirteen or fourteen), three indicated that they had really left home much earlier (at three to six years); as reasons, they cited a mother's death, apprehension from an abusive father, and not getting along with her mother who had wanted to give her up as an infant. Reasons for becoming homeless as adolescents included family tensions, the experience of being a family scapegoat, a parent's death, abuse by parents and/or other relatives, relationships with boyfriends, and substance abuse.

The age of the participants at the start of the interviews was 19–26 years. All participants had spent a number of years being homeless and living on the street, at shelters, and/or on and off with relatives. Only three did not have children; two of these three participants mentioned miscarriages. The other six interviewees had one to three children each; one had given up a child to adoption at a young age and two had their three children in foster care at the beginning of the study. Most participants had spent some time in foster or group care. Their backgrounds included multiple moves, violence and abuse, frequent deaths, parent's problems with sub-

stances and violence, homelessness, negative contacts with police, low income, and child welfare involvement.

Findings

The findings of the overall study were reported in three earlier articles (LaBoucane-Benson, Ruttan, and Munro, 2009; Munro, LaBoucane-Benson, and Ruttan, 2007; Munro et al., 2008). In this article, we focus on the strongest themes emerging from the interviews with the Aboriginal participants. We show how they connect both with the literature reviewed earlier and with culturally based and storied healing processes that ground efforts to find productive adult roles. We explore some of the narratives and efforts towards restorying and reconnection with culture that assisted in moving toward healthier lifestyles.

Removal: The Impact of Residential Schools

All nine of the Aboriginal participants involved in this study had family members who attended residential schools; all were at least partially raised by women (mothers, grandmothers, aunts) and men (fathers, grandfathers, uncles) who had been to residential schools; all but one indicated that their mothers were influenced by their own or their parents' experience of residential schools. All participants witnessed family violence and substance abuse by adult family members which they frequently attributed to this background. Jennifer described how this affected her: "At a young age I remember my uncles being in our house drunk, my uncle beating my aunt, a fireman yelling at me, my cousin pushing me down the stairs. Now I don't know what respect looks like from a male to a female." Further, reminiscent of the experience of abuse victims attending residential schools, several young women indicated that they or their mothers had not been believed by their relatives when they told them they had been abused. For example, Tanny withdrew charges against her grandfather for sexual assaulting her while sleeping at his house. She reports, "My whole family shunned me for that. No one believed me; they thought I was lying. And I was like 'Why would I lie about something like that?'"

While all nine young women had similar backgrounds, six spoke extensively about the impact of residential schools on their own lives. Based on their own words, the perceptions of these young women regarding the experience and impact of residential schools on their families can be summarized as follows:

- The missionaries came to Aboriginal families and said that the children needed education and would not amount to anything if they did not get help and promised to return their children nice and educated. But they sometimes even stole the kids and then didn't let their parents see them.

- They were not allowed to speak their language or speak to their brothers or cousins; they had their hair cut short and they were told that they were dirty and disgusting.

- They were taught that their culture was wrong. So even when our family members knew their language and culture they did not teach it to us. Other relatives knew fairly little [because of schools] and could not or did not want to teach it to us — they were told it was wrong.

- Some of our parents were culturally oppressed not just by schools but by their own parents who had been to these schools before.

- Because they grew up in residential schools our relatives don't share their feelings very often. So there are certain things they won't discuss with us; we don't have anyone to talk to about those things.

- Discussing residential schools at all is a really touchy, controversial subject. They never talk about it and if they do say anything it is usually short and something like "Yeah, it sucked."

- Our relatives were abused and they were told that the abuse was a form of love. The abuse within families started once the children were returned from residential school because they were told that abuse was love and this was transferred to the next generation. This can lead to sexual and other abuse in the next generation — we went through that.

- Women [mothers, grandmothers, aunties] who went to residential school often had hard lives. They often experienced substance abuse and addiction, had harsh husbands who ruled the home, had their kids apprehended, and often were not very healthy [got sick easily].

- Family members who went to residential schools tend to be more strict, even harsh, in disciplining children, they have high expectations about rules and keeping things just right in the house, they have problems with anger and rage and tend to take things out on or scapegoat some children in the family more than others.

These young women were also aware that their own relationships with men and with their children were in some ways haunted by this dynamic.

Many of them were raised by their grandmothers or spent a considerable amount of time with them. Sometimes harder on their grandmothers than their mothers, some of them expressed resentment of their grandmothers who, while they took care of them, used harsh discipline and didn't show them love in the way they needed or meet traditional role expectations. One young woman described problems with violence in her relationship with her boyfriend and potential violence in her sister's anger at her son as having roots in her grandmother's residential school experience:

> Like I hit him because, like growing up, that is kinda how my family shows their love. My grandma, she never showed she loved us, there was not hugs, no kisses, she never said 'I love you' or that we were special, it was all negative, negative, negative and … I feel like I need to stop that behaviour before it gets worse.

She goes on to explain that her sister,

> … had that problem with anger too. But she had it, unfortunately towards her son. She never hit him, she would just get so mad that she would want to. Like my grandma, she was so mean to her, she had it worse then I did. Like she would beat her and then when she would bleed, she would beat her even worse because she was bleeding on the floor. And, ya know, she would show her love too.

Often still experienced as confusing to our participants was this double dynamic — both how loving and how hurtful grandmothers, aunties, and other caregivers were to them. Phoenix describes a similar dynamic as part of why she left home. Using scapegoats and making examples of some children was common in the disciplinary systems of residential schools. Describing her parents as "meaner" to her younger sister than to her she says she couldn't handle this, didn't want to be part of it, and had to leave saying, "I felt bad about leaving my sister, but that's what I did." Jackie told us that because her mom grew up in residential schools she doesn't share her feelings very often; there are certain things she doesn't discuss at all and, as well, her discipline was often violent. And Melissa described how her grandmother, who raised her, was taught that her culture and language were wrong — so even though her grandmother knew Cree, she didn't teach the language or transmit any of the cultural ways or stories of tradition or experience that she knew to Melissa.

Removal: Relations with Child Welfare and Social

Service Programs

With the history of multiple moves experienced by these youth's families, especially in urban contexts and often related to economic and social factors, home is not always seen as place-based but rather as relationship-centred. However, once our participants had children, both in response to their own needs for less stress in their lives and their awareness of the emphasis by child welfare systems on single family spaces, the need to locate home in a tangible place of their own became a requirement — one that can be difficult to find and hang on to. The child welfare system was one of the major reported stressors in their lives, both as children and as parents. Child welfare programs and workers have often been experienced as a life-long haunting or shadow. Removed, at least for a while, from their families as children, they now worry about repeating the cycle. For example, Jalissa recalled how, as a child, she moved frequently due to constant running from social services, who wanted to take Jalissa, her sisters, and brother away from her single parent mother. Another participant, Jackie, described doing everything she could to avoid social services while homeless with her three young children. For instance, she recalled calling the crisis line late at night, desperate for place for her and her three children to stay the night, and then getting the children up early in order to get out of the hotel room before social services arrived.

Other participants said social service programs failed them when they did ask for help as a child. One young woman called for help when her father was beating her and was told that her case "wasn't serious enough"; she then "lost trust in them and decided to do things on my own." When she was twelve years old, her aunt, who she thought cared for her and who she felt safe with, called social services to pick up her and her brother from school and take them into care; she felt doubly betrayed. Unable to find a placement, as they were perceived as difficult children, social services could not find anyone in the family willing to take them either. Finally, they were returned to the care of their grandmother from whose care they had been apprehended in the first place. In response, at thirteen, convinced that no one loved or wanted her, "I started getting heavily into drugs; I started living on the streets. I was so sick of sleeping on grandma's couch.... I got so depressed and wondered why my life was so shitty." Another girl, Jennifer, trying to escape a pimp, asked to return to care one more time. Placed in a group home she liked, she stayed there until she was "kicked out" on her eighteenth birthday to find her own accommodation — this left her back on

the streets with a new pimp.

Participants with children expressed fear of what would happen if they didn't do exactly what social workers or police told them to. For instance, Melanie recalled an incident that took place when her daughter was six months old:

> Well, we were fighting, and he broke the door down and the cops came and said that if I didn't leave him they'd take my baby away. And from there I wasn't in the right state of mind, and I ended up in the [psychiatric] hospital.

Later, back together after six months apart, she worried that child welfare services would be called by others in her apartment building because her daughter, now a toddler, was hard to put to sleep and often awake late in the evening. Being reported by apartment tenants they did not get along with was mentioned by several mothers as something that others did for spite and often a reason for moving to a new place. Fear that cleanliness conditions in run-down buildings and the substance use of other residents would reflect negatively on themselves also resulted in moves.

Several participants wanted to stop drinking or using substances in order to get their children back from foster care or due to the ongoing fear that their child might be apprehended. A common reaction to these dynamics was hyper-vigilance. During one of her interviews, Tanny, in and out of care herself as a child, observed a social services vehicle drive by and explained to the interviewer that:

> Every time I see it [vehicle] I get paranoid. I'm scared that child welfare is going to take him, 'cause I've been having lots of dreams lately, nightmares about them coming and taking him. But I've given them no reason to. [There was an investigation] over two months ago. I've heard nothing. But I've still been told to be careful, 'cause they could still be lurking in the bushes — lurking, peeking out at me, watching me.

Those mothers whose children were apprehended responded by going into a downward spiral. Tanny, now trying to do better, had her first child removed several years earlier and described the experience as driving her "harder into drugs." I lost her and I said 'Just give me drugs, whatever you got, give me.'" As is true with many of the participants this loss builds on other loss. "Then I lost my mom and I was, 'I lost my daughter, I lost my mom … Okay I'm done' and I gave up."

While some participants were helped as parents by social workers, most had not, or only infrequently, and didn't trust them. Several participants

found it frustrating that government social and housing agencies would only help them to transition from the streets when they were pregnant, despite seeking help earlier. Our participants indicated that, for the most part, they couldn't be open with their workers now and it seemed almost impossible to meet their expectations. Jalissa described being very frustrated as she felt her worker did not give her the credit she deserved for being a responsible mother. At the same time, she said there were lots of things that she would like to talk about, that she bottles up, because social service workers don't understand and talking may get other people in trouble or get your kids taken away.

A number of participants mentioned that, in contrast, they did look forward to involvement in parenting and support programs offered by community agencies; programs with an Aboriginal focus were particularly seen as helpful. Since they usually become pregnant while on the street and then transition off the streets while pregnant or with a new baby — often along with withdrawal from drugs, handling new choices, and parenting — the learning-to-cope curve is steep. Saying she "doesn't ever want to lose her kids again as it is too stressful on them" Jackie was excited to be starting a life skills program with an Aboriginal community service agency where she will learn about anger management, relationships, and finances along with cultural values while her children attend onsite daycare. For Jackie, succeeding with her kids and having a successful relationship with them is something she says she did not experience in her family, and she "want[s] that stability for her kids." Finally, several of the participants' children have "special needs" requiring not just good and caring parenting but special strategies and medical equipment; these parents expressed particular appreciation for respite programs. Yet balancing how much support they used, given fears of judgment by social agencies, and how they met the child's and their own needs, were highly influenced by their own perceptions of child welfare and other social services as potential sites of risk.

Re-turning: A Cultural Path

Most of these nine young women knew little about their family background; they said that as teenagers they knew little about Aboriginal history and culture and that they never knew the stories of their mothers and grandmothers. To Melissa and the other young women we interviewed these are stories they never heard; now they wish to know them in order to reinforce their own efforts to get off the street and to help their own children "know

who they are." Melanie, who now prays every night and smudges with her boyfriend when they are going through a rough time, recalled that while she did attend some ceremonies while growing up, she felt she never learned the proper ways of doing things. She points out that when she was sick with depression her mom didn't really know where to go or what to do culturally to get help [doctoring] for her. Saying that there are lots of things about her culture she never learned and has had to discover on her own; she has learned now to go to Elders. Now she doesn't want her baby to "grow up with no culture. I want her to have that; it's kind of a mission for me right now — to find my culture."

All the parents but one wanted their children to grow up stronger culturally than they had. In this case, raised in the city and identifying herself as a city person, Jackie expressed little connection to the First Nation she is a member of. She says she doesn't like the bush and isn't interested in ceremonies as she is a Catholic and would never teach her children these ways. While stating that she likes being an Indian but she doesn't like Indian people, she describes most Native people as lazy and as never having done anything with their lives: "Look at the people down there [community street agency] most of them are stinky bums … they make everyone look bad."

Several others had been rejected as teens with racial stereotypes that their female relatives wanted to angrily sweep away from themselves: "By the time you're twenty years old, you're going to have two babies and be living off of welfare, you're going to be a nothing, a no-good piece of shit" or "You're going to be a hooker just like your mom and have all these kids and not look after them." This attitude represents an internalized rejection of self and group identity stemming from residential school experiences and reinforced through prejudicial societal attitudes. This shame and anger often turns inward to one's self, to one's own people, and can result in forms of lateral violence. While Jackie rejects this stereotyped racialized identity by rejecting other Aboriginal people, but remains oppressed, others like Brittany long for cultural/spiritual connection indicating that, "I have always been oppressed, like, my whole life I felt a loss of culture." Several of the participants described a feeling of growing up with a "hole" in their lives, feeling that some aspect of self and culture was missing.

Defining culture is complex; as children, several of the participants took part in activities like attending round dances with their families, learning Cree or jigging in school, and some participated in pow wows. Now, looking for ways to transition out of homelessness, many of these young women

enjoyed returning to these activities, now identified as aspects of culture with potential as part of a "healing path." Interest in trying new activities including round dances, pow wow dancing, drumming, bead work and other crafts, wanting to learn their language, smudging and praying, attending a Catholic church which integrates traditional practices, attending ceremonies, talking to Elders, and taking Aboriginal parenting courses was high. Through practice, these young women come to realize that these are not simply "cultural activities" but integrate culture and spirituality; for Melanie, culture and spirituality are not separate — "culture is like my spirituality." Holism was also important for Brittany who explained:

> that is what Aboriginal culture is, you got the medicine wheel and it is all connected. Like, you are not just physically separated and emotionally separated from yourself, like it is all one person, it is all yourself.

Those interviewees who had been to Aboriginal-focused treatment programs made use of the history and healing methods learned there to develop narratives of explanation and hope.

Given everything that happened to them, a few participants mentioned being angry at God at times although spirituality, prayer, faith, God and/ or the Creator were all credited with getting them off the street. Four of the participants had a guardian or spirit helper as a young child, which they become aware of again following reconnection with Aboriginal culture. They credit these helpers, along with God, with keeping them alive through suicide attempts and other rough experiences. Brittany explained that the teachings she had learned, not from her family, but from an Aboriginal female role model, including praying and smudging, were now coming back; these teachings had always stuck with her even though she forgot them while she was on the street. Phoenix developed a ceremony of healing to help her let go of the hurt she experienced while homeless. Several of the girls were very moved by their initial experience of the sweat lodge during their stay at addictions treatment programs. They stressed the importance of being on a healing journey, especially in connection with the anger they carried from their families and finding ways to put that hurt behind them.

Discussion

Adolescence and early adulthood can be difficult for many youth; Aboriginal youth face particular challenges often associated with historical and ongoing structural factors. For young Aboriginal women who are trying to

survive homelessness, leave homelessness, and develop a healthier lifestyle it is much more so. The young women in our study are often treated in a sexualized and racialized manner both by individual acquaintances and by representatives of government service systems, including police officers, perpetuating historical stereotypes. We found that the homeless Aboriginal youth we interviewed experienced poverty, health problems, systemic bias, and the effects of historical trauma including toxic narratives of identity often without holding strong, healthy narratives of opposition. In order to survive these situations, these youth activate many strengths and skill sets; they use connections formed on the street and those of family and community (LaBoucane, Ruttan, and Munro, 2009).

While showing respect for this resilience, the reality of social inequities must not be minimized, especially given the history of Aboriginal women within Canada. At the same time, approaches which activate strengths, assets, and resilience can enhance positive identity and relationships. For Aboriginal youth who have experienced the intergenerational effects of residential schools, child welfare, and homelessness, a positive narrative of identity, culture, and history that acknowledges current realities can be empowering. The historical, traditional role of narrative and restorying family and relationships as a vehicle of teaching, a method of cultural transmission, and embodying meaning serve to bond relationships of respect with identities of pride, health, and interconnected pasts and futures in culturally appropriate healing and bring resilience to futures (Ruttan, 2005).

In the Aboriginal tradition, stories do not always give immediate answers, but they give both personal and collective grounding along with holding strategies for solving problems as they arise. These stories were replaced by narratives taught in both residential and public schools, which stressed strict obedience and encouraged the loss of self-perpetuating culturally based narratives. Although resilience was not completely destroyed, the results were diminished autonomy, an important heath promoting quality, identity confusion, and shame, along with dislocation from communities (Gilchrist, 1995). This puts Jackie, who rejects Aboriginality, in a perpetual conflict with herself and other Aboriginal people — including her boyfriend who believes it is very important to raise their children in a cultural manner. As these young women describe, it can also put *Kookums* [Grandmothers] and Aunties at odds with traditional and much needed roles in the lives of the female youth in their families. Ongoing experiences of structural bias, poverty, and marginalization further exacerbate this ex-

perience of historical trauma.

Hallett and his colleagues (2007) found that it is not uncommon for Aboriginal youth, especially in urban environments, to switch identities particularly when with non-Aboriginal youth, something which these young women discussed. Several of them finally asserted their Aboriginality with members of their street families, following involvement with Aboriginal treatment or parenting programming, and felt much better after doing so. Chandler and Lalonde (2008) have described the role of cultural continuity in healthy identity for Aboriginal reserve youth and show that adolescents do better, including preventing suicide, in First Nations communities strong in identity, self-determination, and culture. Earlier work confirms the protective role of enculturation or grounding in culture for North American indigenous youth (Lalonde et al., 2001; Whitbeck et al., 2001) and specifically the importance of spirituality (Garoutte et al., 2003; Goldston et al., 2008). Bent, Josephson, and Kelly (2004), describing their work with Aboriginal adolescent mothers, confirm the "importance of incorporating cultural knowledge and experience into programs for Aboriginal adolescents" (p. 98). The importance of focusing on history, culturally based narratives, and healing methods in health prevention programs for Aboriginal youth is also highlighted in work on STD and HIV prevention (Banister and Begoray, 2006; Larkin et al., 2007).

In her work with the Lakota, Brave Heart (2004) concludes that:

> both prevention and treatment need to focus on ameliorating the historical trauma response and fostering a reattachment to traditional native values, which may serve as protective factors to limit or prevent both substance abuse and further transmission of trauma across the generations. (p.14)

In this context, Brave Heart stresses that evidence-based practice is not necessarily best practice — ceremony and cultural connection may be more appropriate/effective. This means finding ways to reflect traditional values in the current lifestyles of young women like those we interviewed.

LIMITATIONS AND FUTURE RESEARCH

Limitations to this research exist. The interviewers were not Aboriginal and all but one of the participants were interviewed by the same person. As we analyzed the data from the Aboriginal participants, it became apparent that more complete information on family background would have been helpful. Small but in-depth studies like this provide significant understanding of issues of meaning and experience. In this case, the small size was triangu-

lated by comparison with literature and the perceptions of service workers who work directly with homeless youth. Additional research would be valuable, including work with the mothers and grandmothers of indigenous homeless youth. Further, homelessness is experienced by youth of varying backgrounds, most Aboriginal young women do not end up on the streets, not all whose families were affected by residential schools and other social and historical factors become homeless. Further research that addresses what makes the difference is needed.

Conclusion

The nine young Aboriginal women interviewed were at varying points at the end of the research project: one dropped out early; some, while in the transition stage, still had a lot ahead of them; and others succeeded in leaving the streets, completing high school, and obtaining college diplomas. Those who did best were most engaged/reengaged in lifestyles that promoted cultural wellness and cultural efficacy. They now saw themselves as having cultural strengths, greater understanding of the interconnection of past and future, the ability and responsibility as role models for others — particularly their children — and to share the stories they were learning. Meaningful educational and life skills programs run by community agencies with an Aboriginal focus were also helpful to them. Additional involvement in this type of programming allows them to integrate and continue their learning about self, community, and storied relationships. This can be invaluable to their recovery from the intergenerational historical trauma which has contributed to their homelessness, thus allowing the envisioning of and support for possible futures.

In the past, young women were trained on an ongoing basis by their female relatives, including listening to narratives that frame ways of living. They were affirmed as women interacting with other women in a "braided" identity that respected and supported the evolving process of womanhood from child to Elder. In this study, many of the participants described their grandmothers and aunties as being overloaded and closed and their mothers as struggling with addictions and family violence; these processes diminished support for women's roles and silenced Aboriginal languages and stories. Brittany, however, described the value of a role model, a strong Aboriginal woman whose teachings and stories came back to her as she began to do better, as particularly helpful.

In conclusion, this research found that the homeless young women

we interviewed had family backgrounds that included residential schools and child welfare contact and that they were hungry for cultural knowledge both for their own personal development and in order to teach their children. The process of colonization, by disempowering, is the source of historical trauma (McKenzie and Morrissette, 2003). Learning the interconnection of history and future, spirituality, and life course activated their resilience as Aboriginal peoples. While others have written about these dynamics, we showed its workings in the context of young Aboriginal women who have experienced homelessness. Storied identity remains important to Aboriginal youth; these young women's narratives were shortchanged by the experience of their parents and grandparents, which diminished and drove underground narratives of pride and identity, replacing them with shame and toxic narratives (Abadian, 2006). These young women do best in programs that emphasize narratives of pride and identity in reconnecting past, present, and future. Health promoting narratives must be reinforced in Aboriginal community-based prevention and healing programs. This requires ongoing funding support, and policy that accepts the value of such programs while, at the same time, acknowledging and addressing racism and systemic barriers.

The young women we interviewed hope for good futures connected to pasts they now are coming to understand — both for themselves and for their children. Melanie described how she "works for her daughter now." She strives to behave in ways that reflect what she wants her daughter to do and says she won't do what she doesn't want her daughter to do. She wants to become an example for her daughter and this includes pride in her identity as an Aboriginal woman. The stories of trauma and of health, which she never heard, are part of this process. During her last interview, Phoenix explained her intention to help in the recovery from intergenerational trauma:

> … my sister told me that it also comes from that both of our grandmas were in residential schools. And like they were far away from their family and so that was like what they grew up doing. And then they brought that on their kids and then ya know, the cycle goes on and on. — it has to stop here, and it does!

References

Abadian, S. (2006). Cultural healing: When renewal is reparative and when it is toxic. *Pimatisiwin: A Journal of Aborignal and Community Health, 4*(2), 6–27.

Adelson, N. (2005). The embodiment of inequity: Health disparities in Aboriginal Canada. *Canadian Journal of Public Health*, Mar/April, S45–S59.

Banister, E.M. and Begoray, D.L. (2006). A community approach for Aboriginal girls' sexual health education. *The Journal of the Canadian Academy of Child and Adolescent Psychiatry, 15*(4), 168–173.

Barman, J. (2005). Aboriginal women on the streets of Victoria: Rethinking transgressive sexuality during the colonial encounter. In K. Pickles (Ed.), *Contact Zones: Aboriginal and Settler Women in Canada's Colonial Past* (pp. 205–213). Vancouver: University of British Columbia Press.

Baskin, C. (2007). Aboriginal youth talk about structural determinants as the cause of their homelessness. *First Peoples Child & Family Review, 3*(3), 31–42.

Beaujot, R. and Kerr, D. (2007). *Emerging Youth Transition Patterns in Canada: A Discussion Paper.* Ottawa. www.policyresearch.gc.ca

Bent, K., Josephson, W., and Kelly, B. (2004). Effects of an Aboriginal cultural enhancement program on adolescent mothers self perceptions. *First People's Child and Family Review, 1*(1), 83–100.

Blackstock, C., Trocme, N., and Bennett, M. (2004). Child maltreatment investigations among Aboriginal and non-Aboriginal families in Canada. *Violence against Women, 10*(8), 901–916.

Brant Castellano, M. (2008). Reflections on identity and empowerment: Recurring themes in the discourse on and with Aboriginal youth. *Horizons, 10*(1), 7–12.

Brave Heart, M.Y.H. (1998). The return to the sacred path: Healing the historical trauma and historical unresolved grief response among the Lakota. *Smith College Studies in Social Work, 68*, 287–305.

Brave Heart, M.Y.H. (2004). The historical trauma response among natives and its relationship to substance abuse: A Lakota illustration. In E. Nebelkopf and M. Phillips (Eds.), *Healing and Mental Health for Native Americans: Speaking in Red* (pp. 7–18). Lanham, MD: AltaMira Press.

Browne, A.J., Fiske, J., and Thomas, G. (2007). *First Nations Women's Encounters with Mainstream Health Care Services and Systems.* Vancouver: British Columbia Centre of Excellence for Women's Health.

Canadian Broadcasting Corporation (CBC). *For survivors, the hurt comes back.* March 15, 1991.

Chandler, M.J. and Lalonde, C.E. (2008). Cultural continuity as a protective factor against suicide in First Nation youth. *Horizons, 10*(1), 68–72.

Dion Stout, M. and Kipling, G. (2003). *Aboriginal People, Resilience and the Residential School Legacy.* Ottawa: Aboriginal Healing Foundation.

Farris-Manning, C. and Zandstra, M. (2003). Children in care in Canada: Summary of current issues and trends and recommendations for future research. Unpublished manuscript.

Forsyth, J. (2005). After the fur trade: First Nations women in Canadian history, 1850–1950. *Atlantis, 29*(2), 1–12.

Garroutte, E.M., Goldberg, J., Beals, J., Herrell, R., Manson, S.M., and the AI-S UPERPFP Team (2003). Spirituality and attempted suicide among American Indians. *Social Science and Medicine, 56*(7), 1571–1579.

Gilchrist, L. (1995). Kapitipis-e-pimohteyahk: Aboriginal street youth in Vancouver, Winnipeg, and Montreal. PhD Dissertation, University of British Columbia.

Goldston, D.B., Molock, S.D., Whitbeck, L.B., Murakam, J.L., Zayas, L.H., and Hall, G.C.N. (2008) Cultural considerations in adolescent suicide prevention and psychosocial treatment. *American Psychologist, 63*(1), 14–31.

Hallett, D, Want, S.C., Chandler, M.J., Koopman, L.L., Flores, J.P., and Gehrke, E.C. (2007). Identity in flux: Ethnic self-identification, and school attrition in Canadian Aboriginal youth. *Journal of Applied Developmental Psychology, 29,* 62–75.

Harris, B., Russell, M., and Gockel, A. (2007). The impact of poverty on First Nations mothers attending a parenting program. *First People's Child and Family Review, 3*(3), 21–30.

Kirmayer, L., Brass, G.M., and Tait, C.L. (2000). The mental health of Aboriginal peoples: Transformations of identity and community. *Canadian Journal of Psychiatry, 45*(7), 607–16.

Kirmayer, L., Simpson, C., and Cargo, M. (2003). Healing traditions: Culture, community and mental health promotion with Canadian Aboriginal peoples. *Australasian Psychiatry, 11*(S.1), S15–S23.

LaBoucane-Benson, P., Ruttan, L., and Munro, B. (2009). *Keeping out of danger zones: Young women's use of assets in the transition from homelessness.* Unpublished manuscript.

LaFrance, J. (2003). The Sturgeon Lake community experience: A journey toward empowerment. *Pimatisiwin: A Journal of Aboriginal and Community Health, 1*(1), 115–144.

Lalonde, C., Chandler, M.J., Hallett, D., and Paul, D. (2001). A longitudinal study of identity formation processes in Native North American youth. Presented at

the *Society for Research in Child Development.* April 18-22. Minneapolis: MN. www.uvic.ca/psych/lalonde/native

Larkin, J., Flicker, S., Koleszar-Green, R., Mintz, S., Dagnino, M., and Mitchell, C. (2007). HIV risk, systemic inequities and Aboriginal youth: Widening the circle for HIV prevention programming. *Canadian Journal of Public Health, 98*(3), 179–182.

MacNeil, M.S. (2008). An epidemiologic study of Aboriginal adolescent risk in Canada: The meaning of suicide. *Journal of Child and Adolescent Psychiatric Nursing, 21*(1), 3–12.

Marshall, C. and Rossman, G.B. (1995). *Designing Qualitative Research,* 2nd Ed. Thousand Oaks, CA: Sage Publications.

McKenzie, B. and Morrisette, V. (2003). Social work practice and Canadians of Aboriginal background: Guidelines for respectful social work. *Envision: The Manitoba Journal of Child Welfare, 2*(1), 13–39.

Miller, J.R. (1996). *Shingwauk's Vision: A History of Native Residential Schools.* Toronto: University of Toronto Press.

Munro, B., LaBoucane-Benson, P., and Ruttan, L. (2007). Rethinking assets theory: Applicability to the survival of homeless youth. *International Journal of Interdisciplinary Social Science, 2*(3), 219–226.

Munro, B., Ruttan, L., LaBoucane-Benson, P., and Cardinal, P. (2008). "I still survived": Survival assets of homeless young women. Under review.

Novac, S., Luba, S., Eberle, M., and Brown, J. (2002). *On Her Own: Young Women and Homelessness in Canada.* Ottawa: Canadian Housing and Renewal Association.

Quinn, A. (2007). Reflections on intergenerational trauma: Healing as a critical intervention. *First Peoples Child and Family Review, 3*(4), 72–82.

Razack, S.H. (2002). Gendered racial violence and spatialized justice: The murder of Pamela George. In S.H. Razack (Ed.), *Race, Space and the Law: Unmapping a White Settler Society* (pp. 121–156). Toronto: Between the Lines.

Richardson, C. and Nelson, B. (2007). A change of residence: Government schools and foster homes as sites of forced Aboriginal assimilation — A paper designed to provoke thought and systemic change. *First People's Child and Family Review, 3*(2), 75–84.

Royal Commission on Aboriginal Peoples (1996). *Report of the Royal Commission on Aboriginal Peoples.* Ottawa: Royal Commission on Aboriginal Peoples.

Ruttan, L. (2005). *The Truth was in It: History, Perception, Knowledge, and Relationship*

in a Subarctic Community. PhD Thesis. University of Alberta.

Smith, D., Varcoe, C., and Edwards, N. (2005). Turning around the intergenerational impact of residential schools on Aboriginal People: Implications for health policy and practice. *Canadian Journal of Nursing Research 37*(4), 38–60.

Smylie, J. (2003). A guide for health professionals working with Aboriginal peoples: Cross cultural understanding. *Journal of the Society of Obstetrics and Gynaecology Canada, 22*(12), 1076–7.

Standing Senate Committee on Aboriginal Peoples. (2007). *Urban Aboriginal Youth: An Action Plan for Change.* Ottawa: Government of Canada.

Taefi, N. and Czapska, A. (2007). Girl homelessness in Canada. *Parity Magazine* Feb.

Wesley-Esquimaux, C.C. and Smolewski, M. (2004). *Historic Trauma and Aboriginal Healing.* Ottawa: The Aboriginal Healing Foundation.

Whitbeck, L.B., Adams, G.W., Hoyt, D.R., and Chen, X. (2004). Conceptualizing and measuring historical trauma among American Indian people. *American Journal of Community Psychology, 33*(3/4), 119–130.

Whitbeck, L.B., Hoyt, D.R., Stubben, J.D., and LaFramboise, T. (2001). Traditional culture and academic success among American Indian children in the upper Midwest. *Journal of American Indian Education, 40*(2), 48–60.