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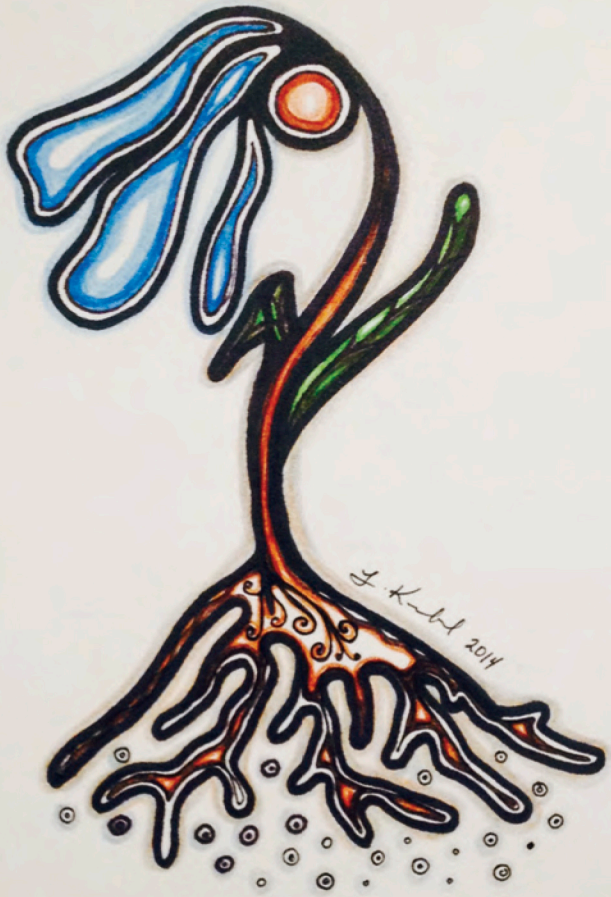
Inviting Hope



Inviting Hope

An Exposé on Suicide Among First Nations, Inuit and Métis Peoples

Chief Editor Kavita Kandhai

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Aboriginal Issues Press
2015

The information and perspectives presented in Inviting Hope: An Exposé on Suicide Among First Nations, Inuit and Métis Peoples are the sole opinions of the authors and not those of the funding agencies, University of Manitoba, Aboriginal Issues Press, its employees, editors, and volunteers. All profits from the sale of this book are used to support the refereed publication of Aboriginal scholarship and the Aboriginal Issues Press Scholarship Endowment Fund at the University of Manitoba.

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Front Cover Illustration Sâkipakâwi-pîsim - Leaf Budding Moon by Jaime Koebel
In the twilight of Grandmother moon, Sâkipakâwi-pîsim
draws strengths from being sensitive which heightens her
intuition. Being attuned to the world around him has given
him the ability to save the lives of others around her.

Cover Design and Text Layout by Karen Armstrong Design, Winnipeg
Printed in Canada by Hignell Printing Ltd., Winnipeg

Library and Archives Canada Cataloguing in Publication

Inviting hope : an exposé on suicide among First
Nations, Inuit and Métis peoples / edited by Kavita Kandhai.

Includes bibliographical references.
ISBN 978-1-928008-02-6 (pbk.)

1. Native peoples--Suicidal behavior--Canada. 2. Native
peoples--Mental health--Canada. 3. Native peoples--Canada--
Social conditions. I. Kandhai, Kavita, editor, author

E98.S9I58 2014 362.28089'97071 C2014-907151-5

Blazing Star - Misiwayatew Acâkos

Blazing Star's enduring qualities include the comfort of nourishment through basic needs such as vitamins and water. His ability to be nurturing makes her an often sought out character. Blazing Star has the wisdom that comes with being around a long long time and is one of the most powerful medicines that exist in the series. She is activated constantly but most importantly, when massive epidemics or contagious emotions or sickness arise, it is Misiwayatew Acâkos that relieves the pain and heartache that are experienced thy entire communities. Her duty to honour the strength he embodies is breath-taking and sometimes overwhelming but it is one that she must never let go of.

Despite *Inviting Hope: An Exposé on Suicide Among First Nations, Inuit and Métis Peoples* examining the very serious issue of Aboriginal Suicide and the factors it is entangled in, the Aboriginal culture is built on resiliency, courage, and is deeply rooted in spirituality of all things natural including the planet and the human spirit.

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Preface

Chapters in *Inviting Hope: An Exposé on Suicide Among First Nations, Inuit and Métis Peoples* are written to create awareness and inspire change; to better the social, health, and political conditions impacting Aboriginals. It is in no way a reflection of Aboriginal culture but instead a reflection of the how Canada has shaped Aboriginal culture. Fundamentally, Aboriginal culture is built on respect for all things living, love for their community, and a resiliency of spirit that is unfathomable.

While reading the content, it is important to use the skill of reflectivity. Reflectivity is the process of using self-reflection to assess your own biases, judgements, and learned predispositions of what has been given by the dominant culture as "accurate information". It is to be human to have been molded in thinking by what we have been exposed to but more importantly in order to continue to grow, one has to challenge those prejudices, examine their origin and unknow them. Unknowing is process that facilitates openness of the mind to receive new information as it is the first time, to hear, to see, or to analyse this information as if a newborn with a heightened skill set.

The Aboriginal culture strongly needs allies that stand with them in the face of social injustice and mobilizes a greater power vehicle to assist in making change for a more equitable and just Canada. Political and social activism is needed in forms of volunteering, speaking up, being conscious in voting and politics, and building awareness and mass cultural sensitivity. Cultural sensitivity is not to be confused with sympathy or pity. It is empathetic and respectful in nature and allows for the culture and people to live freely in adherence to life pathways of their choosing. For those practicing in health sectors, without awareness of issues impacting Aboriginal health and communication, building rapport and trust cannot be formed and therefore they will be a failing to meet their health needs. To prevent this, contextual understanding of concepts of suicide, systemic discrimination, and oppression are integral to the treatment and health promotion of Canadian Aboriginals.

There are some things in life that we must accept that we cannot change and proceed to learn to live with them, but Aboriginal injustice is not one. Aboriginals are not choosing suicide or are "naturally" suicidal but have been brow beaten into little or no alternatives. As a citizen of this globe, I believe no one should live in a diseased condition of choicelessness. Choicelessness is a contender to be greatest travesty of humankind, but that aside, it must be changed. We are all made of flesh, tears, bones, spirits, and love. Instead of examining how to lessen someone's worth based on differences it is imperative to learn to raise those individuals in the name of unification. In the end, we are all children, brothers, and sisters of the Earth and it is through this thinking that we will find respect, love, and peace within and for each other.

Super-Hero Plant Series

Jaime Koebel

The super-hero plants series presented in this book are both a physical reminder of the power to heal through a connection with the environment and a metaphor for the nature of human beings, their unique qualities and their circumstances. I chose a variety of personalities for the plants including those that are bold and colourful, and others which are meek and unassuming, with many other characteristics that fall in between.

The common thread in all of the plants is that each is uniquely powerful through their healing qualities. If used properly, the plants can be a source of good medicine. If used improperly, the plants are powerful enough to cause harm.

Although each plant is featured in a solo profile, when they are with other plants, their medicinal qualities change and can draw upon the strengths of the other plants to be more effective. Some of the plants featured must be used with other plants in certain remedies otherwise their medicine is too powerful and can do serious harm to others who share their environment. Other plants will die without the symbiotic relationship with other living organism in their community like fungus or moss.

The plants and their personalities speak not only to the physical demeanour of human qualities such as sorrow and sadness but also to beauty and strength. The environment of the plants is also very important in that it affects the quality of its growth in all conditions. However, no matter where the plant grows, there is a common element of resiliency; for generations these plants have existed and persevered through whatever challenges they encounter. Because of these qualities, the plants are presented as a source of inspiration to those suffering with depression or who are going through difficult times. My hope is that people will see themselves in one of these plants and identify with its physical qualities, medicinal qualities and special powers to heal.

I plan to further develop these plant characters by exploring the capacity of their super-hero powers in fictional narratives that can offer the opportunity to transfer Indigenous Traditional Knowledge of medicinal qualities from informed research. I hope that the narratives will pique the curiosity of those who want to know more about the Indigenous plants from Turtle Island and their traditional uses.

Dying to Get Away: Suicide among First Nations, Métis and Inuit Peoples

Alison Kiawenniserathe Benedict, MSW

Miyosiwin

The way Miyosiwin carries herself through challenging moments is a strength that has others in awe of his integrity and grace. Miyosiwin has the power to provide a cleansing of vision so that clarity has room to breathe. When Miyosiwin combines the power in his petals with an accompanied stash of steam kept in its leaves, that medicine helps to bulldoze its way to find that clarity. The tragic side to Miyosiwin's powers is that she can also see when a situation is dire and the agony of seeing clearly ecomes a lonely venture.

> Long before the discovery of Turtle Island, there was a time of great despair and unrest among the Haudenosaunee people. The people did not know how to live. They acted brutally, cruelly and warlike. It was at this dark time that the Peacemaker came. He taught the people how to live in peace and how to be kind and just. As he taught people how to live, he also put into place a system of government based on the principles of peace, founded upon a good mind; power, through equity and accountability; and righteousness, framed in justice and unity.

Within the individual, having a good mind was central to peace. A good mind is a peaceful mind, respectful and thankful of all life with thoughtfulness on the impact of behaviour or negative thoughts, free from jealousy and power over our wants. It is a mind able to reason and able to perfectly recall the ceremonial words stated for weeklong ceremonies.

Our ancestors provided the teachings for our good mind even before we were conceived. There were things that needed to be done and teachings about relationships in order to prepare for becoming parents. During pregnancy, the environment was supposed to be free of negativity or bad news. The woman was not supposed to help clean an animal and the man was not supposed to hunt. It was critical for the baby's development to have a positive environment filled with love and support.

In our traditional way, we never raised our voice to a child or ever put down a child; just kept them safe to explore and grow. Children were sacred gifts from the Creator entrusted into our care. If we were to break the spirit of the child, they would want to return to the peace of the spirit world where they were safe and loved. Everyone in the family had and still has a responsibility to be kind and loving throughout a child's life.

These teachings of unconditional love and creating a positive environment were replaced with death and trauma over the course of history. There were many waves of death from disease; smallpox, influenza, polio, tuberculosis, with more continuing into the present. Some communities were decimated by disease. At the same time, the fight began for the souls of those most vulnerable, replacing original teachings with original sin.

The loss and relocation from traditional lands to reservations and the mass killings of game animals created a dependency on non-traditional foods and eventually on government handouts (Royal Commission on Aboriginal People, 1995). Currently, pollution has created additional harm to both the ability to eat traditional foods as well as increases in illness associated with environmental toxins and unsafe living conditions (Reading, 2009).

Introduction

Suicide rates in First Nations, Métis and Inuit communities are higher than among the general population in Canada. The Inuit community has the highest rate among all three groups, six to eleven times higher than the national rate, one of the highest in the world (Health Canada, 2013). The rate for First Nations is two to three times higher as the national rate. Suicide and self-inflicted injuries are the leading cause of death among First Nations people under age 44. Métis rates are about twice as high as the national rate (Health Canada, 2013).

Clearly, many First Nations, Inuit and Métis people are dying to get away. What could be so horrible that so many people would kill themselves in order to do so? What can be done to change this course? This chapter attempts to address these questions by bridging research and lived experience.

Before I begin my personal story, I would like to say that it is mine. I cannot speak to the stories or experiences of all First Nations, Inuit, Métis or Indigenous people living on Turtle Island (North America). I can only share what is mine to share; those stories which coincide with my own, either through our shared loss or my involvement in their life journey. I will do my best to share only what is mine and not to identify what is theirs to share. Some of the examples are drawn from several so that no identifying information is given.

My Story

> *The first 15 years of my life were spent in the suburbs, going to schools that I loved and where I was encouraged by my teachers. Blending into the mainstream, I never realized this was a privilege until we*

moved "home" to the reservation. My first experience of racism occurred on the first day of school. The white vice-principal took me into his office, told me that I would not make it there and what my place was as a Mohawk person. Then, as I ventured out of his office, I found myself being called an "apple" by Mohawk students and threatened due to my lack of cultural knowledge and perceived lack of suffering. Things went downhill from there as I learned about racism, sexism, oppression and homophobia.

One of my first observations of living on the rez was that there was no safe place. For many, home, school and the community at large were not safe. In homes, there was sexual abuse, family violence, physical and emotional abuse or unavailable parents. In school, there was racism, bullying, sexual violence and substance abuse. In the community, there was racism, sexism, homophobia, sexual predators, lateral violence, police brutality and media distortion.

Every aspect of relationships appeared to be impacted, such as friendships and dating. Apathy and pessimism seemed normal. Powerlessness erupted into lateral violence, bullying and oppression. At that time, violence and substance abuse took place in parking lots and on street corners. Friends and enemies often had very similar characteristics. Closeness with either sex brought on the label of whore or lesbian, often at the same time. It seemed that friendship and dating were socially unacceptable. I was taken to a place that I had no idea existed and began to think that killing myself was the only way to escape from this nightmare.

Instead, I began to fight and to listen. Along the way, I immersed myself in the culture and history of my people in order to understand why. This helped me become more compassionate and empathetic during all of the crises that rocked my community every few years.

My first experience with suicide happened in Akwesasne, shortly after we moved "home". Attending a funeral for a cousin I had never met sent shockwaves through me and left me with so many questions. It felt like such a failure, like humanity failed him. Looking back, it was the start of what would be way too many funerals and long nights trying to talk someone into staying alive.

Every tear brought clarity about how our spirits are broken. Every story shared taught about our collective heartbreak. Every incident revealed more about what we are trying to escape from.

Taking the Spirit

Traumatic experiences have been part of the history of contact from the very beginning. According to a report on Historic Trauma and Aboriginal Healing (Wesley-Esquimaux & Smolewski, 2004), epidemics decimated Indigenous populations across the continent. Ongoing cycles every 7-14 years, continued to kill huge numbers of people with babies and Elders being hit hardest. Some estimates range as high as 95% of the Indigenous population was annihilated due to illness.

Those that survived the epidemics dealt with the impacts of colonization: displacement/forced relocations, starvation due to the mass killing of game animals and the burning of food stores, war and assimilation policies. As a result, the Indigenous population remained low well into the 20th century.

The British North America Act of 1867 was the first piece of legislature that aimed directly at assimilating the First Peoples of Canada. All First Nations peoples and their lands became a federal responsibility (Milloy, 2008). The Indian Act of 1876, ended First Nations self-government giving the federal government guardianship over all Indian affairs. The Indian Department and the Indian agent gained control of all aspects of First Nations Peoples' lives including the ability of First Nations peoples to move freely, practice cultural traditions and deciding who was and was not a member of a First Nation (Aboriginal Affairs and Northern Development Canada, 2012). It also undermined the traditional roles of men, women and the clan system by institutionalizing patriarchy and through the removal of traditional names. This Act was instrumental in laying the foundation for the residential school era.

> "It is readily acknowledged that Indian children lose their natural resistance to illness by habituating so closely in the residential schools and that they die at a much higher rate than in their villages. But this does not justify a change in the policy of

> this Department which is geared towards a final solution of our Indian Problem."
>
> Duncan Campbell Scott, Deputy Minister of Indian Affairs
> 1913-1932

For over 150 years, First Nations, Métis and Inuit children were removed from their parents care and institutionalized in residential schools. They were abused, bullied and told not to feel; told not to be. Many did not survive. In some schools, the death rates were as high as 75% (Milloy, 1999). The last residential school was closed in 1996.

Those that survived became numb or began to self-medicate to numb the pain. A large proportion did not know kind words, because they had not heard them. They did not know unconditional love because they never felt it and many did not know how to parent because they were institutionalized, indoctrinated and unwanted. For many, the silence still remains so tightly inside that their own children do not even know that they attended residential school. All their children know is that there is something there, something hard and distant; something that teaches them, "don't feel, don't cry, don't speak".

In addition, the Inuit people faced the loss of their way of life through the loss of their sled dogs. According to a brief called, The Slaughtering of Nunavik Qimmiit submitted to federal and provincial governments by the Makivik Corporation, thousands of Inuit sled dogs were slaughtered from the 1950s to the mid-1970s. This was extremely traumatic to the Inuit people and to their way of life as noted in the film, The Echo of the Last Howl. The Inuit people relied on sled dogs for their very existence and formed a close bond with their dogs. The death of the dogs moved people away from their traditional lands into government settlements, where they became dependent on government handouts and education in the form of residential schools.

Breaking the Spirit

The Adverse Childhood Experiences (ACE) Study examined the impact of adverse childhood experiences on a range of risk factors leading to the cause of death in adults (Felitti, Anda, Nordenberg, et al, 1998). The researchers found that there was a "strong and cumulative" impact between

adverse childhood experiences and diseases or conditions, such as heart disease, cancer, chronic lung disease, skeletal fractures and liver disease. As the number of ACE factors increased, so did the risks of smoking, severe obesity, physical inactivity, depression and suicide attempts. Given the history described above, it is not surprising that the rates of illness and suicide among Aboriginal people correspond to those identified in the ACE study.

The Lehigh Longitudinal Study began in the early 1970s with children in the care of child welfare agencies. The participants were monitored over the course of 30 years. It was found that children who experienced abuse had higher rates of mental illness, substance abuse and suicide than those without experiences of abuse and neglect. Aboriginal children who attended the residential schools experienced high rates of abuse and neglect. As the residential school era came to a close, the 60's scoop began. Large amounts of Aboriginal children were removed from their families and adopted or placed with non-Aboriginal families. This removal continues today. Currently, Aboriginal children are five times more likely to end up in the care of the child welfare system for neglect due to poverty than non-Aboriginal children. Furthermore, Aboriginal children are most likely to receive the most intensive intervention, removal from their families and placement into the care of child welfare agencies. There are more than three times the children in "care" today, than at the height of the residential school era (National Collaborating Centre for Aboriginal Health, 2010).

Both of these studies, in addition to work in the area of post-traumatic stress, help to provide a context for the higher rates of suicide among Aboriginal people and the far reaching consequences of the historical losses from disease, displacement, residential schools, and the mass removal of Aboriginal children into "care".

There are a number of studies which speak to the impact of traumatic experiences on the brain. The U.S. Department of Health and Human Services issued a brief on the impact of maltreatment on brain development. Some of the findings were differences in brain size due to maltreatment, brain responses that were hardwired for coping with a negative environment and altered brain chemistry (U.S. Department of Health and Human Services, 2009).

According to Harvard University's Center on the Developing Child, the impact of adverse childhood experiences directly impacts the development of brain architecture, which has a detrimental impact on executive function, self-regulation, and health. School success and the ability to work are also negatively impacted. For example, mislabelled behaviour can lead to expulsions from school or inappropriate medication prescriptions. Not understanding or addressing the underlying causes continues into adulthood and throughout parenting. Thus, there is a need for interventions that focus on executive function and self-regulation throughout the life cycle (Harvard University: Center on the Developing Child, n.d.).

Social rejection is another accumulating factor. Social rejection registers in the body the same way that physical pain does. It increases negative feelings, aggression and poor impulse control (Weir, 2012). Chronic rejection can lead to depression, substance abuse and suicide. Social rejection explains the higher rates of suicide among the transgender population. A national study of American Indian and Alaska Native transgendered people found that they face discrimination in all aspects of their lives. 86% experienced harassment and bullying at school with 56% experiencing physical assault and 21% experiencing sexual assault. Rates of unemployment were twice as high as the general population with 65% being harassed at work. 39% reported that they were refused housing and 34% were refused medical care. Sadly, 56% of the respondents had attempted suicide (National Center for Transgender Equality, 2010).

Although, the suicide rates among Aboriginal two-spirit population is not specifically known, two spirit people are more likely to experience assault and racism than either the general Aboriginal population or the mainstream lesbian, gay, bisexual, transgendered, queer, questioning, intersex population (National Aboriginal Health Organization, 2012).

Aboriginal people in Canada currently experience discrimination, albeit not to the extent of the transgendered or gender non-conforming population. Many reports speak to the racism experienced in the education system, the criminal justice system, the child welfare system, housing and employment (Best Start Resource Centre, 2012). Structural racism takes the form of inequitable funding in education and child welfare with a

lack of access to clean water and adequate housing. Poverty, mental health issues and addictions are some of the outcomes of these layers of social rejection with suicide being the final means for escape.

Recreating the Trauma

Further complicating the issue is the compulsion to repeat or recreate the trauma. There are numerous studies which discuss this phenomenon with various explanations for this occurrence. Freud believed it was a compulsion to master the trauma. Reiker & Carmen believed that it is the compelling need to maintain an illusion of control or a reconstruction of vulnerability (1986). Van der Kolk et al., believed it was connected to the brain response and the hyperarousal associated with addictive behaviours based on re-exposure to victimization of self or others. They found that the endogenous opioid system was triggered in both the initial trauma and rereleased when the trauma was re-created, furthermore, that there was actually a physical draw or need for the body to re-release these chemicals in the brain.

Over time, adverse childhood experiences and the compulsion to recreate or repeat the trauma became the norm in many communities. Aboriginal people experience rates of violent victimization at rates more than three times higher than non-Aboriginal people (Brzozowski, Taylor-Butts & Johnson, 2006). According to the same report, over 20% of Aboriginal people reported experiencing domestic violence, which included physical and sexual assault. Not mentioned, in the report, there was the vast number of children who witnessed these violent acts.

> "The immediacy of the stress and the pain of physical, emotional, or sexual abuse or witnessing domestic violence are experiences not easily escaped by children and adolescents, which make suicide appear to be the only solution"
>
> (Dube, Anda & Felitti, et al. 2001)

The statistics for Aboriginal youth crime are even more telling. Aboriginal youth were accused of committing homicides 11 times more frequently than their non-Aboriginal peers, but, were also at highest risk of violent victimization. Aboriginal youth between 15 and 34 were 2 ½ times more likely to be victimized (Brzozowski, et al., 2006).

Rates of substance abuse are substantially higher in First Nations and Inuit communities. According to the First Nations Regional Health Survey, over half, 57% of First Nations people smoke cigarettes with 26% smoking cannabis. Although the rates of First Nations people who abstain from drinking alcohol (35%) is lower than the Canadian rate, those that do drink alcohol are more likely to be binge drinkers (Regional Health Survey, 2008/10), having more than 5 drinks on one occasion. Prescription drug abuse is an epidemic according to many First Nations leaders. So much so, that the Chiefs of Ontario developed a prescription drug strategy to help First Nations communities deal the prescription drug misuse (Chiefs of Ontario, 2010). The most commonly abused or misused prescription drugs are opioids, central nervous system depressants and stimulants (Best Start Resource Centre, 2013). Unfortunately, given the impact of trauma on brain chemistry, it is not surprising that these particular drugs are the most misused.

The Spirit of the Generations

Internalized oppression is not only viewing ourselves through the lens of the oppressor, but believing that view to be true. It encompasses the self-hate that resulted from policies and legislation designed to eliminate the "Indian" problem. Assimilating into mainstream culture and religion are ways that people have distanced themselves from their "Indian" ways. Western devaluing spiritual beliefs systems into myth and story further suppress this "undesirable" identity. Using Aboriginal people as caricatures through team mascots, street names, cars and other merchandise dehumanizes Aboriginal people thus removing any moral consideration allowing for oppression, marginalization and racism. Assimilation does not prevent racism. Without self-knowledge and identity as strengths, there is no option but to accept the hate. At the same time, those that have not been able to endure, kill themselves, leaving in their wake a model for others to follow on how to get away.

Gordon Sinclair recently wrote an article about the number of Native youth suicides in the Winnipeg Free Press on August 8, 2013. According to the article, there were 154 deaths of youth by suicide between 2003 and 2012. Over half occurred on reserve. At the end of the article, he quoted an article that he had written 25 years ago, which speaks to

internalized oppression. Unfortunately, it still rings true today and now girls are hanging themselves as much as boys.

> "In the 100 years since Louis Riel was executed while fighting for native self-determination and native self-respect, Canada has come a long way. We don't hang native men anymore. Now 11-year-old native boys hang themselves."
>
> Gordon Sinclair

James Garbarino's work provides a framework for looking at how communities became toxic social environments due to chronic trauma and systemic racism. At the core, he believes, is the loss of spiritual meaning or place in the universe. The residential schools were designed with the goal of eradicating the spirit of the "Indian". In doing so, little remains of Aboriginal pride and identity. What does remain is continually tested by racism and lateral violence.

Another aspect of social toxicity is our inability to recognize our role in it. When there is no gauge for what a healthy community or family looks like, how do we know what we are aiming for? As so eloquently stated by Garbarino (2008), "It is said that comparison is essential for understanding. Assuming a fish could describe anything, how could a fish describe water if it had not known air?" We are so enmeshed in the way it is, that we no longer see what can be. Change brings fear regardless of how painful complacency is.

> *In university, I was taught that hopelessness plus helplessness is the formula for suicide. Looking back, I could see that this was true. It was like people were trying so hard to get away from the pain that they would do whatever it took to numb it through substance abuse/use and eventually death by suicide or "accident". Over and over people in the community say, "Nothing is ever going to change". This is the mantra of helplessness and hopelessness.*

As a result of these cumulative effects, Aboriginal people, particularly youth have the highest rates of suicide in Canada. The age group at highest risk is 14-24 with suicide dropping to below national rates after age seventy (Kirmayer, Brass & Holton, et al. 2007). There are some First Nations communities that have rates up to 11 times the national rate, yet some First Nations communities do not experience any suicides

(Chandler & Lalonde, 2008). Overall, the rate for First Nations is twice to three times higher than the national average. The Inuit population has one of the highest rates in the world, six to eleven times the general Canadian rate (Kirmayer, et al., 2007).

> *My peers told me about being abused, bullied and told not to feel; told not to be. Some experienced tragedy after tragedy, alone, without comfort. While others, were exploited, used and ashamed of what had been done to them, of what they had done or wanted to do: a girl who was gang raped and ostracized as a whore; a young man who was raped as a boy and struggled with his sexual identity being bullied and beaten not just by people in the community, but by his own family; a child finding the body of her parent hanging in the garage. Where does one find hope and power in the wake of so much pain, given that everyone says nothing is ever going to change?*

Clusters and Contagion

According to the Centre for Suicide Prevention, a contagion is when a suicide death is followed by more deaths by suicide. A cluster is when there are lots of suicide attempts and/or completed deaths by suicide in a close time frame or geographic proximity of the original death by suicide (2011). Given the accumulated factors identified, it is not surprising that the rates of contagion and clusters are higher in Aboriginal communities.

The CBC recently reported that suicide contagion hit First Nations communities harder than mainstream communities. After the death of two youth in one week, a state of emergency was called by the First Nation community where the suicides took place (CBC, 2013). Throughout Ontario, there have been suicide clusters in many First Nations communities. Not included in the reports are deaths that are not clearly identified as suicide, such as reckless behaviour that leads to death or what may appear to be accidental overdoses.

Communities can address suicide clusters or contagions by honouring and celebrating the living. Parents and leaders attending and participating in school and sporting events show children and youth their value. Celebrating effort, cooperation, ethical behaviour and participation over winning, help create a strong community spirit. To only honour and

celebrate those that have taken their lives by suicide, teaches youth what they need to do in order to be recognized. Sadly for some, their death was the only positive recognition they received during their short lives.

Social media can be an additional risk factor given that young people can share suicidal ideation or the loss of a friend or relative immediately. The news can be received at a time when there is no support available to help with the grieving process and the shock. Social media can also be a way to provide help and/or information to prevent deaths by suicide.

The obituary and media should not state how the person died in order to prevent contagion. Information on where to get help or helpline phone numbers should be posted throughout the community and accessible 24 hours a day. Program staff can provide in-school support and support at the wake if the family is open to it.

Grief: A Constant Intruder, A Constant Reminder

In the Hiawatha Belt of the Haudenosaunee Confederacy, there is a sea of purple. In the midst of the purple is the white outline of the Tree of Peace and boxes representing the Brotherhood of the Five Nations. The purple represents grief, pain and strife. It is said that without each other, these challenges would break us. In Haudenosaunee culture, there is a grieving ceremony for symbolically wiping away the tears, so that the one grieving may see things clearly, cleaning the ears, so that the one grieving may hear good words and wiping the mouth so that only kind words are spoken.

Among all types of death, death by suicide is the most traumatic for grieving loved ones. There are a huge range of feelings: guilt, anger, sadness, shock and despair. People often reflect on what they could have done or should have known. There may be anger and blame.

In Aboriginal communities, it is the young who are at highest risk of taking their own lives. Their suicides not only impact their families, but their peer group as well. Because of the high risk of contagion or cluster suicides, there may be waves of grief and little time to recover between them. The grief can wear people down including all of the helpers, leaving no one who can comfort or support. The grief can be overwhelming causing some people not to pay attention, getting into accidents, breaking

things or bumping into things that cause bruises. Oftentimes, they cannot even recall how they incurred the bruise.

Sometimes, it is hard for people to let go of the grief, especially when a loved one has died by suicide. It is all that is left to hold on to, to keep the spirit of the person close by. Some people can be afraid to be happy, to let go, lest they forget and move on.

Healing ceremonies and feasts which focus on tending to the spirit of the family and friends affected by the loss can be helpful. It is also helpful to focus more on how the person lived rather than on how the person died.

Individual, family and group counselling should be available for those who need support in their grief. Helpers may also need time and support to cope with the loss. Reflective supervision and time to grieve are important to support helpers through the loss.

Lifting the Spirit

Helping from an Aboriginal perspective is different in many ways. There is no word that I know of for one who is seeking help, like patient or client. Whether the person recognizes their need for help or another recognizes that they need help, we are just like everyone else on a lifelong learning journey. A helper is seen as having special gifts or knowledge that supports the restoration to the true being. Every nation has their original instructions on medicines and ways of being that are connected to their place in Creation. These original instructions provide the foundation for the restoration of people to our original spirit. For that reason, the helping relationship is inherently spiritual in its essence. It includes both the helper and one seeking help moving along in their healing journeys. Celebrating the sacredness and value of each person is critical to raising the spirit.

> *As a youth, when I sensed that someone was thinking about suicide, I stayed with them until the intense feelings of hopelessness and despair passed. No matter what, I wouldn't leave until I was sure. There were lots of long nights and little things given to keep them grounded. It was usually something I made that they could hold, when it didn't seem like there was anything else to hold onto. It helped me to leave something tangible behind, like I gave them my hope and believed in their worth.*

The initial meeting can be one of the most vulnerable and terrifying times in a person's life. Often people are afraid of opening a wound so deep that they believe they will never be able to recover from it or ever be able to function again. They are afraid that once the tears come, they will never stop crying.

> *Tears are our rain. Sometimes, the rain gently flows. Sometimes, the storm is violent and loud. When the sun comes out afterwards the earth looks lush and radiant, everything grows bigger, stronger and more beautiful. It is like the earth has been restored or made new again. Like us, after our tears.*

Recognizing all the reasons why people do not seek help or show up for appointments validates lived experience. Be thankful when people come to appointments that they are alive and valued this time with you enough to come. Believing in the inherent value, sacredness and goodness of people provides the foundation for true healing. It is one of the main teachings of Peacemaker in his restoration and healing of Todadaho.

Creating a safe place provides the foundation for all healing work. Grounding people in the present is the first and most important tool. It is their one true place of power. Whenever a person begins to feel overwhelmed, they can come back to the present and make decisions based on their current need. The past can be revisited to help understand current issues and behaviours or not. The work is driven by the individual and tools are provided by the helper. In a culture without clocks or calendars, where patience comes from understanding that things happen when they are meant to and reflection is geared toward understanding meaning, life is lived in the moment. What exists as life is not thought of in terms of time, but in terms of meaningful existence.

Ceremony not only provides a foundation for a present focus which engages all senses, it benefits both healer and the person seeking healing. Smudging and burning tobacco can provide meaning, connection and grounding.

Meaning is looking within to reflect on what has been learned about oneself - strengths, abilities and special gifts. It also speaks to learning on how to cope with situations that challenge us to grow and learn. People

often ask, "why me?" as they search for understanding or meaning. The question can be looked at differently. What have I learned about myself, another person, or this situation? How have I grown? What do I know now about myself that I didn't know before?

> *There is a point where despair is at its deepest and fullest; the worst of the storm. This point will pass, but may come in wave after wave in one's lifetime. The immediate goal is to make the waves smaller, less powerful, less deadly and to stay through the worst.*

When people are disconnected or dissociated, emotion is not connected to what is being shared. Behaviour is entrenched in childhood programming and triggered responses. Traditional medicines and ceremonies help reconnect us through the engagement of all of our senses and help ground us into the moment. In addition, schema therapy provides a framework for understanding irrational behaviour and creating new response pathways in the brain. The brain has an incredible capacity for healing, restoration and resilience. Positive or negative experiences can impact the microstructure and biochemistry of the brain providing cognitive or social responses (Cicchetti & Blender, 2006).

Another aspect of ceremony is recognizing the ancestors and Creator for spiritual guidance and help. If the trust is great enough, the person may share who their spiritual helpers are. This takes courage since there is a fear of being diagnosed with a mental health issue. Learning from Elders or traditional teachers is critical to learning the difference between spirituality and mental illness. It also helps reconnect people with teachings that can help them in their healing journey.

There have been legislation and policies which prevented or banned people from engaging in traditional ceremony or sharing traditional knowledge. This has not stopped people from having traditional spiritual experiences - the blood remembers. It has prevented people from having a context and awareness of what these experiences mean. People may be afraid of what is happening or what they are seeing. Without having a connection to traditional teachers or teachings, people have often told me that they feel like they are "going crazy" or they are frightened by their experiences. This is another reason why it is important to include traditional teachers or Elders in healing programs.

> *People will often say, "This is the first time I have ever told anyone". There are many reasons for silence; shame and fear are just two. Sometimes, the simple act of stating something makes it real and irrevocable. Recognizing the depths and strength required for someone to share and leaving the space available for them to do so is important. It requires the patience to sit quietly and wait.*

In addition to culturally based healing, there are several Western healing modalities that are particularly helpful. Brief solution focused therapy, cognitive behavioural therapy, schema therapy, Emotional Freedom Technique (EFT) and group therapy. Brief solution focused therapy is useful because it helps people identify immediate needs and begin to address them, basically giving people hope. Cognitive behavioural therapy provides the foundation for the behaviour change identified. EFT is an effective tool for helping people move through their traumatic experiences, emotional triggers and residual counterproductive beliefs and actions. The tapping sequence can interrupt escalation and produce a feeling of calmness. Eye Movement Desensitization and Reprocessing (EMDR) is another effective method for treating trauma and other issues related to trauma. Group work is also helpful due to the mirroring effect of empathy. As a person empathizes with another person, they begin to empathize with themselves as they see themselves reflected in the other person who was not to blame for what happened and who is a whole, valuable, resilient, beautiful person.

The Sweat Lodge can be an incredibly healing experience. The Lodge symbolizes the womb of mother earth. It is a warm, safe place. People who have experienced adverse childhood experiences sometimes feel like damaged goods or that they will never be whole again. The Sweat Lodge helps through the healing water of sweat and tears with a symbolic rebirth upon leaving the Lodge. That is why it is important to work with a Lodge Keeper to ensure that every person is safe and that the ceremony focuses on restoration, rebirth and healing. Notice how the Lodge Keeper takes care of, teaches and sustains those in his or her care. True Elders or traditional healers often have the gentlest ways of being and are very humble, seldom referring to themselves as Elders.

Protecting the Spirit of the Helper

Listening to the horrors of people's traumatic experiences is hard. Sometimes, especially in smaller remote communities, it can be endless with people requiring help 24/7 and few people or services to help. Some of the stories can traumatize the helper or be so frequent that the lens of the helper becomes tainted by the dark side of human experience. The healing journey and spirit of the helper is just as important as that of the one seeking help.

In order to help in a good way with a good mind, helpers need to be cared for and care for ourselves. Boundaries and safety measures need to be in place. Providing clinical counseling/supervision and reflective supervision helps to prevent burnout, compassion fatigue and vicarious trauma. Time away from work to grieve or self-care days can provide a needed break for helpers to recharge and renew.

Team meetings and reflective supervision are very important for helping individuals process all aspects of care. Creating a healthy, welcoming and inclusive office environment free of lateral violence and the exploitation and exhaustion of workers is also essential. The work is demanding enough without the added stress of unhealthy and unwelcoming organizations.

Restoring the Spirit of the Community

Both traditional teachings and research tell us that a positive and supportive family and community are essential for healthy brain development and healthy people. This health begins prior to pregnancy. The community needs to look back into the disruption of traditional culture, history and teachings. Then, strategically begin to heal and restore each part. This is important due to the self-hate and internalized oppression that occurred with systemic racism and spiritual indoctrination. Every person has a role and responsibility in creating a healthy community.

In the manual, "What is Working, What is Hopeful: Supporting Community- Based Suicide Prevention Strategies within Indigenous Communities", the focus is on helping communities to think strategically to prevent or reduce suicide. This resource manual provides many examples of success stories pertaining to Aboriginal youth suicide prevention strategies. The framework developed to address this issue is called

CURE, which stands for community, understand, respond and evaluate. It is explained throughout the manual. One of the key components to this framework is identifying values that will guide the work. Some examples are cited in the manual.

People often talk about the Golden Rule, usually referring to a violent client. It basically states, "Do unto others as you would have others do unto you." It is often cited as a catch all phrase for helping people learn to do the "right" thing. People rarely think about it as a gage for the lived experience. For example, a child who has never known safety or has suffered incredible abuse may have a different Golden Rule, than someone who has always been safe and loved. Someone who was taught to hurt someone before they get hurt may have a very different Golden Rule, than someone who was taught to be kind.

It is not only important to state what one's values are, but most importantly to identify ways to *live* them. Given the context of adverse childhood experiences and the emotional triggers and negative conditioning related to them, the challenge is looking at how values are lived and experienced. In my own community, we talk in great length about having a good mind, defining it collectively and being proud of our culture. Yet, sometimes cheating, unethical behaviour and lateral violence are socially acceptable. This happens throughout society, not just in First Nations. Sometimes, there is a disconnection between what is said and what is done. This is a direct result of trauma, both historical and current. This disconnection is a challenge and hindrance to movement through the stages of restoration toward healing.

A lifespan approach encompasses preconception to death and includes all aspects that can impact a person's life and life outcomes from physical health, environmental health, spiritual health, mental health and different abilities. Each aspect can contribute to building the spirit or breaking the spirit. There is a tremendous opportunity to build the spirit throughout the lifespan through work with children and families to learn about healthy relationships, positive communication and caring. Communities need to support and strengthen families throughout the lifespan to ensure that children do not have any adverse childhood experiences and remain out of the care of the child welfare system.

School based programs are one way to address lifespan issues. Every child goes to school, some as early as three years old. There is an opportunity to instil pride, self-regulation, coping skills, behaviour management, communication skills, healthy relationships, physical health, empathy and age appropriate skills throughout their entire academic career. Mental health in schools and inclusive teaching practices must be concretely entrenched and nurtured as a regular part of the curriculum and taken as seriously as math, reading and science (Sefa Dei, James, James-Wilson, Karumanchery & Zine, 2001). There are evidenced based programs that focus in some of these program areas, such as the 4th R (Crooks, Scott, Ellis & Wolfe, 2011) and the work of Dei, Zine, James-Wilson, Karumanchery, James on inclusive schooling.

Peer support programs, such as Natural Helpers have been successful in lowering suicide rates among Native American youth (Serna, 2011). The youth identify who they would go to for help if they were in crisis. The ones they select are the natural helpers. The natural helpers are given training to help them ask about suicide and refer their peers for help.

There are also a number of evidence based parenting programs which begin during pregnancy through to age 18 that specifically address mental health, substance abuse and improve protective factors. Some are school based. Some have been evaluated among American Indian and Alaska Native populations.

Not only is it important to utilize evidenced based and culture based programs. It is important to implement them with fidelity to ensure that the desired results are obtained. Implementation science provides is a step-by-step framework for ensuring successful outcomes (Fixen, Naoom, Blase, Friedman & Wallace, 2005).

As individuals begin to question their own values and ground themselves in values that are beneficial to themselves and their community, they bring their community with them. They become the change they seek in their community. Leadership, organizational policy and law mirrors where the community is at in terms of health and wellness. According to the Tipping Point by Malcolm Gladwell (2002), it only takes 10% of the population to turn the tide. The tide can be a more inclusive, happy and healthy individual, community or society depending on the goal.

Creating a Socially Healthy Environment

The majority of Aboriginal people now live off-reserve. Inclusion in all aspects of community, public buildings, art projects and history is an intrinsic aspect of valuing Aboriginal culture and people. Often municipal buildings and spaces do not include the history of the first people's of the local area. Books used in schools often do not include an accurate history, current information or highlight the strengths of First Nations, Inuit and Métis peoples. Space and place for all Aboriginal people for equal participation in communities weaves an inclusive vision and provides connection, thus removing the barrier to dehumanization. Inclusion of all people belonging to a First Nation community to participate fully in all political processes and with equal rights and access regardless of where they live is beneficial for everyone. Those living off reserve benefit from having voice and cultural connections and those living on reserve benefit from having resources that people in larger communities have. Involving children and youth in all community decisions makes it paramount for instilling value, pride and hope. Operationalizing values and entrenching ethics in every aspect of the community provides a foundation for bridging values with behaviours.

Societal Strategies

As a society, it is critical to eliminate racism, sexism and homophobia in order to address the social rejection that leads people to pain. Both the mainstream population and those that are looking for their roots need to know the true history of First Nations, Inuit and Métis people and begin to understand the complexity and diversity of the many cultures, experiences and historical relationships. This can be done throughout the education system, mass media and through new immigrant orientation. Cultural competence and safety in publically funded systems: justice, education, housing and employment are critical for the people engaging with First Nations, Inuit and Métis communities. Aboriginal oversight committees can be formed to address institutional racism in police forces, schools and government agencies. Organizations can implement human resource policies that require a mirroring of the people or of the community being served in order to ensure a diverse workforce. Provide healthy relationship skills and parenting programs in all schools from

kindergarten to high school to ensure that bullying, racism, sexism, violence and homophobia are eliminated. Implement programs which connect diverse groups of people to learn about one another and foster friendships. Mass media can reflect the diversity of Canadian society interacting as people, not as stereotypes.

Conclusion

The strength of our nation resides in the strength of our people. Suicide in First Nations, Inuit and Métis communities cannot be looked at as an aberration, but as an accumulation. It cannot be broached as a single issue, but a final destination on the pain continuum. It will take individual, community and societal strategies in order to address the myriad of factors which lead First Nations, Inuit and Métis people dying to get away.

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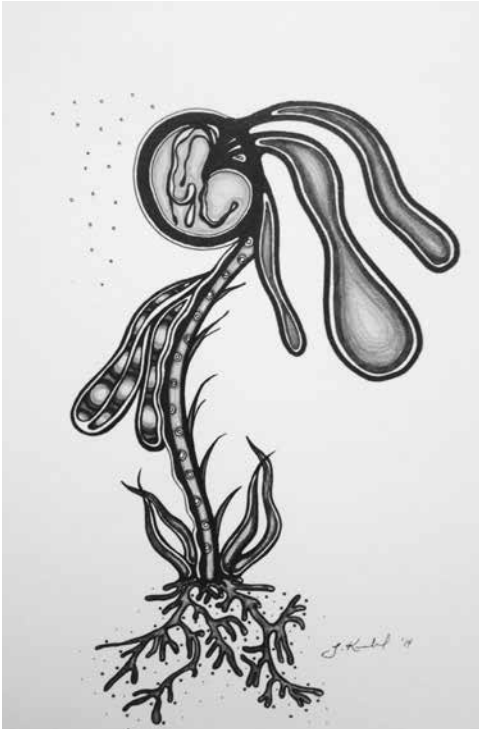
Drinking from a Lagoon of Pain and Sorrow: Aboriginal Mental Health and Suicide in Canada

Kavita Kandhai, Marcel Anthonypillai, Miriam Thomson and Jocelyn Langlois



Sâkipakâw – Abloom

With the power to imagine growth through the budding process that it is perpetually experiencing, its strength is to clearly see the potential in what the future can hold. Unfortunately, Sâkipakâw can get overwhelmed with the idea of moving on to the next stage and can sometimes suffer from anxiety at the thought of the process before the transformation.

Exercises of Empathy Awareness and Learning Emotional Intelligence from Phenomenology

From the time you are born in the 1970s, you are aware that others see you as lesser than those around you. The legacy of your people and culture is treated as a sin and the only world you know considers you a hindrance to a nation – "an Indian problem" they must overcome. To teach that you are worthless, they rip you from the love of your parents and send you to a place of torment – a school that teaches only debauchery through committing debauchery. They beat you and rape you repeatedly until it is worthless to scream in protest any longer. The only escape is into a world of numbness, and to survive, you must lock away remembering what love was really like. The anger of injustice bubbles inside with nowhere to go but inward, you question the purpose of existence because the only existence you know creates your carnal suffering. They set you free in 1980 but the world outside has not changed. Your parents are broken from loss of their children, from disease and from powerlessness. The shame of not being able to protect his family causes your father to commit suicide and your mother is left to work to pay for a small space in a house that is corrupted with the hatred of what has occurred. She is broken by loss of her culture, loss of her pride, and loss of her husband and her children. All around things are falling apart. There is no sanitation, no food, no money, and you are crippled by the pain of it all. You desire more numbness and turn to substances to forget the nightmares of your reality. One day you have a child; and you are angry because that is all you have been taught to feel. You finally have some sort of power over someone and beat the child brutally, unleashing all your anger only to realize that you have become the monster from the school. You cannot live with this and choose suicide as a way out to protect your child from the same fate as yours. Death is the only choice that holds promise at 23 years of age.

Mental Health Awareness, Stigmatization, and Empathy Building

There is not a day that goes by that the thought of "ending it" doesn't come into my mind. I walk this line, never knowing which day will be "it". The pain feels so deep and the abyss in which I roam feels even more empty and cold than I can bear. They call what I have "depression" but I

call it endless and I crave an ending. I crave peace from the monsters outside as well from the ones inside. It's even worse to be "out" with the label of "mentally ill" because the truth is no one really gets it. They pretend in a paternalistic or "sorry to hear that" disconnected way but it's lonely on this side of the bars. I first attempted to take my life before I was a teenager and I still attempt when the days are really bad. I have attempted so many times I have lost count or lost track of when counting even mattered. A piece of me broke a long time ago through abuse and I have no way to fix it. But do not get me wrong, I am not without spirit, in fact, it is only my spirit that has kept me on this earthly realm. A long time ago, teachers would ask the class what we wanted to be when we grew up, my peers would choose something ambitious like an astronaut but my only want was to simply be happy. It seems so far away from my reach the wannabe astronaut and I had something in common. Even sleep is out of reach, it is where I am tormented the most, where the subdued floods my senses and threatens to drown reason when I awake. I have tried all the "good stuff" – the meds, the therapy, and even the some of the "bad stuff" – the cutting and substances but none of it makes things go away – it just shoves it deeper into me and it festers. Like rats in your belly, it gnaws …threatening every second to ebb its way through my skin and mind and wreak havoc. See I write this, not for sympathy, pity, or anything in that family. What I want is stop people like me from becoming me and to reach out to those that are experiencing abuse, trauma, depression, or mental unwellness and let them know they are not alone and to live for the moments of happiness that can still come. I still believe the world can be better, that people can change, and no matter how bleak things may seem, there is hope. My heart finds inspiration in the words of Ferdinand Foch that, "the most powerful weapon on earth is the soul on fire", so here is setting the world ablaze.

Background

In 2012, 4.9 million Canadians perceived themselves as of being mentally unwell enough to seek medical care, while 4.4 percent of all Canadians reported suffering with substance addictions, with the highest dependency rates on alcohol and cannabis (Statistics Canada, 2013). Mental illness and substance use disorders are highly correlated with suicide

(Kirmayer et. al, 2007; Austin & Boyd, 2010; CAMH, 2010). Within the Canadian aggregate, the Aboriginal population experiences suicide rates somewhere between six hundred to eight hundred times the national average (Austin & Boyd, 2010; CAMH 2010). However, mental health and substance use disorders continue to go widely ignored, unrecognized in magnitude, and fragmented in treatment in the Aboriginal communities. Aboriginal substance abuse and mental illness stem from the impact of colonialism and the aftermath of oppression. Colonially derived social hygiene and eugenic underpinnings continue to violate the factors that impact mental health (McIntyre & McDonald, 2010). Mental health is described as the mind's entanglement in "a web of cultural, environmental, historical, physiologic, psychological, spiritual, socioeconomic, and legislative factors" (Austin & Boyd, 2010). Systemic human rights violations have produced high rates of depression, alcoholism, family violence, poverty, post-traumatic stress disorder, and suicide (Austin & Boyd, 2010).

In fact, depression and alcohol use disorders alone increase the risk of suicide significantly (CAMH, 2010). Post-mortem autopsies show that 90 percent of those who have committed suicide were living with diagnosable mental illness (CAMH, 2010). Depression, acute stress disorder, and posttraumatic stress disorder are the most common responses to the abuse that has been endured through residential schools and from periods of colonial "cleansing" (Austin & Boyd, 2010). Aboriginal children who were abused at the hands of the Canadian church and state project the cycle of abuse onto their own families and communities (McIntyre & McDonald, 2010). Furthermore, individuals that are connected through traumatic bonding have an extremely strong magnetic attraction to situations that replicate the same power imbalances and disregard for their own self-worth (Austin & Boyd, 2010). Posttraumatic stress disorder can occur after incidences of exposure to childhood trauma, physical abuse, sexual abuse, and rape where the trauma causes the brain's anatomical development and neurochemicals to be altered (Austin & Boyd, 2010). For instance, the individual becomes hyper-aroused or hyper-vigilant to signs of danger, has sleep disturbances, and reacts with intense fear, anxiety, and panic to minor stimuli (Austin & Boyd, 2010). This neurological

resetting triggers dysfunctional interactions in social settings and becomes problematic when interacting with uneven power structures such as when dealing with police and health care workers. Seeking help with these sectors are often met with stigma, prejudice, discrimination, stereotyping, and an overall lack of cultural competence (Austin & Boyd, 2010). These offences stem from misconceptions about mental health and lack of knowledge about how culture, history, politics, and socioeconomics impact mental health. For instance, the fear people have of mentally unwell individuals stems from the idea that those diagnosed have a higher tendency to be violent. However, only 5 to 7 percent of violent crimes are linked to the mentally ill. Yet the misconception continues to harm, by creating further social exclusion of an already vulnerable group (Austin & Boyd, 2010).

The limited understanding and lack of empathy of the dominant culture contribute to the cultural incompetence of front line healthcare workers at the point of possible intervention. Western diagnostic tools and practitioners fail to recognize pivotal elements in Aboriginal health, such as religion, spirituality, and social determinants of health. While the Aboriginal population represents almost 4 percent of the population, less than 1 percent of health care workers are from Aboriginal ancestry (Austin & Boyd, 2010). Health Canada sites "social alienation" as the primary vehicle driving self-destruction and antisocial behaviour (Austin & Boyd, 2010). Antisocial behaviours manifest as alcoholism, family violence, youth crime, substance abuses, sexual abuse, and eventually suicide (Austin & Boyd, 2010). Unawareness of these realities and discriminatory mindsets implanted from media and racist based governmental legislation, are barriers to the dominant culture forming relational and empathetic connections with Aboriginal individuals.

Phenomenology: Mental Health

Phenomenology is the study of the lived experience or the "feelings" information that articulates the hardships, sufferings, and triumphs of people living with a phenomenon. The introductory scenario above was given in order to let the open-minded reader have a chance to experience the sensory experiences that lead an individual to an inability to persevere and ultimately commit suicide. While the situation is an amalgamation

of several known phenomenological experiences that have occurred to many Aboriginal individuals, there continues to be social injustices similar in present day Canada. Aboriginals suffering from mental unwellness continue to hang themselves, run into oncoming trains, overdose, etc. all because of the absent or inadequate mental health supports that would have helped them overcome the struggles they face from simply being of Aboriginal descent (Henton, 2013). The following is a true story, connecting history, trauma, mental un-wellness, addiction, and struggle.

> Jaime Koebel was born to a German mother and Métis father. The father is a man Jaime has met probably less than ten times in her entire life. She would come later in her adult life to learn that her father was one of six children who was thrown into the foster care system after his mother was murdered at the age of 34. Her father was young when he was placed with a foster family that used him as a "farm hand" instead of offering any love that the child needed. He was placed in a mission day school, which housed the same sufferings as residential schools. Abuses, loss of culture, and prohibition of their mother tongue were Canadian strategies employed to destroy her father while still a child. His story ends like many Aboriginal victims of the system – he was placed in jail to have his victimization repeated. As a result of misdirected childhood pain, the relationship of Jaime's mother and father was tumultuous and short-lived.
>
> Her mother remarried a German man who was abusive and fathered her half- brother and half-sister. Born from the inherent values of Nazis, her step-father was an abusive man who practiced open discrimination against her. She lived with her maternal grandmother who raised her until she was seven years old - this was to help her mother who was 17 years old when she had Jaime. Eventually, having to return to her mother's home, Jaime lived in relentless violence, always gauging how fragile the eggshells were, upon which she walked. Jaime attended a school where she was bullied relentlessly. It had started with slurs like, "apple", which progressed to physical violence through her high school years. The bullies worked in packs. One girl

got suspended for punching Jaime in her head. The message she received from her mother was, "turn the other cheek and suck it up". Furious at being suspended, the girl sent her friend to intercept Jaime while traveling from home to work one day and she was beaten on the side of the road while cars drove by without taking a second look. Jaime would one day learn that those bullies were being beaten in their own homes, including the bully leader who would have to fight off her own dad from sexual abuse. That bully leader would grow up to be crack addict.

With no love from home, no refuge at school, at age 15 Jaime turned to an 18 year old boy who she thought liked her. Anxious at the possibility of spending one on one time with the boy, she accompanied him to a party that was happening at one of the Kikino Métis Settlements. At the party, the 18 year old boy offered Jaime her first drink, then she was peer pressured into taking the second and third offering and after that decided that was enough. When she declined the next drink, another 19 year old boy then violently thrust her neck back by her ponytail, covered her nose, and as she gasped for air, he poured straight vodka down her throat. Then, the girls who took turns bullying Jaime at school arrived at the party and cornered her in the bathroom. They wrapped a band around Jaime's arm and shot vodka into her vein with a needle that one of them got from their parents who was a diabetic and used the needles for insulin. Jaime, already substantially intoxicated could hear but barely see what was being done to her.

Finally, in the most horrific fashion, the boys took turns raping Jaime until they were satiated and left her like a carcass, dying within. Fraught with guilt, 15 year old Jaime fled to live with an aunt, who resided three hours away. Shortly after, she received a phone call investigating a rape, where the police officer asked if she had been raped. Jaime, ashamed, embarrassed, and scared said she wasn't sure. The police officer crudely and derogatorily asked, "Well, are you sore"? Jaime never ended up reporting the rape, but to this day she wonders what would have happened if

that officer had treated her compassionately. Jaime made her first attempt at suicide at this point by trying to overdose. She was fifteen years old.

Jaime began to use alcohol to get away from the hand life had dealt her. She remembers a time where she felt being Aboriginal meant that she was "inherently born to have heartache and trouble". Soon, Jaime would become a homeless addict, drinking to "forget, to be numb, to let go of the anger, to be nicer, to be worthy by feeling funnier, prettier, and smarter". By the age of 20, in Edmonton, Jaime entered into a relationship with a man 8 years older than her and he fathered her three children. The relationship was abusive very early and on New Year's Eve in 2004, her fighting back led her to be charged by the criminal system. When Jaime asked why she was charged even though she was battered, the officer responded, "one of you has to leave the house, and men tend to get angrier and that's how homicide and hospitalization happens." Jaime was again homeless and ended up breaking the law by returning home because it was where her children were. Jaime ended up leaving the abusive relationship while her three children were all less than two and half years old. After the split, in 2005, Jaime began drowning the demons with alcohol and when that didn't work Jaime self-mutilated, cutting into her flesh because it was her way to "softly and quietly" turn the other cheek. She felt she deserved it, that there had to be physical pain to match her retching from the inside.

After a failed subsequent three year relationship with another man, Jaime was, again, a single mother. Jaime habitually used alcohol to get through the day. In August of 2011, Jaime was first hospitalized for suicidal ideation. Then in 2012, she was hospitalized after 7 days of not eating, and for suicidal tendency that she describes at this time in her life when "I wanted to drink myself to death". CAS awarded custody of her children to their father as she was placed on a waiting list for treatment and in the meantime sat on verge of death. In June of 2012, Jaime walked into an Aboriginal Health Centre and said, "If I don't get help

now I will die." She recalls this moment as being the last thing she could have done for herself. There were no beds available so the staff spent nights with her at her home so that she could detox safely. She was diagnosed with posttraumatic stress disorder, addiction, and major depression.

Jaime has been sober since August 2012 and is one credit away from her Master's degree in Art. She is on a new road to "unlearn anger" and is "learning to value her life". She is a self-employed artist and is the leader of a performance art dance troupe with her three children called 'Jaime and the Jiglets'. Jaime has started her own business in education tourism and the arts called the Indigenous Walking Tours. She is both a visual artist, performance/dance artist and an arts activator. Jaime's lifetime of experience sheds light on a legacy of trauma that is not understood by the larger Canadian system.

In wake of systemic repeated incompetency, Aboriginals *need* to receive better access to treatment and mental health care. Wards need to be created in hospitals where beds are reserved solely for Aboriginal persons. Even with such difficulty receiving help, Jaime describes a system that is easier to access as a woman. She states, "There needs to be more gender based treatment centres specifically for Aboriginal people in major cities. We should not under-estimate the power of community and the strength in staying connected to our culture to save us from a lonely death". Jaime is the artist contributor of this book.

Abuse and Depression

Childhood abuses inherited through families, residential schools, and the system at large are linked to posttraumatic stress disorder, depression, and overall suicidal tendencies (Oquendo et al., 2005). Trauma endured from abuse brands the psyche so that the victims unconsciously repeat traumas, abuses, and painful situations in search of a different resolve (Gostecnik, Repic, Cvetek & Cvetek, 2010). Depression is the highest correlated mental illness caused by the biological activation from effects of chronic stress on the neurotransmitters and the neuroendocrine systems (Austin & Boyd, 2010).

Major disruptions in neuroendocrine systems from stress cause chronically high levels of cortisol, which predisposes the individual to diabetes. Chronic levels of stress also cause the release of epinephrine and norepinephrine, which are potent vasoconstrictors and over prolonged periods can induce hypertension. Activation of the silent comorbidities of diabetes and hypertension coupled with an inability to access healthy foods or culturally sensitive education about healthy lifestyles, often lead to an increase in pathological mortalities and morbidities. Morbidities, which are disabilities that limit the individual's ability to work and have a fulfilling quality of life often viciously circle back to depression, mental un-wellness, lack of control, shame, and self-blame.

Child maltreatment is directly linked to criminal violence, alcohol and drug abuse, depression, anxiety, poor relationships, poor school performance, self-harm, and suicide (Kydd, 2003). The compulsion to repeat past traumas stems from the psychological need for resolution of the original trauma (Gostecnik, Repic, Cvetek & Cvetek, 2010). Repression, which is the mind's tool to bury trauma deep within the psyche for immediate survival seeps into reality through visual flashbacks and nightmares (Gostecnik, Repic, Cvetek & Cvetek, 2010). Victims of childhood trauma are extremely susceptible to becoming a repeat victim or perpetrator of the same abuse in their search to identify with their deepest relationship -their bond through trauma (Gostecnik, Repic, Cvetek & Cvetek, 2010). One study finds that there are over twice as many cases of maltreatment of children, drug abuse, and criminal activity and three times the number of alcohol abuses in Aboriginal homes verses their non-Aboriginal counterparts (Trocmé, Knoke, & Blackstock, 2004). The alarming fact is that the study also reports that detecting mental health concerns and receiving social supports are occurring less in Aboriginals homes than non-Aborginals (Trocmé, Knoke, & Blackstock, 2004).

On a macro-level, societal and professional abandonment of these Aboriginal children fall into the categories of child maltreatment because of large scale failure to provide sufficient resources and to adequately meet the needs of and provide support for Aboriginal children and families (Kydd, 2003). In fact, few resources are available on a primary, secondary, or tertiary levels for prevention of child maltreatment in

Aboriginal homes. Inadequate supportive resources to help Aboriginal parents leads to seizure of Aboriginal children and their subsequent placement into foster care settings. In Ontario alone, between the years 1999-2005, there was a 124 percent increase in Aboriginal foster care placements (Ontario Federation of Indian Friendship Centres, 2011). It is estimated that 75 to 85 percent of children placed within this system experience some form of sexual violence (Ontario Federation of Indian Friendship Centres, 2011). As these children grow and have families of their own, sexual abuse reoccurs. It is a contagion that was/is used to infect and harm Aboriginal communities and there is a urgent need for prevention and treatment.

The cycle of depression gets reinforced from systemic psychological trauma which is, "stereotyping, stigmatization, racism, and acculturation pressures" (Turner & Pope, 2009). Furthermore, neo-colonialistic trauma comes through political venues that create poverty. Mental wellbeing cannot exist when impoverished circumstances continue to plague the lives of Aboriginal families. Single Aboriginal mothers earn less than $12,000 per year and 52.1% of all Aboriginal children are considered poor. They fight daily obstacles, such as lack of food, housing, clothing, access to childcare and education, clean water, and the very basic necessities of life (Ontario Federation of Indian Friendship Centres, 2001). Economic destituteness doubles mortality for infants, causes ranging from accidents to infectious diseases, which create exponential grief for those who are survivors (Ontario Federation of Indian Friendship Centres, 2001). Poverty is directly associated with low self-esteem, depression, shame, suicide, disability, stress, hopelessness, preventable health morbidities, and psychological disrepair (Ontario Federation of Indian Friendship Centres, 2001).

Addiction

Individuals conditioned by pain seek addictions to sex, substances, and/or experiences that actualize their limitless ache to the fill the void of emptiness caused by unmet needs (Gostecnik, Repic, Cvetek & Cvetek, 2010). Addictions are self-destructive patterns of behaviour characterized by compulsion, obsession, and a searching for "substitutes" for safety and love (Gostecnik, Repic, Cvetek & Cvetek, 2010).

Alcohol, which is the most abused drug worldwide, has been found to alter perceptions of accountability and is linked to sexual assaults, childhood physical, sexual abuse, and suicide (Austin & Boyd, 2010; CAMH, 2010). As physiological tolerance increases to the substance, so does the need to meet a deeper threshold for stimulation in order to be gratified. Furthermore, withdrawal from the substances initiates feelings of guilt, brokenness, depression, and shame which continually reinforce the learned self-perception of unworthiness, punishment, and causes further mental deterioration. This can trigger polysubstance abuse, which is the abuse of more than one substance at a time, which increases suicidal behaviour substantially (CAMH, 2010).

The fact that 68 percent of female users of injectable drugs were found to have had a lifetime history of sexual violence makes the link between trauma and addictions discerning (Austin & Boyd, 2010).

Incidences of sexual abuse occur at the hands of sex addicts but the addicts themselves are damaged walking shells, echoes of past abusers. In fact, "97% of sexual addicts were emotionally abused in childhood, 81% were sexually abused and 72% were physically abused" (Gostecnik, Repic, Cvetek & Cvetek, 2010). Sexual abuse in girls in particular is a strong contributor in the increased prevalence of anxiety, depressive, and stress disorders, such as post-traumatic stress disorder and acute stress disorder in women (Austin & Boyd, 2010). Up to 63 percent of women may experience stress disorders related to abuse and rape which then leads to substance abuse (Austin & Boyd, 2010).

Another category of addicts are those who survive through relationship addiction. Those who have been maltreated seek out partners on whom they can perpetrate abuse or be re-victimized, in an effort to achieve power, replay dependency, and fulfill primitive emotional needs of safety, worth, and validation (Gostecnik, Repic, Cvetek & Cvetek, 2010). Unresolved psychic contents rooted in childhood experiences of negativity, subjugation, and abandonment then begin to emerge into interpersonal chaos (Austin & Boyd, 2010). It is estimated that 40 percent of children who experience and witness abuse will go on to perpetuate abuse in their adult lives (Austin & Boyd, 2010). Another common outcome of childhood abuse is depression which is linked to the chronic

stress on neurotransmitters and the neuroendocrine system (Austin & Boyd, 2010). Children raised in homes with mental illness, substance abuse, family violence, and/or dysfunction are more likely to have psychiatric disorders, patterns of addictions, and suffer with intergenerational transmission (Austin & Boyd, 2010). The transmission of mental illness/suicidality between generations is based both in genetics and in the environment's activation of those genes (Austin & Boyd, 2010).

Self-mutilation

Parasuicidal behaviours or self-mutilation is self-directed bodily harm without the intent of causing death (Austin & Boyd; CAMH, 2010). This behaviour is associated with "psychache" and stems from an addictive compulsion aimed at coping during periods of stress, depression, and anxiety (Austin & Boyd; CAMH, 2010). The most common underlying factor is abuse or trauma associated with childhood which renders the individual unable to give voice to wounds beneath the skin and therefore utilize the skin as a canvas to communicate pain, being silenced, and giving voice to the psychological disparities of blame, shame, and humiliation (McLane, 1996). Most self-mutilators hide their wounds from others and are protective of the purpose that injuring oneself serves (McLane, 1996). Methods of self-mutilation often come in forms of cutting, burning, scalding, self-starving, or wounding by any other means that gives the person the ability to transcend the original traumas and achieve relief by punishment or the control/reconnection with the past pain through the reproduction of physical pain (McLane, 1996). The need for survival normally stipulates against any self-harming behaviours, however, neurochemical levels influxes in neurotransmitters such as epinephrine, cortisol, and endorphins which block and diminish pain sensations, inflammatory responses, and initiates the sympathetic nervous system through stress responsiveness (Gostecnik, Repic, Cvetek & Cvetek, 2010). Since, theses neurotransmitters have powerful effects, some of them opioid-like, victims become addicted to them and recreate unhealthy traumatic cycles to continually achieve that level of neurochemical high (Gostecnik, Repic, Cvetek & Cvetek, 2010). Like any addictive pain management, tolerance to self-mutilation builds and episodes may become more frequent or more fatal as time progresses.

Self-mutilation easily spins out of control especially if coupled with use of substances that block inhibition and this can lead to suicide. Furthermore, people who have tried previously to commit suicide are 26 to 33 times more likely to complete an attempt in the future (CAMH, 2010).

Conclusion: Building Hope

Overall, the European colonies that settled in Canada and their descendants that govern continue to use political manipulation, impoverishment, and psychological terror to keep Aboriginals from growing into circumstances where they may regain enough political and strategic power to have a united voice, fight for themselves, or demand justice for all that has been done to their people. This is the underlying motive to "appear" to help without any real statistical changes occurring in Aboriginal communities despite "governmental support". Ultimately, the negative Aboriginal health circumstances are generated from social determinants of health, mental illness associated with colonial induced psychological trauma, lack of funding for mental restoration, and lack of health policy to realign Aboriginals to positive mental health outcomes. Aboriginal communities that deflect suicide occurrences have protective factors such as cultural continuity and language, emotional cleansing, intergenerational counseling, holistic views on health, and traditional activities such as fishing and hunting. Without the inheritance of protective factors, there is the inheritance of "turmoil factors": taught shamefulness, unworthiness, purposelessness, and hopelessness. These "turmoil factors" injected into the veins of Aboriginal communities by Canadian forces activates genes to induce mental illnesses that snowball into extremely high suicide rates. Aboriginal suicide is therefore, not a reflection of Aboriginal culture, but of a mass Canadian system failing to reconcile the needs of a culture they long ago ravaged. In the end, Aboriginal suicide is a result of individuals born into a system of prejudice and nourished from inherited lagoons of pain and sorrow. However, the beauty of the culture still exists within its people and, as fellow Canadians, we are obligated to prevent it and intervene in its destruction and continual political venue to exterminate. This book is a call for increases: in awareness, in political and

social action, and most of all in hope for those who are suffering quietly in the stifled dark corners of Canada. Voices are uniting, eyes are seeing, and it is only a matter of time before deaf ears will be forced to hear. Nothing has to stay the way it is, there is always the power of choice, no matter how bleak the options, there is always choice and in that there is hope.

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The Fallen Matriarch: Suicide and Aboriginal Women

Jocelyn Langlois, Miriam Thomson, Satwinder Singh and Kavita Kandhai

Owihkimâkopakwa

Otherwise known as Okeepak, it has the ability to influence womanly attributes and gifts such as the ability to procreate and to heal problems of the feminine type.
Okeepak is also known to purposefully and unwittingly lure others with 'scentual' qualities of aromatic value which has its own kinds of dangers.

Introduction

The lives of women have never been easy. Women are faced with the deprivation of rights, resources, and the endured suffering accompanied by society's naturalized indentured servitude. For Aboriginal women, this was not always the case. Prior to colonialization, Aboriginal women were revered for their wisdom, valued as sacred, and held equally vital for survival as their male counterparts (Report of Aboriginal Justice Inquiry of Manitoba, 1999). That ancestral Aboriginal matriarch was ravenously desacralized by colonization's imposition of patriarchy and ethnocentrism. Aboriginal women continue to be strategically made vulnerable in today's world through the dominance of neo-colonialism and the subservience associated with gender, class, and race. Devaluation has led to the dehumanization and sexual objectification of Aboriginal women. The non-person status continues to allow for systemic issues leading to persistent struggle, torture, and often death. Outcomes of fatality are dissected into homicide and suicide. Suicide is often seen as a release from the in-born purgatorial life conditions and lifelong mistreatment experienced by Aboriginal women. This paper aims to interconnect history, policy, and societally constructed conditions as the primary reasons for Aboriginal women to commit suicide.

Suicide

Aboriginal women have suicide rates that are up to eight times higher than the national Canadian average, depending on the age group (Mann, 2005). Furthermore, a research study conducted from 1989-1993 indicates that Aboriginal women are three times more likely to commit suicide than their non-Aboriginal counterpart (Mann, 2005). This is likely to be an underestimated figure due to underreporting and the lack of follow-up by the Canadian RCMP when Aboriginal women go missing nationwide (Harper, 2014). Within the last three decades in Canada, there has been at least 1,181 missing Aboriginal females unaccounted for and without follow-up from law enforcement systems or the government (Harper, 2014). The average life expectancy of an Aboriginal female is 76.2 years, which is almost five years less than the non-Aboriginal female (NWAC, 2002). Not only is life shorter, it is also harder. Poverty, violence, trauma, chronic diseases like diabetes/HIV, high birth rates

coupled with high governmental child seizure rates, and drug abuse as a means to cope, are just a few adversities that Aboriginal women face daily. Inevitably, suicide occurs when the threshold for psychological resilience is exceeded by the lack of resources, severity of unmet needs, and capacity to adapt. The choosing of suicide is not an option of selfishness, as it is often thought of by others, but instead it is an act of searching for peace, or simply a release from conditions of torment. Using a social justice lens, the real inquiry is why Aboriginal women are placed in these positions in the first place. By examining history, government policies, and societal conditions we will uncover a government guided nation founded on the racism, sexism, and sadism.

History

The pre-colonial era of the Aboriginal matriarch fell under the heels of a time when the Europeans colonized Canada and imposed patriarchy in the early 1700s (Indian and Northern Affairs Canada, 2010). Harmony and connectivity to the mother were replaced with power and male dominance. European settlers possessed power from both technology and immunity, as the introduction to foreign pathogens resulted in mass casualties. In the end, the most lethal weapon brought from Europe was ethnocentrism which led to the insatiable pursuing of dominance of sovereignty over land and over the hundreds of native tribes which at the time consisted of 50-60 native languages and different ways of life (Stamler & Yiu, 2012). To strip these traditional ways of life, the idea of assimilation was birthed to "civilize the Indian" (Stamler & Yiu, 2012; Indian and Northern Affairs Canada, 2010). The underlying premise of assimilation was that Aboriginals had to be taught to be ashamed of their heritage in order to ensure committal to converting to the new dominant Canadian way of life (Stamler & Yiu, 2012). Aboriginal females, in particular, had to be removed as leaders in their communities and figureheads in their households. The primary weapon was the sexual objectification and the reconstruction of the Indian female image, which resulted in the portrayal of an unfeeling lustful sexually deviant squaw (Report of Aboriginal Justice Inquiry of Manitoba, 1999; Indigenous Foundation, 2009). Self-appointed governmental power to recreate their

identity, remove their rights, and ravage their bodies and spirits began a time of insurmountable Aboriginal female injustice.

Residential Schools

When asked about the injustices that she endured in her life and community, a female Aboriginal leader replied, "the worst thing assimilation did was that it killed our spirits" (S. Jones, personal communication, March 29, 2013). "We lost our freedom when we went into residential schools; it shackled us in many ways that we didn't even understand" (S. Jones, personal communication, March 29, 2013). The forced assimilation that occurred through residential schools has created an overwhelming, damaging, intergenerational effect on Aboriginals. Aboriginal females who were subjected to abuse (sexual, physical, and psychological) have developed numerous adverse complications that have led to feelings of self-guilt, shame, depression, and a lost sense of community (Monchalin, 2010; Varcoe & Dick, 2008). The oppression that occurred in residential schools goes far beyond the surface of physical suffering. The implications of assimilation and abuse have led to a disruption of the family unit and have caused a negative ripple effect on the following generations (S. Jones, personal communication, March 29, 2013; Varcoe & Dick, 2008; Monchalin, 2010). Sexual abuse was rampant amongst the priests that were placed in the Residential schools to "educate" the children. Overcrowding, lack of adequate healthcare, and impoverished conditions caused sickness and death in Aboriginal children (Stout and Peters, 2011). There was no escaping these places, and even if the children ran away, they were eventually found and returned, to be subjected to heightened degrees of abuse (Varcoe & Dick, 2008). Some of these abuses included raping, molesting, brutal beatings, "loaning" as laborers or in pedophile rings, and performing pharmaceutical and organ harvesting experiments (Arnett, 2010). Residential schools removed young girls as far away as possible from their families and attempted to separate spirit from body (S. Jones, personal communication, March 29, 2013). The last residential school was closed as late as 1996 (Aboriginal Affairs and Northern Development Canada, 2011). Today, social exclusion, racist legislature, and systemic discrimination have led to unhealthy living conditions, confinement to lands and situations that are disempowering,

the targeting and overrepresentation of Aboriginals in the correctional system, and recurrent exposures to abuse (Doane & Varcoe, 2005). There are direct correlations of colonization, community turmoil, and exploitation having a substantial damaging impact on the health of Aboriginal women (MacMilan, Jamieson, Walsh, Wong, Faries, McCue, Offord, 2008).

Government Policies

To enforce the ravishing of the Aboriginal female spirit, government policies were created to strip them of their rights. In 1857, The Gradual Civilization Act was passed and distinguished Aboriginals as a lower caste in Canada (Legacy of Hope Foundation, 2013). In 1874, the Indian Act made Indians legal wards of the state and confined them to living in segregation on reserves (Justice Laws Canada, 2013). Particularly discriminatory to Aboriginal women, the Act deters Aboriginal women from marrying non-Aboriginal men through loss of status and removes women from politics and the decision making process of the community by appointing a sole male chief (Report of Aboriginal Justice Inquiry of Manitoba, 1999). This Act, which positioned men as leaders, women as dependents, denied women the right to possess land, and denied women the right to vote (Indigenous Foundations, 2009). Indian agents were appointed to primarily "police sexual behavior" of Aboriginal women and file and track 'Immortality on the Reserves' through Indian Affairs (Indigenous Foundation, 2009). Between 1928 and1933, Sexual Sterilization Acts were passed in Alberta and British Columbia, involuntarily sterilizing thousands of Aboriginal girls and women well into the 1980s (Arnett, 2010).

Current day governmental policies still lack the collaboration between parliament and Aboriginal females in regards to creating bills and legislation. In addition to this, the Canadian government has been slow to recognize and appreciate the Aboriginal traditions and roles. This was exemplified when they recently created National Aboriginal Month in 2010. Putting aside a month designated to Aboriginal culture is dovetailed with Black history month and slavery. Per Annum, this monthly acknowledgement is a poor and empty attempt at recognizing and repairing the harm done. While recognition of historical truth is

imperative, the Canadian Museum for Human Rights that is set to open in Winnipeg in 2014 has refused to align Aboriginal historical events with the term 'genocide', despite the definition outlined by the United Nations fitting the events of Aboriginal history (Radia, 2013).

Incarceration

Systemic discrimination has led to the overrepresentation of Aboriginal females in correctional facilities. Aboriginal females make up 45 percent of federal inmates and in some provincial jails account for 90-99 percent of the female population (Ontario Women's Justice Network, 2011). Aboriginal women are nine times more likely to be imprisoned and 90 percent more likely to report physical abuse and 53 percent more likely to report sexual abuse (Ontario Women's Justice Network, 2011). Forty percent of Aboriginal women have suffered both types of abuse (Report of Aboriginal Justice Inquiry of Manitoba, 1999). The devaluation, racism, and sadism within the criminal justice system continue to reach Aboriginal women in their jail cells as they are reportedly mistreated, abused, objectified, and even killed (McGill, 2008; Native Women's Association of Canada, 1993). Two thirds of these women suffer from substance addiction with additional prevalence of mental health problems leading to slashing and self-injurious behaviours (Corrections Canada, 2012). A recent study has linked self-injury with prior sexual abuse, which has been a predominant occurrence in the lives of Aboriginal women (Correctional Services Canada, 2012). Provincial correctional facilities which house most female prisoners are overcrowded and lack programs to help rehabilitation (Correctional Services Canada, 2012). Most common offences are public intoxication, prostitution, theft, and fraud, all of which are directly related to abuse and poverty (Report of Aboriginal Justice Inquiry of Manitoba, 1999). Since 1989, six Aboriginal women have committed suicide at the Prison for Women, alone (Correctional Services Canada, 2012). Female Aboriginal inmates are 3.6 times more likely to commit suicide while incarcerated than non-Aboriginal female inmates (Grossman, 1992, p.409).

The overrepresentation of Aboriginal women at the hands of the criminal justice system is a direct result of policies that produce cultural and gender oppression and fail to recognize cultural sensitivity or the long-term

effects of colonization and residential schools (Stamler & Yiu, 2012). Even within the justice system, there are barriers for Aboriginal women to access legal aid and they are sentenced, prosecuted, or represented by non-Aboriginals void of knowledge of cultural issues (Mann, 2005).

Sex Trade & Trafficking

The marginalized are always victims of poverty. According the Statistics Canada, Aboriginal women living on reserves have the highest rate of unemployment: 20.6%, compared to the 6.4% of non-Aboriginal women. Not only is lack of employment a concern, but it is also cited that First Nations women living on reserves make an average annual income of $12,466, far below the poverty line in Canada (O'Donnell & Wallace, 2011). The strongest contributors to unemployment and low income are discrimination, stigmatization, assimilation, and the location of the reserves (O'Donnell & Wallace, 2011).

Desperate for means of survival, Aboriginal women have been driven into the violent and deadly arms of the sex trade industry (Mann, 2005). The abuse of alcohol and drugs are often the only resources to aid with numbing and not remembering the pain and powerlessness that must be surrendered in order to be a prostitute. Prostitution has opened the doors to compounding violence and sex trafficking. Often the likeliest of outcomes is rape, brutality, and murder. There is a naturalized expendability of Aboriginal women throughout the various systems. When this message is internalized from the dominant culture to the hearts and spirits of Aboriginal women, suicide is an imminent thought.

Societal Conditions

Government, criminal justice systems, police, and even abuse within their own communities are major players in forming the milieu of the conditions Aboriginal women experience in day to day life. For instance, only a small percentage of Aboriginal women, compared to non-Aboriginal women, graduate high school (Aboriginal Affairs and Northern Development Canada, 2006). Distrust of the education system and insufficient resources to bridge that barrier, has generated hopelessness and feelings of low self-worth. Furthermore, the education system lacks the main elements of their cultural tradition and continually fails

to address women's sexual health concerns. Women have expressed feelings of shame and internal vulnerability due to the reality of concerns surrounding women's sexuality – a topic not addressed in school. Women need support in their communities that will provide them with skills to navigate their own sexuality and address their own health concerns (Redfern, 2009). Women's health outreaches and health services are unequally and inconsistently distributed amongst Aboriginal communities (Varcoe and Dick, 2008). When comparing non-Aboriginal women to Aboriginal women, teen pregnancy and sexually transmitted infection (STI) rates are substantially higher amongst Aboriginal females (Murdock, 2009; Varcoe & Dick, 2008). The complications of young pregnancy are numerous and these complications could be eradicated if culturally sensitive sex education and appropriate social resources were available to them (Murdock, 2009). Sexual intimacy and the meaning of sex are distorted based on histories of sexual abuse, residential schools, and intergenerational trauma. Young women have difficulty surviving within their communities because of daily issues involving inadequate childcare, obtaining employment, accessing adequate healthcare and social supports (Murdock, 2009; Varco & Dick, 2008). Their economic instability, and the remoteness of many reserves prevents them from purchasing nutritional foods; resulting in the increased prevalence of health issues (Patch, 2004).

"Continued oppression, abuse, violence, discrimination and poor socioeconomic status" (Native Women's Association of Canada, 2005) puts Aboriginal women at risk for developing illnesses such as diabetes, gastrointestinal diseases, heart disease, substance abuse, STI`s, mental illnesses, pregnancy complications, and injuries from trauma (Native Women's Association of Canada, 2005; Varcoe & Dick, 2008). The majority of women who are addicted to drugs and alcohol were found to be previously or currently victims of abuse and continued using these substances during pregnancies as a means to cope and survive (Byrne & Abbott, 2011). Through the research conducted it was found that childhood sexual victimization in young Aboriginals occurred at such a high rate that nearly a generation of children were affected (Laliberte & Tousignant, 2009).

A Time for Change

While listening back on an interview with a female Aboriginal leader, it is apparent that cultural values, beliefs, and attitudes are seen as deeply seeded as part of the worldview of Aboriginal women.

> "You see our values are different, I'm sitting on a committee now, that includes the Federal government, Ontario provincial government and education group that I represent. We want to do an innovative way of educating our people. We have all been at this a long time; we know all those buzz words that the government uses, like "student success" and all that stuff. So one of the girls on the committee said, lets define the statement "student success" so the federal government representative said, "We would like the Indians to be able to get into the work force in the economic world." There was a stopping of conversation right then and that is when I stepped in and said "we've all got be friends at this table but I would like to interject this and say it out loud… those are the exact same words you used when you sent us to residential schools. You see? We just don't have the same values as them."

Recognizing differences is imperative for the success of the Aboriginal population, without the intent to obliterate them, but with a new-born intent to acknowledge and respect them. Aboriginal female leaders are informed about community adversities and need to be frontrunners in the collaborative creation of programs that pertain to Aboriginal women and children. Previous programs failed to help those suffering from residential school intergenerational trauma because they were not easy to access and a general lack of information was given in how to access these programs (S. Jones, personal communication, March 29, 2013). More appallingly, the programs were facilitated by colonialist organizations and the irreparable break in trust was an unshakable barrier to the programs' success.

It is the feedback from Aboriginal women that is most imperative to collect, as they are the most vulnerable population in Canada, and collective social action must be taken to ensure social justice and a narrowing of inequities. Furthermore, Aboriginal female rights need to be legally documented to protect and award women the right to own land and

have equal divisions of matrimonial shares. Major professions such as police, nurses, doctors, social workers, prison workers and government officials all need to be widely educated on Aboriginal issues, as these are the people that are pivotal in making change. The fiscal support of Aboriginal grassroots projects have to be renewed to strive for the social justice. A significant amount of money has to be allocated to develop the Aboriginal educational systems to grow future Aboriginal leaders. Tragically, instead, we are still seeing travesties like the school system in Attawapiskat.

Aboriginal women's health hospitals, wards, and rehabs need to become a priority where Aboriginal women are trained and educated on how to serve their own. There must be programs for mental health, addictions, sexual health, violence prevention, and maternal health created immediately.

Conclusion

Aboriginal female suicide is an issue which is immensely interrelated with colonization, abuse, and marginalization. The Aboriginal female is a valuable, respectable contributor and integral part of our society. With the Aboriginal population growing rapidly and cited to have increased 45 percent in the years 1996 to 2006, and projected to further increase, current and future generations of Aboriginal youth need healthy and stable mothers (Schwartz, 2013). The matriarch must be allowed to rise again.

This article is dedicated to all the Aboriginal women suffering from social injustice and not knowing what each day brings and living life in fear, powerlessness, and hopelessness. Keep forging ahead for a better future, find hope, strength, and courage and fight back. You are not alone.

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Aboriginal Social Injustice: Canada's Dirty Secret Leads to Suicide

Kavita Kandhai

Maskêkomin - Muskeg Berry

Known for its ability to be gentle and calm, Maskêkomin calms the soul that passes by its unassuming presence into the musky, boggy waters of northern forests. The medicines of Maskêkomin positively affect children especially however, too much of a good thing can upset the balance of healing.

Introduction

One of the fallacies of the Canadian image is that we are a nation of fairness, peace, and justice. Yet, within Canadian history and the government's ethno-centrically coded legislation, sits one of the dirtiest secrets in human rights: the Aboriginal apartheid and genocide. Recent years have seen colonialism and Aboriginal victimization displayed on a pseudo-apologetic landscape while policies continue to be created on eugenic thinking and hereditary determinism. In 2013, Aboriginal communities continue to be ravaged by systemic issues regarding Aboriginal human rights, forced attempts for assimilation, cultural denigration, economic exploitation and environmental ecocide. Within the Aboriginal community, the complex issue of Aboriginal youth suicide is largely propagated by colonialism and oppression. The purpose of this paper is to examine and illuminate the contexts and factors that are primarily linked to the phenomena of Aboriginal youth suicide. Four viewpoints will be utilized to analyze the topic. They include a historical analysis, an ethical-legal analysis, a socio-cultural analysis, and a political-economic analysis. It is within the veins of these analyses that current barriers are revealed as well as pathways that hold promise for solutions. Ultimately, it is evident that non-Aboriginal allies along with Aboriginals need to continue to forge an unyielding collective voice that seeks social justice, healthy public policy, funding for grassroots projects, and media portrayal restoration.

Articulating the Issue of Aboriginal Youth Suicide

The suicide rates among Aboriginal people of all ages have reached epidemic proportions. These rates which are only reflective of "registered Indians" are three to four times higher than non-Aboriginals and is the highest reported for any culture in the world (Brown, 2003; Howard, 2010). Aboriginal youth, between ages 10-19, have been identified as the most at risk age group with suicide rates that are five to six times higher than their non-Aboriginal counterparts (Brown, 2003; Howard, 2010; Stamler & Yiu, 2012). According to the United Nations Convention on the Rights of the Child, every child should have the right to adequate food, water, shelter, education, primary health care, and protection within the judicial system (Stamler & Yiu, 2012). Systemic racialization has impeded or compromised the provision of these rights in communities

like in Attawapiskat, Lubicon Cree lands, and Pikangikum, to name a few (Angus, 2011; Canadian Geographic, 2010; Turner & Pope, 2009; MacNeil, 2008). While more than half of Aboriginal communities present with no known suicides within a five year period, there are communities or bands that continue to see youth suicide rates of 500-800 times the national average (Howard, 2010). These rates are reflective of the government's tendency of spectatorship and their active contributions that overwhelm the capacities for these individuals to cope (MacNeil, 2008). For example, in Aboriginal communities, there exists a depravity for the basic needs of human survival such as adequate housing, accessible health care, food security, adequate income, and treatment for intergenerational trauma. Also lacking are resources in health restoration measures for substance abuse, mental health illnesses, unresolved grief, and loss of cultural continuity and identity (Howard, 2010; MacNeil, 2008; Mikkonen & Raphael, 2010). In the presence of these factors, the likelihood for suicide is highly increased (McGill University, 2011). This is significant because as of 2001, the Aboriginal population was estimated to be 1,064,300 and is projected to grow 47% by 2026, making it imperative to recognize the magnitude and severity of the impact of suicide, not just on the Aboriginal communities but as a reflection and legacy of Canada (Public Works and Government Services Canada, 2008). Furthermore, with 51% of the Aboriginal population under the age of 25 Canada is squandering an untapped and powerful growing labour force with the potential to offset Canada's decline in rates of fertility and volume of migration. Within this jarring misfortune, sits the potential to improve the legacy of the Canadian human rights story and creating home-born strategies to solve growing economic issues. Fueling the labour force, training outpost health care practitioners and resolving a social justice crisis is within reach with the construction of health policy, funding of grassroots projects, and managing a social change campaign.

Historical Analysis

Worldwide, the longstanding practice of colonization has led to higher suicide rates of the Indigenous in Australia, New Zealand, the United States and Canada (McGill University, 2011). Specifically, Canada's history is plagued with the murdering, raping, and manipulation of the

Aboriginal people (Annett, 2010; Chrisjohn, Young, & Maraun, 1997; Curry, 2007; Curry & Howlett, 2007, Truth Commission into Genocide in Canada, 2001). In the 1700s, early colonization practices built on ethnocentricity included bartering Aboriginals' human rights in exchange for their survival, land, and money. Aboriginals agreed to fight colonial wars in exchange for peace and protection from disease and war. Their compensation was the reward of desolate/reserved land, depleted of animals to hunt or to maintain the way of life they were accustomed to (Indian and Northern Affairs Canada, 2010). As wars ceased to eradicate the race and colonies became migratory, legislation was passed to segregate, assimilate, and to civilize Aboriginals. This would ultimately lead to the death of nearly 25% of Aboriginals between 1904 and 1917, and again in the 1920s resultant from the forced close living arrangements and tuberculosis (Truth Commission into Genocide in Canada, 2001). In 1907, Dr. Peter Bryce attributed a death rate of up to 50 percent in residential schools to staff "deliberately infecting children with infectious diseases" (Truth Commission into Genocide in Canada, 2001). In 1920, the federal government passed a law sentencing Aboriginal children to attend residential schools while abolishing the medical inspection of these schools leading to inhumane living conditions and to a secret Aboriginal Holocaust (Truth Commission into Genocide in Canada, 2001). Failure to comply with their children's removal led to imprisonment and fining of Aboriginal parents, who were subsequently stripped of any legal rights or power to hire legal representation to oppose the atrocities their children were being subjected to (Truth Commission into Genocide in Canada, 2001). Primitive biological warfare took place when children infected with smallpox and tuberculosis were deliberately sent back into native villages by residential school staff to spread disease and cause annihilation (Curry & Howlett, 2007; Truth Commission into Genocide in Canada, 2001). Residential school children were also victims of torturous acts that included physical, sexual, and psychological abuse such as rape, beatings, sleeping beside dying children, cultural degradation practices of cutting their hair, banning their languages, and burying them in unmarked graves beside the schools (Curry, 2007; Curry & Howlett, 2007, Howlett & Curry, 2007). It is this historical relationship and racist heritage that informs today's current practices such as

allowing for unsafe drinking water supplies and Aboriginal children subsequently dying of gastroenteritis (Graham, 2003).

Aboriginal communities have progressively experienced the deliberate environmental poisoning and exploitation as the current form of neo-colonialism. Some recent cases include the AMAX mining in British Columbia, the construction of the James Bay Hydroelectric facility in Quebec, and the government condoned uranium mines on Dene lands, where the government has been involved in exposing Aboriginal peoples and the ecosystems they depend on for sustenance to toxic and cancerous materials (Neu, 2000). Once the environment begins to see negative effects from this industrial encroachment and dumping, the government actively and legally safeguards the companies by paying out multimillion dollar subsidies in exchange for continual genocide and ecocide. This was seen in northern Ontario with mercury contaminations and the Ojibwas people (Neu, 2000).

White dominance in terms of economics, technology, and the power to create and interpret legislation to suit their agendas has forcibly led to acute and chronic health conditions for Aboriginals. Specifically, the youth have been inflicted with health conditions such as diabetes, learning disabilities, substance dependency, and respiratory illnesses (Ship, 1997; Turner & Pope, 2009). Overall, oppression has come through several routes: external, such as residential schools and legislature; internal routes, such as pathogen exposure and post-traumatic stress; and ecocide with environmental ravaging and elemental poisoning.

Ethical and Legal Analysis

In terms of social justice, Aboriginals have yet to see equality, equity, and truth telling. In 1947, the United Nations defined genocide as the, "killing of members of a group, causing seriously bodily or mental harm to members of a group; deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part; imposing measures to prevent births within the group; and forcibly transferring children of a group to another group (United Nations, 2010). Canada did not adopt this definition but instead altered it in wording and interpretation in order to sanitize Canada's history and crimes to depict

them as humanitarian acts intended for Aboriginal benevolence (Annett, 2010; Chrisjohn et al., 2002; Edmiston, 2013). Semantic ambiguity and the government's pseudo re-creation of history certainly aids in avoiding international attention even when the UN Committee on the Rights of the Child issued a formal report that incorporating Aboriginal Bill C-10 with the Youth Criminal Justice Act was contrary to international law (Presstv, 2012). On all accounts of the UN's definition, Canada is guilty of genocide and this legacy ensues through the relentless attempts to misconstrue history and silence the victims. The lived experience of Aboriginal residential school attendees included the burning of live infants, beating of young children to death, the physical and chemical sterilizing of children, and the use of children as experimental subjects has yet to take light in the public education system. The resulting cultural degradation still ripples impairment through generations, ultimately leading to suicide (Arnett, 2010). There is no semantic cloak big enough to hide the genocide that occurred in Canada.

All ethical principles that we have held valuable as a nation such as autonomy, fidelity, non-maleficence, justice, beneficence, and veracity have been disbanded in effort to eradicate the Aboriginal race and disseminate intergenerational socially oppressive behaviours (Potter & Perry, 2010, p. 96; Freire, 1970). It is this adhesion and internalization of oppression that continues to lead Aboriginal youth to the path of violence and suicide (Freire, 1970). The long reign of colonialism has birthed practices that self –perpetuate dehumanization such as substance abuse, family violence, the desecration of matriarchy, and suicide (Stamler & Yiu, 2012).

In 2007, the United Nations proposed The Declaration of Rights of the Indigenous Peoples as a way to improve rights, social determinants of health, and environmental conservation. Canada was one out of the four countries in the total of 147 nations to outlandishly vote against its adoption (Mikkonen & Raphael, 2010). Incongruently, one year later, Prime Minister Harper publicly apologizes for "playing a role…in a joint venture…where some sought to kill the Indian in the child" but in totality the language used minimizes our government's involvement and diminishes and sanitizes the heinousness of the eugenic crimes committed (Prime Minister of Canada, 2013). For instance, words in

Harper's apology include "residential schools were created in part to meet Canada's obligation to educate Aboriginal children" and that "some former students have spoken positively about their experiences at residential schools", doesn't quite surmount to the cruelty birthed to annihilate and disable an entire race. The words, "now recognize" were recounted five times in the apology, which infers that the magnitude of wrongdoing was unbeknownst to them at the time of the committal of the slaughter, rapes, and torture.

Today a quieter assimilation takes place as 28,000 Aboriginal children have been seized and placed in foster homes as a way to psychologically mainstream them (Totten, 2009). The main reasons for this mass child seizure are related to poverty, poor housing, and substance abuse, which are cleansed of governmental accountability as aftereffects of colonialism and marginalization. In 2010 Saskatchewan statistics revealed that 34 Aboriginal children were killed and 43 critically injured while in foster care and group homes, which are numbers that are grossly underestimated (Narine, 2012). In 2011, the Institute for the Advancement of Aboriginal Women reports that Alberta seizes more children than any other place in the world, with a total of 9,000 children in custody; 70 percent are Aboriginal (Narine, 2011).

In May of 2010, Mikkonen and Raphael publish *Social Determinants of Health: The Canadian Facts*, which identifies Aboriginal status as a social determinant of health and sites Canada's refusal to adopt the UN's Declaration of Rights of the Indigenous Peoples. Aboriginal status was enmeshed with all other social determinants of health creating a tsunami of stigmatization and discrimination leading to impoverishment, marginalization, incarceration, and suicide of youth and their culture (Mikkonen and Raphael, 2010; Reading & Wien, 2009; Kirmayer et al., 2007). In an unfavourable position from continued pressure to repudiate the evidence exposing third world Canada, in November of 2010, the Canadian government issued an obscure statement of support to the 2007 Declaration of Rights of the Indigenous Peoples however, the government maintained that international law would not effect, influence, or circumvent standing Canadian laws (Aboriginal Affairs and Northern Development Canada, 2010). In 2010, to further negate international

scrutiny of the breach of human rights that occur in Canada, the Olympic and Paralympic games saw Aboriginals portrayed on a world-wide canvas as a central part of Canadian history, although Canadian secondary schools curricula reflects nothing of the sort.

Social and Cultural Analysis

Aboriginal youth are vulnerable to incarceration and sex trafficking due to their naturalized expendability, gravitation to gangs for acceptance, the police's lack of concern for social welfare, and enticement of coping through the use of drugs (Corrado, 2008; Stamler & Yiu, 2012; Sikka, 2009). While Aboriginal youth represent five percent of the Canadian population, they constitute for 33 percent of incarcerated youth (Corrado, 2008). Likelihood of Aboriginal incarceration in Quebec is twice that of the general population and seven times greater in Saskatchewan (Stamler & Yiu, 2012). Youth in Aboriginal gangs are still more likely to die from internalized violence, such as suicide, overdose, and self-harm than they are to die from homicide (Totten, 2009). Aboriginal female youths are initiated into gangs as a means of employment through sexual exploitation. Trafficking has also been rooted in colonialism which revered Aboriginals, especially women as property or chattels bought and sold as slaves in early Canada. White settlers self-bestowed the authority to appraise Aboriginal females for "usefulness" and often deemed them sexual objects (Sikka, 2009). Eighty-five percent of federally sentenced women report physical abuse while sixty-eight percent reported having been sexually abused (MacCharles, 2012). Data retrieved from Corrections Services Canada revealed that self-injurious behaviour, a precursor to suicide was rampant with as many as 822 incidents in 2010-2011; 45 percent of those incidents were Aboriginals (MacCharles, 2012).

Aboriginal youths endure unimaginable pain starting with horrendous living conditions, inhumane family dynamics rippled from colonialist induced intergenerational trauma, societal devaluation and objectification, and unaddressed mental health ramifications. The Centre for Addiction and Mental Health (2010) reported that 90 percent of people that commit suicide had previously suffered with mental illness and substance abuse addictions. The Romanow Report in 2002 recognized that Aboriginal mental health issues preceding suicide are consequences of

historical and cultural abuses (Austin & Boyd, 2010). Autopsy investigations post-suicide found that as many as 90 percent of Aboriginal suicide victims were found to have alcohol in their blood at the time of death and were 4.3 times more likely to have psychiatric illness through their life span (Howard, 2010; White & Jodoin, 2003). Harmful substance use patterns involving solvents, alcohol, and street drugs are the result of economic marginalization within industrialized societies (Austin & Boyd, 2010). The substance of choice, alcohol, is being consumed by 58% of all Aboriginal substance users and is also a result of political oppression (Austin & Boyd, 2010). The Indian Act prohibited alcohol consumption by Aboriginals, which led to bootlegging and binge drinking as ineffective ways to circumvent this policy. Coupled with the genetic predisposition for slower alcohol metabolism, alcohol has consistently become a substance contributing to higher rates of violence, incarceration, and suicide (Austin & Boyd, 2010).

Suicide becomes an option when faced with adversities such as geographical barriers for post-secondary education, absent fathers, a six times higher rate of teenage pregnancy, cultural loss, and overt mass discrimination and loss of identity (Castellano, 2008). The factors contributing to despair, powerlessness, and hopelessness continue to rise as Aboriginal youths are susceptible to enduring poor physical health, sexual orientation bigotry, childhood trauma, family histories of suicide, and the inaccessibility to resources to resolve any of these issues (CAMH, 2010). Mental and physical health of Aboriginals are not overseen by Canada's Health Act, thereby the government justifies denying them the principles of accessibility, universality, and the consumer rights of health care. These specifically include the rights to be informed, respected, and have equal access to health care (Kozier et al., 2000). Instead Aboriginal health care services are basic, curative, and are integrated into the Non-insured Health Benefits Program, which was developed as late at 1979 (Health Canada, 2012).

Political and Economic Analysis

The inception of the Indian Act in 1876 branded Aboriginals like cattle, assigned them to a number and brought caste to the system. This Act was racially discriminatory in nature and today's reverence to adhere to it

displays the perpetuation for colonialist assaults and social injustice. The Act sought further devaluation and depicted limitations by determining the legitimacy of one's Indian status based on one's marriage and the marriage of their siblings (McIntyre & McDonald, 2010). One hundred and nine years after the birth of the Indian Act, Bill C-31 assisted to restore status but neglected to assist to restore the Aboriginal communities (McIntyre & McDonald, 2010). In 2012, Bill C-45, now known as the Jobs and Growth Act sparked controversy because the proposal awarded the government the power to encroach, supersede, and redefine previous Acts protecting Aboriginal lands and rights. This ultimately led to the creation of a social movement called *Idle No More*, calling for Aboriginal social and legal justice (Department of Finance Canada, 2012). This movement largely endorsed by Aboriginal youth has helped unify their voices and overcome some powerlessness through activism.

In 1998, the Aboriginal Healing Foundation was provided with a one-time $350 million dollar fund to aid the 80,000 survivors and their communities to heal from residential school trauma, however it was closed in 2012 due to cessation in funding (Stamler & Yiu, 2012; Aboriginal Healing Foundation, 2013; Prime Minister of Canada, 2013). That would calculate to approximately $4,375.00 per survivor, making the façade of the contribution more substantial than the pay off. Additional lump sum payments of $10,000 were given to every survivor of residential schools and an additional $3000 for every year attended (Stamler & Yiu, 2012). To juxtapose how miniscule this amount is for a lifetime of upheaval, one could take the example of an Aboriginal female that went to a residential school for one year. She would receive approximately the same amount of money the government spends to federally incarcerate a female for one month (MacCharles, 2012).

The fiscal replacement for Aboriginal suffering and death is an added insult that is portrayed in the mass media that money is compensatory for the destruction of Aboriginal lives. Furthermore, without sufficient historical context to non-Aboriginals, the illustrated landscape is that Aboriginals are freeloading on Canada's tax paying dollars, a smear campaign to create non-Aboriginal animosity. This visual is a barrier for social change and a further strategy to segregate the mainstream population and ensure the maintenance of unawareness on the topic of Aboriginal issues.

Barriers to Suicide Prevention in Aboriginal Youth

For Aboriginal youth, barriers that prevent proper management of suicide is largely attributable to their distrust in the dominant culture and the dominant culture's unwillingness to remove hurdles such as social determinants of health or fund grassroots projects that will help the youth re-grow from their own social networks. Communities or bands with no recent suicide rates have maintained cultural continuity and should be supplied with the financial means to mentor other communities on how to access and mobilize their cultural resurgence. Secondly, disregard for Aboriginal collaboration through the policy drafting process have led to unhealthy and discriminatory policies that destroy protective factors against suicide.

Aboriginals, leaders, and allies have had to resort to extreme marches, threats of starvation, and social media as a means to get their voices heard. Thirdly, the dominant culture's mass unawareness creates a milieu of "that is not my fight" attitude while social injustices and breach of human rights is a fight that every Canadian should stand up for, as we are a reflection of how we treat our most vulnerable. The morally decrepit maneuvering of today's neo-colonialism must be relinquished to make space for healing, reconciliation, and growth.

Emergence of Solutions

The funding of grassroots projects, formation of healthy public policy, social marketing, and strategic communication through the historical re-telling all need to be implemented. Aboriginal youth need to be empowered to take a stance in movements such as *Idle No More* and need to be supported in the reclaiming of their heritage, culture, and power. Education, training in trades, and access to equitable health care need to become front line solutions to managing illness and promoting growth. Proposing to squander more than four billion dollars on the Bloor-Danforth subway line is a preposterous tax dollar mishandling while third world health conditions exist in our own backyard to the extreme where youth who have the potential to achieve anything, choose suicide instead (O'Toole, 2013). Aboriginals and allies such as health care workers should be stakeholders in forging policy that is healthy and analogous with international laws. The public needs to be made aware of the

misleading language in museums, education systems, and social media. The misrepresentation and devaluation of the culture has created barriers to social change and need to be reversed. The macro level of cyclic abuse transfers systemically. Social sepsis is inadvertent if parasitic prejudices, inequities, and inequalities continue to breed from national to provincial to community levels. Social media along with secondary curricula reconstruction are vehicles to inform masses such as non-Aboriginal youth and immigrant aggregates, whom are both likely allies to identify with and support the dismantling of Aboriginal injustices.

Conclusion

With the estimation that one third of Aboriginal youth are dying by suicide, it is not sufficient that the nation of Canada sits and watches (White & Jodoin, 2003). As Aboriginal communities and voices forge ahead to advocate for change, non-Aboriginals are necessary to grow this snowball in order to create a truer reputation of this nation. Through the analysis of Aboriginal youth suicide, an intricate and deeply complex issue, it is apparent that colonialism exists today and this eugenically rooted philosophy is eradicating Aboriginal youth by coercing suicide through desperation. For all those who know desperation and hopelessness, know that suicide is often a thought associated with it. It is time to alleviate this desperation through reconciliation and retribution, which are the conduits for changing the future and the issue of Aboriginal youth suicide.

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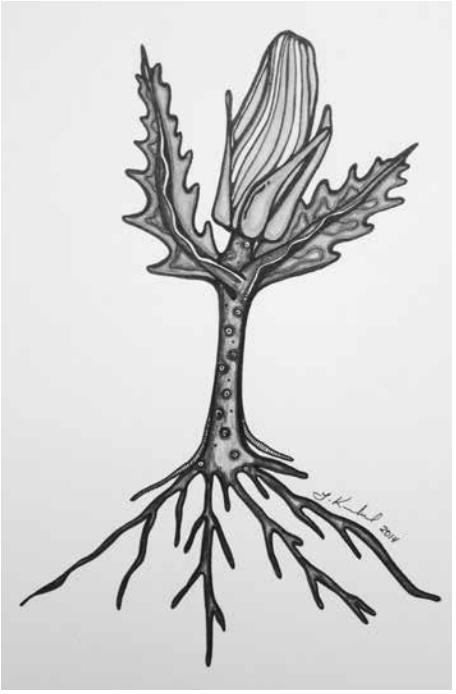
Connecting with the Strengths of Our People: Suicide Prevention in First Nations in Manitoba

Stephanie Sinclair, Carla Cochrane, Amanda Meawasige, Leona Star, Krishna Modupalli, Kathi Avery Kinew, and all of the Assembly of Manitoba Chiefs



Osâwâpikones - Dandelion

Also known as Piikones, he is often left in the shadows of the margins and wins the respect of others through his resiliency and ability to shape-shift. The adaptability of Piikones exists inside her unopened buds. The secrets of shape-shifting that live in her being are underestimated because she appears to be a commoner. However, her wisdom creates the fertile ground for healing in accepting the process of blending in and reaching out.

Manitoba Background

Suicide is a symptom to a larger issue among First Nations in Canada - the historical and current oppression of First Nation people. Suicide among First Nations has been theorized to have multiple layers including loss of culture, history of traumatic events, community factors, individual factors and family factors (Kirmayer, 1994). The Assembly of Manitoba Chiefs (AMC), the AMC Youth Secretariat, and Manitoba First Nations youth have acted on this understanding that we must address more than the symptoms, if we are to choose life and not suicide.

The rates of suicide among First Nations in Manitoba are generally thought to be higher than the rates of suicide for the general population (Malchy et al, 1997). However a number of First Nations communities may have rates equal to or lower than the general population, that is, there is great diversity in the First Nation communities in Manitoba. Accurate data on the suicide rates for First Nations in Manitoba are not available. Suicide is generally under-reported as a cause of death. Secondly, the Manitoba Chief Medical Examiner does not identify individuals based on First Nation identity. Yet, National statistics report that suicide and self-injury are the leading causes of death among First Nations people between the ages of 10 and 44 (National Aboriginal Health Organization, 2009). In a 1984-2008 study based on identified registered MFNs, age-specific rates for suicide attempts peaked for First Nations males at 20-24 years (53/10,000) and were much higher for First Nations females at ages 15-19 (121/10,000). Age-specific rates for suicide completion peaked for First Nations males at 15-19 years and 20-24 years (10/10,000 each age group); for First Nations females, rates peaked at 15-19(5/10,000) and 20-24 years (4/10,000), and again at 35-39 years (3/10,000) (Elias, et al., 2012).

Based on the data from the Manitoba First Nation Regional Health Survey (RHS 2008-2010), 13.4% of the youth (ages 12-17) who participated in the survey thought about suicide and 4.9% attempted suicide. The RHS also reported that at least 10% of adults and youth had lost one of their close friends or family to suicide within the past year. The youth survey included 757 participants from 30 Manitoba First Nation communities. The Assembly of Manitoba Chiefs RHS team conducted

an exploratory analysis of the RHS data to examine potential protective factors and potential risk factors in the youth population who reported suicide ideation versus those that did not report suicide ideation. At the individual level, youth who participated in local community cultural events, had good social supports, reported good mental health, and felt in balance in the four aspects of life (physical, emotional, mental and spiritual) were less likely to have suicide ideation. In addition, the presence of a youth committee or youth council in the communities was more prevalent for youth who did not have suicide ideation. At the individual level, youth who did not participate in after-school activities, had one or more parents who attended Indian Residential School, and who felt they had no social support were more likely to report thoughts of suicide.

Similarly, the Swampy Cree Tribal Council Suicide Prevention Initiative with the University of Manitoba, Faculty of Medicine/Psychiatry has found that community based initiatives that focused on strength of the people, family, traditions, land, and increasing communication between generations has brought about renewed health and balance in people's lives, including youth (suicideresearch.ca).

Culture as a means to prevent youth suicide is utilized in many First Nation communities, based on the beliefs of each First Nations community. Some First Nations people base their spiritual beliefs in traditional Indigenous teachings and ceremonies, whereas others are based on Christianity (sometimes with one denomination or sometimes with several), and still other people practice both. In one of the isolated communities, the NAYSPS worker hosts numerous gospel jams as a form of suicide prevention. In other First Nation communities, Christianity is mixed with Indigenous spirituality, such as taking rosary beads into a sweat lodge ceremony. A majority (~75%) of adults living in Manitoba First Nations communities felt that traditional spirituality is very important or somewhat important in their lives. A similar trend was observed when respondents were asked about religion (Christianity, Buddhism, Islam, etc). Over 75% of Manitoban First Nations adults reported religion being very important or somewhat important in their lives (RHS 2008-2010).

Assembly of Manitoba Chiefs Youth Suicide Prevention Initiatives

There are many initiatives underway to help First Nations and other youth to prevent suicide. To find effective means to assist youth, families, and our communities, we travelled several paths. We found what works for us and our people – and this is our path.

ASIST Training has a Specific Role

The Assembly of Manitoba Chiefs became actively involved in the area of youth suicide prevention in 2002 after it was identified by First Nations youth as their priority in a survey by the AMC Youth Secretariat of 900 MFNs youth. The AMC Youth Suicide Prevention Initiative proposed developing and implementing a long-term Regional Youth Suicide Prevention Strategy inclusive of: First Nation youth capacity building, youth engagement via gatekeeper training, cultural revitalization, and the development and training of the suicide prevention clinical protocols for First Nation caregivers.

In 2002, the Assembly of Manitoba Chiefs Youth Secretariat identified the Applied Suicide Intervention Skills Training (ASIST) program as a tangible resource for use in First Nation communities. ASIST is a fourteen hour gatekeeper training workshop that teaches participants to connect, understand, and assist persons who may be at risk for suicide. It was developed in Calgary, Alberta, Canada in 1983, and although it is highly standardized, the Suicide Intervention Model utilized is adaptable to the practical and cultural considerations found in a variety of countries (Rogers, 2010). After delivering the ASIST program in two First Nation communities, it was determined that although the training was well received, there was an obvious need to further adapt the training to be more culturally relevant and responsive to First Nation communities. Thus, for ASIST to be effective in MFNs, it needed cultural adaptations and expansion.

In addition to enhancing the cultural appropriateness of the ASIST program, it was determined that added capacity at the community level was also needed; therefore, supplemental training was developed. The AMC Youth Secretariat expanded the two day ASIST training to include

additional days that had specific focus on Interagency Communication and Co-ordination, Grief and Loss and Community Development. The first day would concentrate on the coming together of various key agencies and programs in the community with the aim of facilitating a co-ordinated response to the behaviours of youth at risk. The end product of this interagency process usually entailed the development of protocols that would guide the actions of community based agencies following, for example, a youth suicide or attempt.

Day two and three would consist of the ASIST training program. The fourth day's activities would be determined by the community and would focus on Grief and Loss and or Cultural Awareness and Traditions. Regardless of community choice, the fourth day was intended to focus on healing after a suicide and understanding grief. Some communities chose to approach this topic utilizing local elders and traditional healers to facilitate a sharing circle, sweat or ceremony. Other communities chose, instead, to create dialogue and understanding of the grieving process with the aims of recognizing unhealthy coping strategies such as alcohol, drugs and violence and to replace them with positive healing strategies.

The final day of this extended training focused on Community Development and Community Planning, with the end goal of developing a community based suicide prevention strategy that fully encompassed the youth suicide spectrum from prevention, intervention and post-vention initiatives. The training provided on community development sought to ensure the people of the community came together to take action on improving conditions in their community. Through citizen participation and local decision making, the aim of community planning and development was to enhance the well-being of an entire community in order to enable individuals to experience productive and satisfying lives. Community development therefore draws on the resources, talents and energies citizens to address and solve their own problems thereby strengthening the ability of communities to respond effectively to their social, economic and health needs while increasing self-esteem, self-confidence and improving community cohesion.

In these first years, the AMC Youth Secretariat has delivered ASIST to over 13 First Nation communities in Manitoba as well as to Child

and Family Service agencies, Tribal Councils, Education Authorities, Schools, and numerous service delivery organizations with over 450 documented participants. Since 2010, the AMC Youth Secretariat has worked with the RCMP to reach another 250 participants in another 17 sessions.

With ongoing training sessions, the AMC Youth secretariat built a team of four trainers that were available to First Nation communities upon request. All the training sessions were initiated by First Nation communities, and coordinated by a leader based in the community. The community coordinator was essential to the process and was responsible for selecting and screening the participants, organizing the logistics of the session, and supporting participants and community to address the issue of suicide after the training. The AMC Youth Secretariat worked closely with the First Nation community coordinator prior to the training and after the training when requested. Based on the training sessions in Manitoba it is apparent that self-determination at the community level is most effective in prevention of youth suicide (Sinclair, Meawasige, & Kinew, 2011).

Finding the Paths for What Works Depends on Each First Nation Community Looking Inside

The approaches to suicide prevention also vary greatly within communities. For example, one Manitoba First Nation that experienced a suicide after having a long period - over 40 years - with no suicides. Yet, they went on to develop a comprehensive community intervention in which ASIST was one component. In this specific case, the community utilized internal and external resources to support the vision of the community members. The community used a multilevel approach to ensure that all members of the First Nation were targeted.

Their first step was to support the community members though their grief, which was accomplished in various ways; for example, school age students help a group release of many coloured balloons, to help cope with their grief and loss in general, and the trauma that may have impacted each of them individually. There were a series of workshops with community members which extended to youth who were attending

post-secondary away from the community. The AMC Youth Secretariat was called upon to provide support as the youth worked through their grief and loss. They also discussed the topic of suicide with emphasis on supports and resources. In the community, a specific day was held to talk about suicide with community members and to gain direction from the community in the afternoon on resources and what they would like to see. The AMC Youth Secretariat facilitated workshops and assisted in the process as requested by the community. Many months after the loss of the community member, an ASIST workshop was conducted with community frontline workers, as this training is not appropriate to address the community needs during a crisis. Finally, the community hired a worker to create a crisis response plan based on community feedback and resources.

This same community hosted a walk for suicide prevention which brought together individuals who have traditional Indigenous beliefs with individuals who have Christian beliefs. This was a remarkable outcome as a community that was often divided by such beliefs came together to address the issue of suicide, and to demonstrate that united will by walking throughout the whole community. This community now has protocols to address suicide, and has invested a lot in sports and recreation for youth as well as providing various life promotion workshops for the youth. For example, further discussions in school with grade 9 to 12 students were done to focus on the Healthy Outlets. The Healthy Outlets workshop was developed to target all First Nations youth. It includes a discussion on the various types of situations the youth might encounter, what are the reactions to the situation, and what are some resources within the community they can access.

In this example, the community determined what was needed and the Assembly of Manitoba Chiefs Grand Chief and Youth Secretariat provided assistance based on the request. This was a comprehensive approach which involved the whole community - leadership, families, youth, Elders, children, supporters - to address the grief and loss first, with a series of approaches to assist with crisis response, post-vention and suicide prevention.

Emphasize the Positive Strengths of our Traditions: Traditional Youth-Elders Gathering

Just as the Aboriginal Healing Foundation found, the most effective community based initiatives were based in the languages and cultures of the First Nations peoples; so too with suicide prevention.

Youth Health and Wellness initiatives remain a priority for the Assembly of Manitoba Chiefs and the Youth Secretariat. The approach taken to suicide prevention is health and wellness. The Youth Secretariat has developed workshops, delivered ASIST, enhanced community development, and continues to host many empowering youth events including the Regional Youth Gatherings and the Traditional Youth Gathering.

The Traditional Youth- Elders Gathering was an initiative developed by youth in 2003. Youth saw how important it is that a young person develop and maintain their well-being by learning balance, through learning about the culture and traditions, which will lead to positive development in pride, a grounded cultural identity and preservation of traditional knowledge. Each spring beginning in 1997, the AMC Youth Secretariat bring together two youth reps from every First Nation in Manitoba to share experiences and leadership initiatives such as the Model United Nations workshop in 2001, and annual discussion and elections of Youth reps to sit as members of the Chiefs-in-Assembly, at the regional AMC and national Assembly of First Nations. From these Regional Youth Gatherings, the youth recommended that a gathering be held in a traditional setting with Elders and cultural teachers. Since this direction, the Traditional Youth-Elders Gathering, is held annually in summer or early fall in which usually 100 youth from across Manitoba camp and learn through various workshops, activities and teachings by elders, other youth and resource people. The event includes four nights and three days of camping on the land. The location of the Traditional Youth Gathering changes every year and strives to promote the culture and teachings of the host nation. Some of the past activities included Living a Good Life teaching, Medicine Teachings, Sweat Lodge Teachings, Tipi Teachings given while erecting a tipi, Survival Skills, Living off the Land including hunting, fishing, trapping, preparing, processing and cooking. Other workshops are on Healthy Relationships, Drum and Rattle Making, and

other traditional crafts, and recreational activities. Diversity is taken into consideration and youth are made aware of the origins of the teachings, to represent the various nations within the region. The gathering provides a unique opportunity to learn, connect, bond and create healthy connections and relationships. At the Youth-Elders Gathering in Kisipawistik (Grand Rapids), a bear came to visit on several occasions. The Elders advised to respect and learn from the bear. When the bear continued to come, the Elders said it was offering itself for the youth to learn. The bear was killed and the youth learned from the Elders such as how to prepare the skin, the meat, the medicines including rendering the fat and other parts for ceremonies - lessons never forgotten, all done in ceremony, in gratitude to the Creator.

The Traditional Youth-Elders Gathering has a positive impact on the youth in attendance. One of the participants at the Traditional Youth-Elders Gathering has stated that, "…it helped me realize what I'm here for and what my spirit name is about" and "…the first time I've felt like this to the traditional path, from here I'm going to learn more about powwows, probably go to a sweat for the first time, I want to learn more. I'm grateful I came to this camp." The sense of connection to other youth and gaining knowledge about their identity is echoed by the youth as a positive outcome of the Traditional Youth-Elders Gathering. Many of the First Nations youth grew up experiencing the effects of intergenerational trauma and colonization and may not have access to learning about their cultures and traditions. The Traditional Youth-Elders Gathering offers a unique experience to learn from First Nation experts, to connect with other youth and to share the different teachings of the five cultural territories in Manitoba (Ojibway, Cree, Oji Cree, Dene and Dakota).

Cultural Economic Political Social (CEPS) Youth Leadership Development

The CEPS program (Culture, Economic, Political, and Social) was developed for First Nations Youth by First Nations Youth as a youth leadership development curriculum, to prevent suicide. Youth leaders had observed how involving youth in developing activities in their own communities prevented suicides. In 2004, the Assembly of Manitoba Chiefs Youth Secretariat, Manitoba First Nation Youth Council, and the

Assembly of First Nations Youth Council joined forces to develop a program that would meet the needs of First Nations youth. The program was developed by the youth brainstorming ideas and concepts they thought other youth across Canada should learn, but that was not being taught in schools or other institutions. The curriculum was meant to be flexible and to be customized to the community or group of youth's needs, and is taught in more than 30 sessions, usually over several weeks. In addition, a train the trainer model was developed in order to make it available to more youth. The curriculum has been used across Canada, and is particularly scaled up in the Manitoba region. CEPS Youth Leadership Development has been recognized as a best practice and effective model in Canada (Brown & Albert, 2013). "CEPS offered a unique opportunity to build upon a young person's special gifts so that he or she could share them with the world." (Brown & Albert, 2013, p. 27).

An evaluation of the CEPS Program demonstrated that it created a difference in the lives of the participants and strengthened the four areas (culture, economic, political, and social), provided life skills, knowledge and leadership development (Brown & Albert, 2013).

In Manitoba, the Assembly of Manitoba Chiefs Youth Secretariat has further developed a five day training session for youth to become the facilitators of the CEPS Youth Leadership Development curriculum, after having experienced the full CEPS program. The CEPS T4T was developed to make CEPS accessible to more youth. The five day training session has been delivered throughout Manitoba, Saskatchewan and Quebec with approximately 185 trained in CEPS T4T. Some participants may not utilize the CEPS Introductory Train the Trainer session to facilitate the program; rather, they use it for personal development and gain stronger sense of identity, pride and knowledge of who they are as First Nations people. It is a platform for youth to be able to find their voice and let it be heard publicly.

The CEPS curriculum has been used in various settings across Manitoba, reaching more than 280 people in ages from 12 to 60. In some instances, CEPS has been incorporated within some of the First Nations schools. The CEPS curriculum was also utilized as a component of the training for the Youth focused Community Active Measures program. CEPS

components have also been delivered as workshops in after-school programs and in programs directed to youth who are currently out of school. It has been delivered within a middle school in the Winnipeg School Division and is currently implemented within a community based organization within Winnipeg as a foundation of their program.

Feedback from First Nations youth who have participated in the Traditional Youth Gathering and CEPS has been positive. Past participants have reflected in their evaluations:

> "I am going to build a youth committee and share some of the things I've learned."
>
> "I'm going to use my presentation skills at school as well as out in the world (where I will go in the future)." "I love to volunteer. CEPS changed my life and helped me not to be shy and do public speaking."
>
> "I will motivate youth for a bright future for themselves." "I look at life differently. I want to change things in my life."
>
> "I have to honestly give wonderful thank you's to "AMC" without them, I don't know where I would be in life. That one and a half week of Youth-Elders camp changed my life. I honestly was on a healing journey from then on, met so many wonderful people and workers who showed their kindness and also met someone there that later, that introduced me to CEPS (Cultural Economic Political Social Youth Leadership Program) the three month course in Thompson, MB, it really helped me to get back on my feet, teaching me about self-identity, culture and I found myself, My chosen destiny in life I successfully completed this program and I can facilitate my own program because after CEPS I took "Trainer for training" which I also successfully graduated. I must say I came along way since 2009. Now I'm living in Toronto, pursuing my chosen career in acting, and being invited to speak at meetings. I was living in the past with regrets and pain and one camp helped me get back on my feet."

CEPS in Manitoba First Nations was funded as one of five Best Practices in Suicide Prevention by Health Canada, 2007-2011. The AMC Youth

Secretariat continues to deliver this highly effective CEPS program, when requested and funds are available. However, the NAYSPS program is due to sunset in March 2015, as one of the upstream investments of the federal government in the health field begun in 2005. It is one of the only sources of funding to enable youth to work positively with youth, Elders and Healers, and community members. It is hoped that such funding will be renewed on a permanent basis.

Challenges in Interfacing with the Current Mental Health Care System

In Manitoba, the First Nations mental health system is complex, involving service providers employed by First Nations, Tribal Councils, Regional Health Authorities and Health Canada, First Nations Inuit Health. The main components of the services in First Nation communities include individuals funded through the following federally funded programs: Building Healthy Communities (BHC)[1], Brighter Futures Initiative (BFI)[2], National Aboriginal Drug and Alcohol Program (NADAP)[3], the National Aboriginal Youth Suicide Prevention Strategy

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1 Building Healthy Communities program is funded by FNIHB "to assist First Nations communities (which includes individuals and families) in developing community-based approaches to mental health crisis management. Activities include assessments, counselling services, referrals for treatment and follow-up treatment, aftercare and rehabilitation to individuals and communities in crisis".

2 Brighter Futures program is funded by FNIHB "to improve the quality of, and access to, culturally appropriate, holistic and community-directed mental health, child development, and injury prevention services at the community level to help create health family and community environments in all First Nations".

3 National Native Alcohol and Drug Abuse Program community based program "provides prevention, intervention and aftercare and follow-up services in 500 First Nations and Inuit communities. National Native Alcohol and Drug Abuse Program Residential treatment component is a national network of 50 treatment centres operated by First Nations organizations and or communities that provide culturally appropriate in-patient and out-patient treatment services for alcohol and other forms of substance abuse"; a Health Canada FNIHB initiative for more than three decades.

(NAYSPS)[4], and mental health crisis interventions. These federally funded community based services often have challenges when interacting with the provincially provided mental health services, which rarely cross the jurisdictional divide.

The Crisis Intervention program provided by First Nations Inuit Health Branch is targeted to deal with short term crisis situations with a maximum of 10 sessions with a counsellor, therapist or psychologist. The service providers range in their credentials and speciality areas. There is a difference in what is available on and off reserve for this program; on reserve there is often only one provider assigned by FNIHB, whereas off reserve, there may be many providers, and also lengthy waiting lists.

Actual attempts at suicide mean that people are brought to Nursing Stations in northern communities and then may be 'medivaced' [medically evacuated] to larger centres, including Psychiatric units in Winnipeg hospitals, or are taken local rural hospitals. Elders and Youth note there is no after-care facility for people making suicide attempts to begin a healing process. This 'system' requires evaluation by the people it seeks to serve.

It is important to note there is an informal caring network which includes family members, Traditional Healers, and friends who provide the necessary support for individuals during times of crisis. The prevention and intervention approaches vary greatly throughout the region, to address the unique needs of the people, from urban, rural or far northern and remote communities. The approach is based on "need and priority", according to federal criteria, not First Nations criteria, and on resources within and surrounding the community. All of the NAYSPS workers

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[4] The National Aboriginal Youth Suicide Prevention Strategy (NAYSPS) is "a national initiative created in 2005 (as an upstream investment by Health Canada) to address increasing rates of suicide and attempted suicide among First Nation youth. The primary goal of the strategy is to reduce the risk factors associated with suicide and to promote the protective (preventive) factors against suicide. To date, approximately 165 programs are funded across Canada. Within the Manitoba region since 2010, there have been 20 programs which are provided funding under this program, including each of the seven tribal councils, the Assembly of Manitoba Chiefs and 12 First Nation communities".

within the Manitoba region provide information within their communities or territories on suicide prevention; however, the NAYSPS workers adjust their plans to their communities, as much as possible - but also at the discretion of the First Nations Inuit Health Branch of Health Canada. Within the Southeast Tribal area, the NAYSPS project works to expand their focus to increase the knowledge of risk factors with the parents, community members, elders and service providers. Examples include offering parenting workshops and fostering family connections through family camps. In some of the communities, their approach also includes sports and recreation to increase self-esteem within the youth. Often, NAYSPS workers have dual roles as funding provided is limited and does not allow for full salary to plan and carry out activities. For example, within the Southwestern region, the NAYSPS worker also works in the area of Fetal Alcohol Spectrum Disorder (FASD). In a number of communities, the focus is responding to crisis, due to the high number of suicides, attempts or other traumas. In some instances, a community can be in constant crisis which does not allow for suicide prevention work to occur.

Researching Ourselves to Life

Over more than a decade, Chiefs and Elders have been considering that research is something our people have always undertaken and applied - "or how else would we still be here?" In 2005, Elders from all five cultural territories in Manitoba agreed that:

> *"Research is a relationship based on respect, and it takes time to build trust."*

In January 2007, the Assembly of Manitoba Chiefs-in-Assembly adopted three essential principles for respectful research relationships into the AMC Constitution:

> Free Prior Informed Consent (on a collective and individual basis), First Nations OCAP Principles (that First Nations have Ownership, Control, Access, and Possession of our own data), and First Nations ethical standards (whether they be protocols of Dakota, Dene, Cree, Ojibway, or Oji-Cree peoples).

In keeping with these teachings and principles, the AMC and AMC Youth Secretariat have undertaken a partnership with Drs Chris Lalonde of the University of Victoria and Michael Chandler of UBC, and Dr. Michael Hart of the University of Manitoba to work with five First Nations, each representing their own cultural traditions: Birdtail Sioux (Dakota), Cross Lake (Cree), Northlands (Dene), Sagkeeng (Ojibway), and St. Theresa Point (OjiCree). Together, we have discussed what are the strengths of the people and indicators of self-governance and cultural continuity (Chandler and Lalonde, 1998). The five communities hired research assistants to survey all of the First Nations in Manitoba regarding these indicators. These indicators are being analyzed with population health data to consider whether such indicators act as protective factors against suicide (and other conditions), and being interpreted with the First Nations representatives. This project has taken over five years (with several funding interruptions) to ensure that the First Nations contributed to the indicators that made sense to them and their communities. Results of this project are anticipated in early 2015.

Taking the Message

Throughout more than a decade and a half of First Nations youth leadership in suicide prevention, AMC Youth Secretariat and Council members, Kathleen Bluesky, Stephanie Sinclair, Jason Whitford, Amanda Meawasige, Jolene Mercer, Carla Cochrane and others, have been invited and presented at suicide risk and prevention conferences across Canada, and into the United States and Australia.

For example, AMC Youth representatives and the evaluator spoke at International Academy for Suicide Research (IASR) World Congress on Suicide Prevention- Montreal, Quebec, June 10-13th, 2013, on invitation by NAYSPS Health Canada, to sit on a panel with the Public Health Agency of Canada and the Canadian Institutes for Health Research. Leonard Sumner, Anishinaabe from Little Sask First Nation, brought the participants to tears and to their feet with his rap song about reaching out to prevent suicide, as this Rap and country music artist had done when working with the AMC Youth Secretariat. AMC Youth will be speaking at the International Network for Indigenous Health Knowledge Exchange, co-hosted with NEAHR Manitoba (Network

Environment for Aboriginal Health Research) conference in Winnipeg in October 2014.

Conclusion

Health and wellness for First Nations includes learning and practicing culture. Wellness includes a balance between the mental, spiritual, emotional, and physical aspects of one's life. Many researchers report that culture is the foundation for healing (Kirmayer, Simpson & Cargo, 2007; McCabe, 2003). Practicing culture can include ceremony, language, traditional teachings and practices. The Assembly of Manitoba Chiefs Youth Secretariat have woven culture as the foundation for youth suicide prevention which includes adapting tools and resources, the Traditional Youth-Elder Gatherings, and CEPS.

First Nations have the knowledge and skills required to address the issue of youth suicide, the First Nation communities that have control are the ones that have fewer instances of completed suicide (Chandler & Lalonde, 1998). In Manitoba, the research has shown that communities that have more control over their health services have better overall outcomes (Lavoie et al., 2010). The AMC Youth Secretariat work with the community to prevent youth suicide based on community direction.

Based on the Indigenous knowledge generated by the AMC Youth Secretariat, a youth driven approach is also very beneficial in terms of preventing youth suicide. The CEPS curriculum and the Traditional Youth-Elder Gatherings are examples of youth ideas put into action. Armstrong and Manion (2013) reported that meaningful youth engagement moderated the relationship between depressive symptoms, risk behaviors, self-esteem, and social support in the prediction of suicide ideation. That is, meaningful youth engagement results in youth that are less likely to report thoughts of suicide even when risk factors are present. Once the communities listen to the voice of the youth and work to address the needs of the youth, suicide prevention is possible.

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Final Moments

Kavita Kandhai

This book started as a community nursing project and when I realised what was left hidden from the world about social injustices occurring in First Nations, Inuit and Métis communities in Canada, I knew there had to be voice given to those who have so tragically been disempowered by a system made to oppress those that speak. I thank all of the authors that have contributed to this project. Your support, dedication, and bravado to speak the truth is appreciated beyond words. I thank those at CAMH that have supported this journey including Dr. Peter Menzies, Lorrie Simunovic, and Alison Benedict. Thank you to those that helped with editing the book, Sabine von Boetticher and John McCorkell. Thank you to the Professors that inspired me to fight to make change, Natasha Deer, Lynn van Halteren, Ellen Bull and Victoria Reid-de-Jong. To the brave Jaime Koebel, thank you for your artistic contributions and your courage to tell your story.

A special thank you to Jill Oakes and the University of Manitoba as without your belief in becoming allies and insight into making change, none of this would be possible. From the bottom of my heart, thank you.

To my family, Marcel, Noah, and Sam, thank you for making everything I do possible. I owe you everything and love you even more. To my mom and dad, thank you.

To the readers of this book, I hope that you may begin to imagine how social injustices can be changed and that it doesn't have to damage lives of people the way it does. It was Martin Luther King Jr. that said that, "Our lives begin to end the day we become silent about things that matter". Together, let's make voice reign.

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