



**FIRST PEOPLES  
WELLNESS CIRCLE**

# **Indian Residential School (IRS) Resolution Health Support and Cultural Support Program Stories**

Qualitative Program Assessment Based on Healing  
Journey Stories Shared by Indigenous Survivors

Final Report  
November 30, 2021



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# Acknowledgements

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# **IRS RHSP Survivor Stories**

Qualitative Program Assessment Based  
on the Healing Journey Stories Shared  
by Indigenous Survivors

# Executive Summary





# Executive Summary

This document describes the approach and findings from a qualitative assessment of the Indian Residential Schools Resolution Health Support Program (IRS RHSP) coordinated by the First Peoples Wellness Circle (FPWC). The assessment was conducted over an eight-month period from September 2020 to May 2021 in collaboration with a Working Group consisting of experienced IRS RHSP workers and service providers from different regions and provinces across Canada.

The overarching aim of the RHSP is to provide former IRS students and their families with cultural, emotional, and mental health counselling services. However, due to their knowledge of working with clients who have experienced complex trauma, RHSP workers have also been called upon to provide support for others affected by trauma, such as those related to Murdered and Missing Indigenous Women and Girls (MMIWG), people impacted negatively by the Indian Day Schools (IDS), the Sixties Scoop, and the child welfare system.

The goal of this assessment was to learn how RHSP services have assisted survivors of different traumas and their families in the past, and to inform the direction of the ongoing development of the RHSP at a national level. We hoped to learn how survivors used the services, what helped them and why, as well as what is still needed to support survivors and their families.

The findings are important as the need for trained professionals who can provide trauma informed supports continues to increase beyond the needs of the survivors who attended Indian Residential Schools.

There is tremendous unresolved grief and intergenerational trauma as Indigenous people experience the fall out of MMIWG, IDS, Sixties Scoop, current child welfare issues, the impact of the COVID-19 pandemic, and the discovery of more and more unmarked graves of Indigenous children found at former IRS sites.

The methodology for this assessment included information gathering from storytelling interviews with 60 survivors, many of whom shared a detailed account of their healing journey, how they came to be involved in the RHSP, and how this helped them in their healing.

A culturally appropriate, trauma informed protocol for information gathering was developed in concert with the Working Group. Close collaboration between RHSP workers and the interview team ensured that survivors were treated respectfully, that their physical, mental, emotional, and spiritual safety were considered, and that they were culturally and therapeutically supported by local service providers as they shared their stories in interviews.

This storytelling approach provided rich details of the complex context in which survivors' experiences and needs are situated. It provided a safe space for learning how the RHSP supported survivors and why this particular approach has been effective.




# Executive Summary

Survivors shared the following important aspects of healing inherent in the IRS RHSP:

1. The RHSP connected survivors and their families with providers who understand the deep-seated trauma impacts of IRS and the importance of a cultural strengths-based and trauma-informed approach to supporting their healing. Services were also accessed by those affected by intergenerational trauma and the interconnected experiences of Indian Day Schools (IDS), Missing and Murdered Indigenous Women and Girls (MMIWG), and the Sixties Scoop.
2. The RHSP also enabled some survivors to begin to restore family relationships. The RHSP helped survivors and their descendants to better understand how their IRS experiences resulted in parents' inability to care for their children. This understanding is one of the first steps to restoring family relationships and supporting long term intergenerational healing. The program provided a safe and supportive environment to view family disruption with a compassionate perspective for survivors and to share openly about how multigenerational abuse has impacted various family members.
3. For many survivors, culture, language, and tradition played a central role in embarking on their path to recovery, and in their overall healing journey. The program offered support for healing centred around reclamation of identity and cultural strengths. Cultural supports included access to Elders, supporting survivors' choice to be served in their original languages, reconnecting with the land and their Indigenous teachings, and sharing the sacredness of their original ceremonies, such as sweats, lodges, cedar brushing, and smudging. Land-based healing, present in many of the programs, had a therapeutic affect for many with its focus on holistic health and wellbeing. For others, reconnecting with their spirit through ceremony and other practices was instrumental in overcoming their trauma.
4. A key strength of the RHSP described by survivors is that it embraces all expressions of spirituality and provides a pathway for individuals to regain their traditional ways. Irrespective of whether a survivor embraces Indigenous spirituality, the Christian faith, or other forms of organized religion, the program enables survivors to work within their spiritual framework, recognizing it as a pillar of healing.
5. Accessing services in their ancestral language, especially for some of the older survivors, cultivated healing by providing a sense of identity and feelings of connection to a broader community. Embedded within the languages are not only innate teachings, but also the steps for healing physically, mentally, emotionally, and spiritually.





Throughout the development and the information gathering phase of this qualitative assessment, the COVID-19 pandemic unfolded in successive waves, threatening not only physical health but eroding the mental wellbeing in our communities. The containment efforts disrupted many systems that survivors rely on – a normal way of life and regular routines, family support systems, cultural practices, and access to primary care, mental health, addictions, and social services. Survivors shared the following disruptions and how they coped with them:

1. The containment measures are much more than an inconvenience for survivors of trauma. Isolation and social distancing measures often act as psychological post-traumatic stress triggers for IRS survivors. Many felt like they were reliving painful IRS experiences such as loneliness and isolation, during community lockdowns. As a result, many felt anxious and/or depressed.
2. In response, many have focused on developing good coping mechanisms, such as being in nature, walking and craft making. However, it is important to remember that, to ensure the safety of all survivor participants, we did not speak to those who were struggling with their wellness as the interviews provoked stress and raised potential for additional triggers.

3. The accessibility of the RHSP workers and their program was mentioned by several participants as a “huge help” in connecting to services.
4. Some found ways to continue with the practice of ceremonies during the pandemic, using physical distancing.
5. COVID-19 containment measures have very much increased the need for the RHSP services and social activities which are dearly missed.
6. Survivors’ access to one-on-one support through a RHSP worker or an Elder via the cultural support program has been critical.
7. There is a need for culturally based recovery from the COVID-19 pandemic.

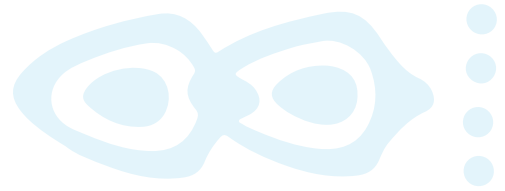


# Executive Summary

In mapping the way forward, survivors spoke of key elements needed to enhance and strengthen the RHSP. Notably they contain several interlinked actions in the following key areas:

1. Addressing the urgent needs of IDS, MMIWG, and Sixties Scoop survivors through expanded and customized services. Indian Day School applicants and Sixties Scoop survivors face daunting and traumatizing processes associated with establishing their claims. Processing the loss and grief associated with MMIWG requires competent and comprehensive support and counselling.
2. Creating a life course approach within the RHSP which addresses the needs of women, men, children and youth with distinctive and uniquely tailored services across the life course. Enabling safe environments and supportive processes for healing looks quite different for men, women, children and youth.
3. Building a quality care system that is centred around wholistic healing services and ensuring that the RHSP is integrated within the landscape of broader mental health and addictions supports. Wholistic healing services are those which move beyond discrete interventions and professional counselling to a system of interlinked supports nested within cultural strengths.
4. What it means to heal is different for everyone, though most agree that healing is an ongoing process that needs to be cultivated and maintained. For many, culture, language, and tradition played a central role in creating their path to recovery, and in their overall healing journey. Expanding culturally based services including family, community cultural and land-based healing, and providing opportunities for culturally based socialization is critical in this regard.

5. The lived experience, community and cultural knowledge, and collective wisdom of the RHSP and cultural support workers is a strength of the program. However, this strength which resides within the workforce needs to be nurtured and supported. Expanding the culturally safe workforce through additional resources, training, capacity building, and most importantly, succession planning as the cultural support and RHSP workforce advances in age is paramount.
6. “Caring for carers” through the provision of support for RHSP workers through debriefing and self-care and other mechanisms is critical. This is exceedingly important as workers themselves who carry their lived experiences are equally affected by the recent discovery of unmarked graves at IRS sites across Canada.
7. Finally, the message from survivors reverberates across all parts of Canada – the RHSP must be reoriented to afford wholistic healing services that centre community led, cultural strengths-based services delivered by Indigenous providers complemented by mainstream clinical providers. Most importantly, the program must not only expand to respond to mounting service demand, but be enhanced to support continued, sustained, longitudinal healing or individuals, families, and communities.



# Introduction





# Introduction

## Overview

This document describes the approach and findings from a qualitative assessment of the Indian Residential Schools Resolution Health Support Program (IRS RHSP) coordinated by the First Peoples Wellness Circle (FPWC) and conducted over an eight-month period from September 2020 to May 2021.

Working in collaboration with an Advisory Group consisting of representatives from across Canada, FPWC was tasked to document the work, benefits and impacts of IRS RHSP services, including the range of wellness services and how these have helped Indigenous survivors and their families in their healing journeys.

A storytelling approach allowed the team to learn directly from the survivors' experiences while ensuring that the safety of survivors, as they recounted traumatic events, was always the top priority. The overall goal of the story telling approach used in the assessment was to gain a better understanding of the role of RHSP services in survivors' healing journeys, and to better understand what is needed to support survivors and their families in the future.



## First Peoples Wellness Circle

The First Peoples Wellness Circle (FPWC) is a national not-for-profit corporation governed and managed by Indigenous leaders. FPWC exists to improve the lives of First Peoples across Canada by addressing healing, wellness, and other mental health challenges. FPWC's work focuses on implementation of the First Nations Mental Wellness Continuum Framework (FNMWCF) through leadership, research and partnerships providing a network of supports to the mental wellness workforce in First Nations communities. The FPWC team works with federal, provincial, territorial, and Indigenous government and non-governmental partners to advance mental wellness for Indigenous peoples.

The FPWC has its roots in the good work and legacy of the Native Mental Health Association of Canada (NMHAC) that was led by pioneers in the field of Indigenous mental health. NMHAC was built on a foundation of connectedness and relationships. Through their pioneering work, they offered Indigenous community workers and non-Indigenous allies unique opportunities to explore, share, network, and advance dialogue on Indigenous ways of knowing and doing. NMHAC always strove to highlight the successes of Indigenous communities addressing mental health challenges using Indigenous knowledge<sup>1</sup>.

<sup>1</sup> <https://www.fpwc.ca/our-roots>

# Introduction

In June 2015, the National Native Addictions Partnership Foundation (NNAPF) and the NMHAC formed a strong partnership and were rebranded as the Thunderbird Partnership Foundation and the First Peoples Wellness Circle, respectively. Together, these organizations represent some of the most current and promising thinking on mental wellness within the First Peoples of Canada<sup>2</sup>.

Today, FPWC works to promote Indigenous culturally-grounded and strengths-based approaches that support healing and wellness.

## Qualitative assessment of the IRS RHSP

The FPWC is documenting the work, benefits and impacts of the IRS RHSP services.

The overarching aim of the RHSP is to provide former IRS students and their families with cultural, emotional, and mental health counselling services. These services include, but are not limited to:

- Access to cultural and emotional support services,
- Professional counselling services for individuals and families, and
- Assistance with the cost of transportation to access counselling services and Elders.

Through this program, various workers and service providers have assisted former students and their families to safely address issues related to the legacy of the IRS. This has been particularly important during the Truth and Reconciliation (TRC) events, where survivors may have relived past trauma during disclosures of abuse, as well as during the Settlement Agreement process. However, the workers have also been called upon to provide support for others affected by trauma, such as those related to Murdered and Missing Indigenous Women and Girls (MMIWG), people impacted negatively by the Indian Day Schools (IDS), the Sixties Scoop, and the Child Welfare System (CWS).

The long-term goal of this assessment is to learn how IRS RHSP services have assisted survivors of different traumas and their families in the past, and to inform the ongoing development of the IRS RHSP. We hoped to learn about survivors' satisfaction with the services, what helped them and why, as well as what is still needed to support them and their families moving forward.

This is particularly important as the need for trained and trauma-informed supports continues to increase due to unresolved or intergenerational trauma experiences from MMIWG, IDS, Sixties Scoop, and child welfare. These experiences are intimately connected with the intergenerational legacy of IRS trauma and continue to escalate service demands on workers within the IRS RHSP.

<sup>2</sup> (<https://www.fpwc.ca/our-roots>)





## Background

Indian Residential Schools represent a dark chapter in Canadian history. Over a period of more than 150 years, more than 150,000 Indigenous children were removed and separated from their families and communities to attend residential schools. While most of the 139 IRS ceased to operate by the mid-1970s, the last federally run school did not close until the late 1990s. In June 2021, at the time of the writing of this report, the first of many unmarked mass grave sites of Indigenous children were found at the Kamloops Indian Residential School and prompted calls for further searches.

In May 2006, the Indian Residential School Settlement Agreement (IRSSA) was approved by all parties to the Agreement. The implementation of the Settlement Agreement began in September 2007 with the aim of bringing a fair and lasting resolution to the legacy of the IRS.

The IRSSA has five main components, the Common Experience Payment, Independent Assessment Process, the Truth and Reconciliation Commission, Commemoration, and Health and Healing Services.

The IRSSA is the largest out-of-court settlement in Canadian history. Health Canada (HC) is responsible for meeting Canada's legal obligation with respect to mental health and emotional health support services, the fifth component of the Settlement Agreement.

The Health and Healing Services component of the agreement is afforded through the IRS RHSP which provides mental health, emotional, and cultural support services to eligible former IRS students and their families. These supports are provided throughout all phases of the IRSSA, including Common Experience Payments (CEP), Independent Assessment Process (IAP), Truth and Reconciliation Commission (TRC) events, and, Commemorative activities and beyond, as the healing journey continues.

RHSP services are safe, confidential, respectful, and non-judgmental. All former IRS students who attended an IRS listed in the IRSSA, regardless of the individual's status or place of residence within Canada, are eligible to receive services from the RHSP.

The IRS RHSP aims to ensure that the approximately 80,000 surviving former IRS students and their families have access to health support services, so that they may safely address the broad spectrum of mental wellness issues associated with their IRS experience. This fulfills the commitments made in the IRSSA, which includes professional counselling and cultural and emotional support.

The objectives of the RHSP are to provide mental health, emotional, and cultural supports throughout all stages of the Settlement Agreement process, including emotional and cultural services to those in attendance at Truth and Reconciliation Commission (TRC) events and Settlement Agreement commemoration events and during the Independent Assessment Process (IAP).

# Introduction

The program delivers emotional and cultural support through 124 contribution agreements to First Nations recipient organizations.

The First Nations and Inuit Health Branch (FNIHB) of Health Canada, is responsible for the management and delivery of the RHSP. Health Canada spends an average of \$55.5 million per year on the RHSP, with approximately 73% in transfer payments for emotional and cultural support, 23% for access to professional counselling and transportation services, and 4% for salaries and wages.

Counselling is provided by clinical social workers and psychologists on a fee-for- service or per-diem basis with the delivery model for counselling services and transportation purposely similar to the model used by the Non-Insured Health Benefits (NIHB) Program<sup>3</sup>.

The RHSP is designed to operate according to a number of guiding principles, including: national consistency and equitable access, non-judgmental, sensitive, and compassionate service delivery, and, sustainable and fiscally responsible services, including transparent administrative processes supported by stakeholder input from First Nations and Inuit organizations.

## Indian Residential Schools - Resolution Health Support Program

The IRS RHSP provides mental health and emotional support services directly to former students and their families as they participate in the different components of the IRSSA.

The following services are provided:

- Emotional support via Resolution Health Support Workers (RHSWs) who listen and provide support through all phases of the Settlement Agreement
- Cultural support via Elders and/or traditional healers who share teachings, ceremonies, dialogue, and traditional healing
- Professional counselling<sup>4</sup> provided by psychologists and social workers who are registered with Health Canada, for individual or family counselling
- Assistance with transportation may be offered to access counselling and cultural support services when not locally available

The IRS RHSP is delivered through local Indigenous organizations.

<sup>3</sup> The NIHB Program delivers health-related goods and services that are not insured by provinces or territories or by other private insurance plans such as pharmacy and dental benefits.

<sup>4</sup> As described by Indigenous Services Canada see: <https://www.sac-isc.gc.ca/eng/1581971225188/1581971250953>. Working group members have challenged the assertion that professional counselling of this nature matches the true need for wholistic healing services.

## Program eligibility

Eligible clients are those who attended IRS or their family members. They include:

- Former IRS students, regardless of their status (First Nations, Inuit, Métis, non- status, non-Aboriginal) or place of residence within Canada (on- or off-reserve), who have received or are eligible to receive CEP
- Former IRS students who are resolving a claim against Canada through the IAP
- Former IRS students who are participating in TRC or commemoration events

Additionally, in recognition of the intergenerational impacts that IRS had on families, RHSP services are also available to family members of former IRS students. Family members are defined as a spouse or partner, those raised by or raised in the household of a former IRS student, or any relation who has experienced effects of intergenerational trauma associated with a family member's time at an IRS.

Former students are provided with information on the program when they apply for the CEP and/or the IAP. Health Canada reports that it has also widely disseminated information on how to access the services through community and Friendship Centre visits and direct mailings to communities. As well, Health Canada has worked in partnership with the TRC, community organizations, and other Settlement Agreement partners to ensure that an adequate number of support workers, cultural support providers, and professional counsellors were available at all national and community TRC events and commemoration activities.

Although the TRC has now completed its mandate, the RHSP's role will continue until all IRSSA activities have been completed.

Former students can access health support services via several access points. Cultural and emotional supports can be accessed by contacting an RHSP contribution agreement recipient in the client's region. Clients may be put in touch with the appropriate service organization by contacting a known resolution health support worker (RHSW) or cultural support provider (CSP); the RHSP Regional Coordinator at the FNIHB regional office; or, through a referral from the IRS Crisis Line.

Counselling services can be accessed by contacting the Regional Coordinator for the RHSP in the client's province or territory directly, or through a third party (a family member, 24-hour National Crisis Line, lawyer, health support provider, or community health worker).

Former students and their family members can choose the type of support they wish to receive: a professional counsellor, an RHSW, or a CSP. The level and duration of the required services, including transportation, vary depending on each client's needs and circumstances<sup>5</sup>.

<sup>5</sup> <https://www.canada.ca/en/health-canada/corporate/transparency/corporate-management-reporting/internal-audits/march-2016-final-report-audit-resolution-health-support-program.html>

# Introduction

## RHSP service delivery approach

Indigenous organizations are the contribution agreement holders for the IRS RHSP. In British Columbia, the program is delivered by the First Nations Health Authority.

The current delivery approach is based on community and culturally based practices.

## Community driven

Indigenous community service organizations adapt the service model based on their local community priorities. Program delivery is community-based, community-paced, and community-led. Recognizing that community development, ownership and capacity building are core to rebuilding community health and wellbeing, organizations have framed the program within their community systems and structures. Community engagement has been critical to this process, and involves core competencies including:

- Consultative dialogue and meeting facilitation techniques
- Identification of barriers and prioritization of goals
- Information gathering and needs assessment
- Community mapping, collaborative planning, and consensus building
- Communication strategies including social media campaigns and marketing
- Evaluation
- Reporting

## Culturally informed and trauma-based services

The delivery approach of RHSP strives to be culturally rooted, trauma-informed, and strengths-focused. This includes healing and wellness based on culture and on the strengths of community development, ownership, and capacity building (embedded in community). Elders, Traditional Knowledge Keepers, and Healers provide culturally competent and relevant skills facilitating strengths-based, trauma-informed approaches.

Culturally appropriate supports can include and be linked with:

- Education, culture camps and traditional activities to reclaim culture and language, including immersion programs
- Family counselling and treatment centers to rebuild parenting skills and address family violence
- Available and accessible crisis interventions, home visits and addictions support
- Sharing circles, symposia, and other opportunities for survivors to share with youth in order to rebuild the knowledge base and support knowledge transfer (including cultural protocols) through storytelling



- Mentorship programs for youth to learn from traditional healers so that traditional medicine practices continue
- Traditional healers and medicines integrated into the range of recognized services
- Wrap-around services and a continuum of care for individuals, families, and communities throughout their lives, consistent with a Stages of Life approach
- Sharing promising practices and encouraging team-based approaches by doing so
- Trauma-informed systems of care within communities to support complex needs and defend against historical and ongoing colonial trauma



## Coordinated team-based approach

Some organizations have embedded the RHSP as part of a more integrated model of care involving the coordination of personal, family, and community supports. The use of case management systems and multidisciplinary teams of care providers can facilitate collaboration among local, provincial, and federal services. As an example, RHWs and Community Support Workers (CSW) link with a local Mental Wellness Team (MWT), which is a multidisciplinary team grounded in culture and community development. The MWT membership is determined based on community needs and strengths, and may include social workers, addiction counsellors, cultural advisors, occupational therapists, mental health workers, nurses, and psychologists.

## Wholistic approach

The RHSP service delivery approach is informed by wholistic practices of the local Indigenous or First Nations people who seek to achieve whole health—physical, mental, emotional, and spiritual. The program is nested in a coordinated, comprehensive approach that respects, values, and utilizes First Nations cultural knowledge, approaches, languages, and ways of knowing to deliver culturally safe care. Many respondents described how the IRS experience affected communities as a whole and how important it is that program approaches and services focus on whole communities and families, as opposed to individuals.

# **The Collaborative Approach to the Qualitative Assessment**





# The Collaborative Approach to the Qualitative Assessment

The overall approach to the qualitative assessment was based on Indigenous approaches to engagement, participatory research principles, and strong values of caring and safety for the participating survivors.

## Indigenous engagement process

To ensure that the assessment would be informed by a diversity of perspectives from individuals with lived experiences, the FPWC employed Indigenous principles of engagement through the development of relationships with Indigenous participants from various regions.

In this manner, the FPWC sought out experienced Indigenous service providers who represented diverse Indigenous nations across Canada to establish a Working Group to guide and facilitate this process.

## Creation of a National Working Group

The National Working Group (WG), which first met in August 2020, provided guidance to the project consultants and the FPWC project coordinating team. The purpose of the group was to provide culturally grounded, community-driven advice and feedback on the design, implementation, interpretation, and analysis as the project team developed the research approach and carried out the qualitative assessment. Although more frequently at first, at a minimum, the group met monthly for a total of 10 meetings between September 2020 and April 2021.

## Membership on the National Working Group

The backbone of the WG was the provincial/territorial representatives involved in IRS RHSP work at the local/regional level. Organizations from each province/territory were invited to add a representative to the WG. WG members were in turn selected based on their experience of working within the IRS RHSP and providing services in the communities. The WG members had significant relevant experience, which included supporting individuals and groups who have experienced trauma due to the IRS, MMIWG, Sixties Scoop, IDS, and child welfare system. Many had experience in supporting large gatherings of IRS survivors.

At the request of the WG, an Elder, who was knowledgeable about mental health and wellness, and who has had many years of experience in supporting IRS survivors, day school applicants and their families, was invited to join the WG.

In addition to the frontline workers, the First Peoples Wellness Circle (FPWC) board and staff member representatives and project consultants attended all meetings. Dr. Brenda Restoule, Executive Director at FPWC and Project Coordinator and staff of the FPWC served as the secretariat resource to the WG. The consulting team took advice from the WG in the development and implementation of the project and received administrative direction from the FPWC.

# The Collaborative Approach to the Qualitative Assessment

## Leadership and guidance of the National Working Group

To guide meetings, co-chairs were selected from FPWC staff, as well as from members of the WG. Danny Manitowabi, from Wiikwemkoong Unceded Territory, was invited as an Elder, to advise the group based on his life-long experience in mental health and to open and close meetings with a prayer.

## Objectives of the National Working Group

The group was instrumental in guiding the design and development of all aspects of the assessment. The following specific objectives were identified to guide the activities of the WG:

- Implement community-based participatory research and community development principles to ensure community-driven, culturally appropriate processes for the overarching design and practical development of sound methodological approaches to data gathering
- Ensure substantive input from a wide variety of key regional contacts across agencies, organizations, partners, and stakeholders
- Support and provide feedback for appropriate methods, safe processes, and design of information/data gathering instruments and approaches
- Serve as a sounding board for the interpretation of findings and results, and to assist in validation and provide feedback

## National Working Group meetings


Initially, four meetings were planned to be held by teleconference to address each of the following topics: orientation to the project; method and approach; review of summary reports; review of the overall findings; and discuss recommendations.

However, at the first meeting of the WG it became clear that speaking with survivors for the purpose of this assessment required more thoughtful and careful planning to ensure a strong support system at the local level, so that survivors who participated would be safe. There was a clear risk of triggering survivors by recounting their story of healing and the connection of their healing work to the IRS RHSP.

Safety considerations also required focusing on speaking with survivors who were well along in their healing journey, had good access to services, and a strong support network. This meant that the WG had to plan for a process that involved the IRS RHSP workers in preparing and providing aftercare for participating survivors. A safe approach to asking interview questions also had to be determined.

The WG was instrumental in the development of the information gathering method that proposed the storytelling approach as an alternative to the standard method of interviewing, which often involves a prescriptive, and often intrusive, line of questioning.





The WG also provided advice on how to engage across as many regions in Canada as possible. They were instrumental in sharing information about the assessment to interested organizations and communities, and in raising awareness about the scheduled Information Sessions which were hosted by video conference.

All decisions about the final approach were reached by consensus.

### Information sharing with leadership

At the February 2021 meeting, the WG developed a communications plan about the assessment to be shared with community leadership and with health directors and/or the First Nations Health Managers Association.

Communications about the ongoing qualitative assessment work and the preliminary findings will be critically important, as leadership has a pivotal role to play in advocacy.



### Regional information sessions

From January 18 to March 2, 2021, a total of seven information sessions were held. The purpose of these sessions was to inform the RHSP workforce of the upcoming assessment, to provide information about the project, and to assist in the identification and recruitment of participants for the storytelling interviews. Each session offered in- depth information on the approach and the support required from workers, in order to ensure the safety of potential survivor participants.

Information sessions were set up as video conferencing and advertised through word of mouth within the RHSW networks of the WG, FNIHB, and the AFN, as well as via a letter of invitation from the FPWC. Four of the seven sessions were set up for simultaneous translation into French, if translations were required.

Additional information sessions were added strategically, as participation in the interview process in some provinces had initially been lacking.

# The Collaborative Approach to the Qualitative Assessment

## Impact of the COVID-19 pandemic

Initially, the work was planned to be conducted in-person in each participating region or community, with members of the consulting team engaging in significant relationship building and planning meetings prior to data gathering interviews. However, due to physical distancing measures related to the COVID-19 pandemic, this was not possible.

All meetings and the collection of survivor interviews had to be conducted virtually, using video conferencing technology. This had a major impact on the engagement process and increased the workload of the WG, as they were now required to advise the project team on a process that would allow the assessment to be conducted safely, via virtual means, during the pandemic.

Physical distancing requirements also meant that additional protocols for safety had to be considered and developed for participating survivors. Due to physical distancing measures, access to health and social support services for survivors was already compromised early-on during the pandemic. At the same time, the social consequences of lockdown procedures, coupled with the fear of contagion and social isolation, caused considerable increased stress for survivors, raising the risk of triggering additional emotional trauma. WG members explained that dealing with COVID-19 was overwhelming for many survivors, with the potential added danger that interviewing people would re-traumatize them.

***“We want to be careful with each interview, to ensure we keep the survivors as safe as possible”***

This became the guiding principle. Therefore, a decision was made that only clients who were well supported on their healing journeys and who had strong ties to services were to be interviewed, to ensure aftercare support would be available.

Because of the additional risks brought on by the pandemic, it was not possible to interview survivors who were accessing services less due to location or due to other issues, such as being incarcerated.

Ensuring participant safety was paramount in designing the inclusion criteria. Though it introduces a key limitation in respondent selection, the WG maintains it was the best decision in the interest of those involved.



## Creation of a Collaborative, Cultural Strengths-based Methodology: The Storytelling Approach

Many times, these questions were asked:

- Why are you doing this?
- Why do you want to put individuals through another process that has the potential to re-traumatize them when we have already shared what we know in the past?

The answer has come from the storytellers themselves - individuals stepped forward to participate in this process because they wish to see the RHSP sustained and strengthened for those yet to come, and for those who are still seeking healing.

In their stories, survivors talked about the many ways in which they were supported on their path to healing. For many, a key starting point involves the RHSP creating space for survivors to share their stories as a vital/essential element of their healing journeys.

***“I want to break that legacy; I don’t want to leave that legacy for my grandchildren...”***

The process of gathering information for this investigation mirrors the program’s approach in how it centres story and was chosen for this qualitative assessment for several reasons:

- It provides rich detail far beyond what other methods can achieve using a smaller number of respondents.
- It permitted a safe space for survivors to describe their healing journey, giving voice and agency to the individual to control the narrative. Storytellers were able to navigate through traumatic experiences, grief, loss, and sexual trauma according to their own stage in healing and readiness.
- Resolution Health Supports and Cultural supports are complex and cannot be separated from the context in which they are embedded. Storytelling afforded ample room to learn about the complexity of the RHSP - not as a series of interventions or component services, but as a whole - and situated our understanding within the necessary context. This enabled the emergence of findings from within the stories.
- It helped us understand how the RHSP supported survivors and why this particular approach worked for them.

# The Collaborative Approach to the Qualitative Assessment

However, it must be emphasized that the storytelling interviews in this assessment were not developed or designed to be part of a therapeutic process. Instead, a suite of extensive preparation processes was created for survivors, workers, and interviewers. This was an essential element to conducting the interviews safely and reducing potential risk of harm.

Re-telling stories was an emotional and stressful journey for many survivors. Many needed several aftercare visits from RHSP workers to ensure that they could manage the distress of revisiting their past trauma in a good way, especially during the social distancing measures of the pandemic.

Every aspect of the storytelling approach was developed in close collaboration with the WG. It consisted of a progression of steps for preparing the worker and the survivor for an interview process that considered the safety of survivors as the guiding principle.

Interviewers from the consulting team were assigned to one or more RHSP workers in order to ensure the establishment of strong working relationships. If there was a preference for male or female interviewers, the assigned interviewer from the consulting team had the ability of arranging another interviewer to accommodate survivors' preferences and needs.

All materials, information sessions, and interviews were translated or offered in French. Translation into Indigenous languages was also offered to all survivors.

## Collaboration between the interview team and the RHSP worker

The respectful collaboration between the RHSP worker and the interview team was perhaps the most important approach to the gathering of survivors' stories. In order to keep the survivor safe, the interview team had to work very closely with the local RHSP workers who supported the storytelling process with IRS survivors. RHSP workers were specially selected for this collaborative work because they were in the best position to know who would be coping well enough during the pandemic to consider approaching for participation in the interviews.

## Survivor Participant Booklet

For survivors who decided to participate, a booklet (see [Appendix B](#)) was created to help them to prepare and to ensure they were safe and well supported. The booklet contained tips to prepare for the interview and for keeping well after the interview. The booklet was structured with information for staged preparation: one week before the interview, the day of the interview, and after the interview.





## Worker Checklist Booklet

The workers were provided with a tool, known as the Worker Checklist Booklet (see [Appendix A](#)), to ensure a consistent approach to the assessment in all regions. This booklet provided information on the following topics:

- **Consideration for recruitment of survivor participants.** First and foremost, workers were asked to only approach survivor participants who they felt had already done a lot of healing, were well-grounded and stable in their healing work, and who were well-connected to services. Next, workers were asked to consider survivor participants who would speak from different perspectives, such as survivors of IRS, IDS, Sixties Scoop, intergenerational trauma, and relatives of MMIWG. Additionally, it was important to be inclusive of traditional language speakers; spiritual, traditional, and religious beliefs; genders; sexual orientations; and places of residence.
- **Monitoring the preparation and observance of survivor preferences.** The survivor participants received another booklet from the worker describing the interview process. During the lead up to the scheduled interview, the worker was in contact with the assigned interviewer to ensure preparations were completed. For example, the survivor would be provided with a gift prior to the interview (this was desirable, but not always possible) to acknowledge their contribution, a consent form was to be signed, and arrangements for translation, if required, were attended to. Finally, a comfortable place was to be identified for the interview, and aftercare and a debrief were to be arranged as required.
- **Safety screening and identification of cultural needs of potential survivor participants.** Once workers had identified survivors that generally fit the requirements for recruitment, they were asked to screen for additional risk factors that might have arisen. For example, survivors with health conditions that were exacerbated during the pandemic, or who had experienced additional grief that had affected their health and wellbeing more than usual, might not be in a safe situation for an interview. For those who seemed to be coping well, the worker determined if an offering (such as tobacco) or cultural or spiritual observances were required at the start of the interview, and if the survivor participant preferred an interview in English, French, or their ancestral language. If an Indigenous language was required, arrangements were offered for a local translator that the survivor felt comfortable with.
- **Supporting the Interviewee and aftercare.** Some survivors wanted their worker to be present as they told their story. In those cases, the worker either joined the video conference unobtrusively or was present in person with the survivor. The worker ensured that the survivor would check in after the interview and provided feedback to the interviewer. Some survivors required just one check-in, others needed more support after the interview, as it triggered emotions with which they needed help from an experienced RHSP worker in order to process safely.

# The Collaborative Approach to the Qualitative Assessment

## The Interview Process

The interviews were conducted over video conferencing technology by trained interviewers contracted by the FPWC. The interviews took place in the survivors' homes, the local health centres, or another place of their choosing. The local RHSP workers' help was required to ensure that the technology needed for a good connection with survivors during the interview process was established and maintained. The RHSP workers also ensured that the survivors were supported throughout the process, as needed.

Interviewers had a written interview guide in order to ensure that a standardized approach was taken. In the gathering of stories, the focus was on the survivors' personal healing stories and how the IRS RHSP had helped survivors and provided support to them. The interview approach that was used included the following key steps and measures:

- **Participant safety during the interview process.** Participation in the interview could bring up uncomfortable or traumatic memories for survivors. Therefore, every effort was made to ensure the safety of the survivors and their families both during and after the interview. The survivor had the right to request the presence of their worker. If the worker was present, they would quietly listen in on the interview. Interviews were conducted as much as possible in a manner that did not pose an additional threat of exposure to COVID-19. For example, if survivors requested their worker to be present, the worker normally joined virtually. In some cases, with safety measures in place, the workers were able to do home visits during the interview, as local pandemic restrictions permitted.
- **Informed consent form.** To ensure the survivor was well informed about the process, a comprehensive informed consent form (see [Appendix C](#)) was completed prior to the interview. A recorded verbal consent option was provided for those who could not sign due to distancing protocols.
- **Gift to survivors.** To acknowledge the gift of the story and the time that the survivor shared with the interviewer, the participant was to be provided with a gift certificate or money. The gift was to be given to the participant prior to the start of the interview whenever possible.
- **Option to receive a copy of the audio recordings of the interview.** The interviews were audio recorded with the survivors' consent. Survivors were given the option to request a copy of the audio file be mailed to them on a memory stick.
- **Option for translation of the interview.** It was important to support survivors who speak their own traditional language. Translation services were offered prior to the interview. A key consideration was that the survivor had to be comfortable with the chosen translator.
- **Complaint process and debrief options.** To ensure that interviewees or workers had a place to discuss potential concerns about the project and the interview process, they were provided with the toll-free phone number for Dr. Brenda Restoule, FPWC CEO, as well as her email address. Debrief sessions were offered to workers to discuss if the approach taken by the interview team required any specific changes.



## Interview questions

The storytelling interview approach was chosen to enable the survivors to share as much or as little about their experiences as they wished. Survivors were invited to describe their experiences with the program at their own pace, touching on topics as follows:

- Their experiences with the IRS RHSP and how their healing journey was supported
- Their access to cultural and spiritual supports through the program
- How family was involved in their healing journey and how their family accessed programs and services
- How they are coping and practicing resiliency during the pandemic
- Their thoughts about additional supports needed going forward

Survivors were invited to share stories about their healing journey in as much or as little detail as they wished. Follow up questions were posed very gently and in an open-ended manner. The follow-up questions used during the interviews included:

- Can you tell me about your healing journey?
- Did you use the IRS Resolution Health Support Program? How has this service (or other services you accessed) supported your healing journey?
- How was your family included in the service? Was this important, and if so, why?

- How was your culture, tradition, religion, and/or spirituality part of your healing (and connected to the service)?
- Was there anything else that has supported your healing and resilience?
- Can you tell me how you approach stressful times, including the pandemic? What are your best practices for dealing with this?
- Would you recommend the program? What is your vision for the future of this program? For example, what supports, if any, could this service offer in the future, for you or your family and other survivors?

## Analysis of interview data

All interviews were audio and video recorded and a thematic analysis was conducted. A standardized data collection form was completed by each interviewer after their respective interviews. This form was completed as the interviewer listened to the recording. The interviewers also typed out verbatim quotes that were particularly representative of the survivors' stories.

During the interview phase, the interview team held weekly meetings to discuss emergent themes that were identified during the interviews.

Several members of the consulting team reviewed all of the data collection forms to create a preliminary report.

# The Collaborative Approach to the Qualitative Assessment

## Strengths and Limitations of the Approach

The unique situation of conducting this qualitative assessment during the COVID-19 pandemic restrictions resulted in some limitations; however, in close collaboration with the WG, many opportunities were created to significantly strengthen the methodology during this challenging time. The strengths and limitations are outlined below.

### Trauma-informed approach

One of strengths of the storytelling method, and indeed the whole design of the qualitative assessment, is that it was trauma-informed – respecting both the needs of the survivors and their workers, as well as the sensitive nature of the subject matter being explored. In this regard, several layers of safety were implemented into the data collection approach to protect survivors, their workers, and their interviewers. We feel this allowed the interviewers to “meet the survivors where they were at” and allowed survivors’ stories to emerge in as natural a progression as possible. The richness of the stories and the quality of information gleaned from within the stories of the survivors would not have been possible without this approach.

### Culturally congruent methodology

The guidance of the WG cannot be understated as it relates to ensuring that the evaluative assessment was both culturally safe and culturally appropriate. Through the qualitative assessment, the WG sought input from a wide range of regions, locations, and associated Indigenous cultural traditions. As a result, the WG was able to build consensus as to the measures needed to ensure a culturally congruent approach.

The storytelling approach and oral tradition of knowledge sharing is a widely held mechanism for learning, making sense of experiences, communicating values, establishing relationships, and exploring lessons and cultural concepts. The storytelling approach provides much more in-depth and rich information compared with a standard interview methodology. Another strength lies in its resonance within many Indigenous traditions and in the nature of storytelling as a way to uncover meaning and ideas. Other cultural strengths-based measures recommended by the WG, such as the use of original Indigenous languages, the offering of prayer, and the inclusion of ceremonial observances, were also instrumental in not only ensuring the survivors’ safety, but in building trust in the process they were participating in. This led to increased openness on behalf of the survivors and sharing of much more information than would have been possible with a conventional interview approach.





As interviewers, we were immensely gratified to hear that the process was well received by workers and survivors alike. As an example, satisfaction with the process was communicated by one survivor:

***“I just want to say thank you so much for doing this in such a good way. At first, I was a little confused but then when I read the booklet and talked to [worker], I felt confident, ok and I understood. I just love the amazing art – all of it has been absolutely beautiful and this is one of the best projects that I have participated in (and I have participated in a lot). And usually it’s just people picking my brain that aren’t Indigenous and afterwards, I feel naked, like I’ve been left and traumatized and wonder “What just happened to me”. It was just insane and so I was feeling so worried about my wellbeing. And I did not feel a single little drop of that here. And I am just so grateful and thankful.”***

# The Collaborative Approach to the Qualitative Assessment

## Mitigating social-desirability bias

The support of the RHSP workers was crucial for us in order to document participating survivors' satisfaction with the service, and to learn what helped them and why, as well as what is still needed to support them and their families.

The survivors often requested the presence of their workers. To mitigate potential social-desirability bias that might arise, we made it clear to the survivors and the workers that the focus of the assessment was not on evaluating the performance of the RHSP workers, but instead an assessment of programs and services that are important to the survivors' ongoing healing journey.

As a team, we observed that this sentiment appeared to be well understood by survivors. Survivors articulated well what would help and what would be needed for them in the future. The concern of having the worker present was minimal and was much outweighed by the benefit of their presence. Most importantly, the presence of the worker ensured that this could be done safely, with the least harm to the survivor.

The collaborative preparation of the survivor and the presence of the worker allowed the interviewers to connect with the survivors in a way that allowed them to open up and share more information. Many survivors shared very detailed information despite the video conferencing approach. Based on our observations, this was a direct result of the close collaboration with the worker. Without their support, it would not have been possible to gather these rich and detailed stories.

## Selection bias imposed by the COVID-19 physical distancing requirements

Interviews were conducted in a manner that did not pose any additional threat of exposure to the novel coronavirus. Therefore, only the most stable and healthy survivors could be safely interviewed.

This approach was necessary from the perspective of safety; however, it created a selection bias towards interviewing survivors who are well along their healing journey. It also created a selection bias for those who regularly access services.

Survivors with the following issues had to be strictly excluded for safety reasons:

- Those who had chronic illnesses that were exacerbated by/undertreated? not well taken care of during the pandemic
- Those with known current mental health or addictions issues
- Those who do not regularly access services
- Those who are struggling excessively with social or family issues
- Those who cannot access services due to, for example, incarceration or homelessness

## Other selection biases

The relatively short time frame that was available for informing regional representatives of the assessment and scheduling interviews meant that some regions were not able to participate.

The pandemic led to greater workload, and it was difficult for many regions to prioritize this work and to offer it to survivors in a way that ensured their safety.

In addition, survivors who did not have access to the necessary information technology, or were unable to use it, were unable to participate in the assessment.



# The Collaborative Approach to the Qualitative Assessment

## 2SLGBTQQIA specific issues, healing, and needs

Towards the wrap up of the assessment, it became clear that the assessment, like the TRC, had applied a binary gender framework. While Two-Spirit (2S) Survivors were interviewed as part of this assessment, we were unable to explore 2SLGBTQQIA specific issues, healing, and needs outside of the heteronormative context of the assessment.

Through a collaborative session with Two-Spirit Indigenous cultural knowledge holders, it was suggested that a 2SLGBTQQIA inclusive framework is needed for survivors to feel safe to talk about issues related to RHSP and their experience as people who are part of the 2SLGBTQQIA community.

It must be acknowledged that it was not possible to achieve a true integration of a 2SLGBTQQIA framework in this project. Important questions that were not explored include:

- The schools were based on the churches' perceptions of gender identity. How did this impact your life?
- How did this affect you and your cultural gender identity?

To apply a truly 2SLGBTQQIA inclusive framework, additional work should be done in collaboration with Two-Spirit organizations in Canada, such as Two-Spirited People of Manitoba Inc<sup>6</sup>, Edmonton 2 Spirit Society<sup>7</sup>, 2 Spirits of BC<sup>8</sup>, 2 Spirited People of the 1st Nations<sup>9</sup>, and/or 2 Spirits In Motion<sup>10</sup>.

***“There’s a lot more people – Residential school, day school, 60s scoop, murdered and missing women and children, gay, lesbian, two spirit, trans- gender, non-binary – there’s a lot of healing that needs to take place and it was because of the assimilation process, these people were all brainwashed – we need to have something to help these people, because that blood memory is still there, and it is still being awakened... and we want it to come back in a healthy way.”***

<sup>6</sup> Website: <https://twospiritmanitoba.ca/>

<sup>7</sup> Website: <https://e2s.ca/>

<sup>8</sup> Website: <https://fourfeathers.net/>

<sup>9</sup> Website: <http://www.2spirits.com/>

<sup>10</sup> Website: <https://2spiritsinmotion.com/>

**Table 1:** Participant Profile - Resolution Health Support Program Assessment

Region	Participants	Demographics			IRS	Day School	Sixties Scoop	MMIWG	Intergenerational Trauma	Child Welfare System
		M	F	Ages						
BC	11	3	8	30s to 70s	7	5	0	2	1	1
YT	1	1	0	-	1	0	0	0	0	0
NWT	3	0	3	30s to 50s	0	0	0	0	3	0
SK	12	2	10	20s to 70s, 90s	9	5	1	4	2	0
MB	5	1	4	30s, 50s, 60s	2	1	3	4	2	0
ON	16	5	11	50s to 80s	15	3	4	0	0	4
NB	1	0	1	60s	1	0	0	0	0	0
NS	8	1	6	30s, 50s to 60s, 70s	6	0	0	0	1	0
PEI	2	0	2	40s to 50s	2	2	0	0	1	0
NFLD	1	0	1	40s to 50s	1	1	0	0	0	0
TOTAL	60	13	46	20 to 90	38	13	5	5	7	4

## Survivor participant profile

With the support of RHSWs, we recruited participants from across the country. Due to logistical issues associated with the COVID-19 pandemic, and project timelines beyond our control, our initial interviews were conducted with participants from British Columbia (11), Yukon (1), Northwest Territories (3), Saskatchewan (12), Manitoba (5), Ontario (16), New Brunswick (1), Nova Scotia (8), Prince Edward Island (2) and Newfoundland (1) for a total of 60 interviews. Provinces and territories with no representation thus far include Alberta, Nunavut, and Quebec.

The table above provides further detail on the number of participants interviewed, what province or territory they are from, and their respective RHSP criteria. Of the current 60 participants, a majority were female (46 females to 14 males). Ages ranged from one participant who was in their 20s, to another who was in their 90s. The most represented age group were those in middle age (40s to 60s). The most cited RHSP criterion was IRS, while the least cited was child welfare. Some participants cited multiple RHSP criteria (for example, where a survivor attended both IRS and IDS, and was impacted by intergenerational trauma).

See Table 1. (Above)

# Findings







# Findings

In their stories, survivors talked about the many ways in which they were supported by the RHSP on their path to healing. Their narratives highlighted the elements which helped in reclaiming themselves, restoring relationships, and regaining their spiritual and cultural identities.

The stories shared by survivors gave emphasis to what was important to them and imparted key messages about what worked, and what more was needed.

More importantly, survivors' stories highlighted the trail left behind and the path forward to a renewed and strengthened RHSP.

## Who has the program served?

The RHSP was established to address the needs of those who attended IRS, their family members, and those who have been affected intergenerationally. However, from the stories gathered, we heard how far reaching these effects have been, and how the program has supported others affected by trauma of a similar nature.

We heard poignant and powerful stories of survival by people who attended IRS. Survivors spoke of the effects of traumatic experiences, such as instances of sexual, mental, and emotional harm, and the spiritual and soul wounds which, for some, have taken a lifetime to overcome. Many lamented the loss of loving relationships, cultural identity, language, connection to land and spirit, their communities, and their relations. Some spoke of the journey through and beyond addictions, grief, and depression.

***“I believe we did our best with the time we had to work with survivors. But they needed more. We all know that. They needed more.”***

They also spoke about the unintended impacts on their loved ones, in recognizing how the wounds they suffered spilled over and manifested in family breakdown, lateral violence, and loss of hope.

We heard firsthand accounts of how family exposure to the residential school system gave rise to subsequent generations being at higher risk of being caught up in the child welfare system.

More importantly, we heard stories about how survivors found the strength to embark on their healing journeys, and how the RHSP supported these journeys.

Many described the wide-ranging impacts which have been felt intergenerationally, whether this be substance use and addictions in the community, family violence, and/or child apprehensions.

Some survivors shared how the trauma they suffered during IRS was compounded by the experiences of IDS and of subsequently experiencing or witnessing the murder of a

# Findings

mother or sister, or perhaps knowing of a female cousin who had gone missing under unresolved circumstances. Some spoke of witnessing or enduring sexual assault, rape, and physical assaults in IRS and IDS.

Others spoke of attending IRS and then later being remanded to child welfare authorities as their parents, deprived of their parenting role and missing their children, fell into addictions and depression and were no longer able to care for their children. Some of these fall into the Sixties Scoop practice, when the governmental sanctioned removal of children from Indigenous mothers and families into the child welfare system accelerated drastically, leading to overrepresentation of Indigenous children in care and disconnection from culture, community, and families. Some participants explained how their removal from their families during the Sixties Scoop led their parents to addictions, and subsequently, more intergenerational trauma.

In fact, intergenerational trauma transmitted through the immediate family has been as impactful as the direct IRS experience itself.


***“Living with my parents, and their trauma, it was harder than being at residential school.”***

This quote was shared by a survivor who described his removal from his family home as a relief, as it removed him from the poverty and alcoholism that was experienced there. Both parents had attended residential school, the original source of their trauma, although he did not learn their story before they passed. Their unresolved trauma led to his removal from his family home where he was exposed to violence, poverty, and alcoholism. He was then thrust into the abuse of the residential school system.

In other cases, intergenerational trauma had crept into the broader community or was transmitted at the extended family level. One survivor noted that in many cases “it’s your own community members that have hurt you”.







In her example, she was speaking of abuse experienced at the hands of a community member who was also a staff person at the day school she attended. In some smaller communities, it is possible that community members who abused children in day schools were also family members. These stories underscore the insidious multigenerational nature of IRS and IDS trauma, where in some cases, those children who suffered long-term abuse become abusers in the absence of a loving family environment and without access to healing and wellness services to process their IRS trauma.

These are just a few examples of intergenerational trauma that surfaced during the interviews. Understanding and acknowledging the community context in which the survivor lives, and the intergenerational trauma therein, is critical when considering strategies for helping them to heal. Each community has its own unique historical experiences with residential and day schools and the associated trauma.

Some survivors spoke very specifically about having experienced violence as women, sexual assaults, rape, and attempted murder, or having witnessed or experienced the painful uncertainty of a woman or girl in their family who has gone missing or has been murdered.

Some also spoke about other forms of trauma and violence they experienced such as child abuse, domestic violence, suicide, and lateral violence. These issues are interconnected with the intergenerational effects of IRS and have had equally devastating effects, as we touched on earlier.

Several survivors spoke to us about having been impacted by additional trauma experiences such as IDS attendance or having grown up within the child welfare system. Some also worried about those in their families or communities who are either incarcerated or experiencing homelessness.

Many spoke about their personal recovery from alcoholism and substance abuse and their ongoing concerns for family members, children, and grandchildren who are impacted by/involved in the opioid epidemic or affected by crystal meth in their communities. The importance of breaking the cycle of abuse resulting from unresolved intergenerational trauma was a consistent theme.

The participants in the storytelling interviews are only a small cross section of the total client population served. However, it is clear to see that there has been a complex matrix of trauma experiences spanning all age groups. More distressing are instances in which individuals have experienced layer upon layer of trauma in a compounding or cumulative effect.

The gravity of these stories, while difficult to hear, grounded our work and at the same time, gave way to the counterbalancing story of hope and renewal.

We learned that the storytellers were more than the circumstances of their trauma, they were also lifelong learners, helpers, restorers, and leaders, lending their voices to those who are not strong enough yet.

# Findings

## Helpers

Many of the respondents we spoke with took up roles in service to other survivors as RHSWs, Elders, cultural support workers, or simply as natural helpers in their community.

At the same time, in true reciprocal fashion, many spoke of how helping others contributed to their healing as well:

***“So, because I received that help, today I am able to sit here and tell my story and with all that healing that I received, it helped me to a point, that now I can help others to overcome their experiences in whatever it is they have gone through.”***

***“In a way it helps my healing journey too, to help others.”***

***“The programming I was able to access over the years...they really helped me become who I am today. Now I feel like I am on the other side and that I am [able to help others].”***

***“My choice now is helping as many people as I can so we can overcome the residential syndrome, I call it.”***

***“We all have to do our little part in life, to help out other people. It doesn’t have to be a big thing... [it has to] come from your heart, not only your mouth, but your heart.”***

***“The biggest thing in the whole world is loving people. Loving them by hearing them. Letting them speak...”***

Their gifts of language, cultural knowledge, lived experience, and understanding cannot be overstated. These gifts often put them in high demand by those who are at earlier stages in their healing journey. This is especially true since in many areas access to experienced Indigenous psychologists or mental health therapists who can support survivors in their healing are lacking. In these instances, survivors try to help other survivors. While some of this can be beneficial for the one helping, it can also come at great personal costs in the absence of support systems.

## Restorers

Several respondents spoke about honouring those who went before them by ensuring they do their part to see that something good comes of this.

***“I’m turning my pain into action. I stayed a victim and angry...but I just thought I can’t stay there...”***

***“...some of this stuff can be prevented; we can start healing and make it a safer place for our kids. That’s what I chose to do, and it wasn’t easy.”***

***“I had help to get out of that. We need healthy people to be a part of [supporting survivors]. We have to clean our basement out. The more you do that, the more you are ready to be there for people.”***

## Lifelong learners

Respondents spoke about how their pursuit of post-secondary education has enabled them to have a deeper understanding of their IRS experiences, and its impact on their lives and the lives of those around them. In particular, it is part of their exploratory journey as to how they might grow and heal, despite their traumas.

***“I’m grateful that I went to university because... [it] helped me learn more about myself, about how people act.”***

***“Trauma can be resolved by understanding the history, knowing who we are and where we come from, and understanding our role and responsibility to be stewards over the land.”***

Many spoke about pursuing various forms of training and education such as certificate programs, workshops, language, land, and culturally based learning so that they could be better helpers to others. Survivors also spoke of being able to access counselling services available at colleges and universities, as well as the empowering feeling of being able to discuss and share their IRS experiences in a group setting, with their student peers.

# Findings


## A voice for others

Most notably, those who spoke to us in these storytelling interviews were keenly aware and understood that they were speaking not only for and about their own personal journeys but were also speaking on behalf of those who died as a consequence of IRS or who were not ready to undertake the healing journey.


***“We’re all at different stages...there are some that won’t even talk about it.”***

***“I am a second generation. My mom went to residential school and then I went. I had no idea my mother was there cause she never talked about it. There are still people in the community that don’t want to talk about it. Those are the ones I am afraid for...”***

***“I didn’t want to be alive, I didn’t want to be here, but when I finally got clean, I made the decision to live for those women and to make their voices count – I made a commitment to live for them to bring about change, to end violence against Indigenous women and girls... I do lots of advocacy – I testified at MMIWG inquiry. I sit on coalition for MMIWG – I do a lot in regards to that to keep my promise to those I lost.”***



***“...listening to their stories and how they were hurt...  
I see people who hung on to their hurt and could not  
let it go...I see other people who were able to talk  
about things...and they were able to get healed.”***



By speaking up within the RHSP activities, they are able to help others by sharing their stories, supporting them, and helping them to heal.

***“We broke that  
silence”***

***“We share our stories now,  
we encourage each other  
now, we tell each other,  
even though it hurts, it’s OK  
to cry because that’s part  
of us being human, showing  
compassion, love, and  
kindness.”***

***“I guess all of this, the  
healing journey in being  
with the residential school  
program, how much that’s  
helped and how much it  
has helped by other people  
telling their stories but not  
being stuck in it...”***

The benefit of survivors connecting with each other through social activities, as well as through IRS survivor specific therapeutic programs or circles, was a common theme and illustrated the power in IRS survivors healing together. Connections allowed survivors to understand and empathize with their parents and grandparents whose stories they often never heard, because they never spoke of their trauma.

# Findings

"My dad [went to residential school] in the thirties...I never heard my dad ever speak about the residential schools at all...he would not even speak about the war. He was in the war too. He was 17, he lied about his age. He got out of residential school and he went into the army. And that probably messed him up just as much. He spent 11 years in residential school and then boot camp! They made really good soldiers, but they were not cut out to be parents.

There was a lot of overlap [of trauma] in our family. We have a lot of soldiers. A lot of my male relatives, my uncle, my dad, my grand dad, they got out of residential school and then got into the army. I could never understand why they would fight for Canada or the US after what the country did to them, but I always honour them as warriors, they are warriors in more ways than one!

The sad part is I did not hear about their stories from them, but my dad's friend he loved to talk about the war... being soldiers, overseas. That is where I got some of the stories about my dad and my granddad.

Telling their stories to me is...how can I explain? I went to a TRC gathering out west when I was working there. An Elder got up, he said "I have to leave, but I do not want to take that back with me, I want to leave it here. I don't want to carry this anymore." When he got up and started speaking...it sounded like my own dad's story. He was taken from the bush when he was 4 years old, he stayed there for 11 years, never went home, he was telling his stories and then he talked about being in the war. I was listening. I did not realize I was the only one standing up while I was listening. I was just standing there listening...

Afterwards I went up to him and gave him tobacco and I told him you know I think you just told my dad's story too. So, I could relate to [what he said], I could feel it, that was another part of my healing journey, getting that understanding [from my dad]. It was a big turnaround for me, for my healing journey."



## How does the program help IRS survivors and their families?

A very strong message from survivors was that the RHSP connected them with providers who understand intergenerational trauma and the experiences that families and survivors of IRS, IDS, MMIWG, CAS share. This provides the basis for healing interactions between them and others. Often, providers from other programs or mainstream providers simply do not have this understanding. This lack of experience and understanding prevents a therapeutic relationship and healing interaction between the provider and the survivor. Survivors often spoke about the harm that is caused to them in these inexperienced provider interactions.

One survivor succinctly explained the potential for traumatization in unsupportive environments and the harm that untrained mental health professionals can inflict on survivors.

"They sent me to a psychiatrist, I did not want to go, but the insurance said they would cut me off if I did not...So I had to go across town to see him. I am sitting there, and I don't want to be there...but they say if you leave, you are refusing to be assessed..."

I sit down [with the psychiatrist] and within a minute he says... "So, have you ever had any trauma?" I say, "Well, does four-and-a-half years in a residential school count as trauma?" He says, "What's that?" I say, "You know what forget it! You are not going to help me". And I walked out.

But that is exactly what they are expecting me to do with my clients, to send them to whoever to be assessed. We had psychiatrists and psychologists in court with our families, they were saying that incest is part of our culture! Those [statements] were in his reports. I had to stand up and say, "I object to this! This is racist! This is what happened to them!"

We got to stop sending our people to these psychologists. We need to find a native psychologist. No wonder all of our children are taken away [by CAS].

There were no services and not a lot of understanding. Many [mental health professionals] were doing a disservice to our people and I was not in a position to change that."



# Findings

Survivors clearly articulated the harm caused by unprepared mental health workers and the need for trusted and experienced workers.

On the other hand, the type of mental health counselling that helps clearly must emanate from the provider having a lived experience and cultural lens:

“When I’ve gone to therapy, I feel like I spend a lot of time at the beginning explaining about how Indigenous people have been affected by IRS and child welfare, the long-term effects of historical trauma. No disrespect to the folks that I’ve seen, but I don’t think they get it a lot of times.”

***“When I was in university, they had mental health counsellors and one of them was a residential school survivor, her name was [counsellor’s name], and it was life changing for me – I didn’t have to explain anything to her, she knew where I was coming from – that need, that sense of belonging – she just got it. We just clicked. She really gave me some tools that were helpful – we talked a lot about a blanket shield – it was kind of funny but not really funny – when you’re going into a situation where you may not feel safe to have a blanket shield up, a metaphor obviously or to wrap yourself in a blanket so that your ancestors are with you – those kind of things that were culturally appropriate or at least trauma-informed were so important.”***





## Trusted workers with lived experience walking beside survivors

Healing from the wide-ranging, multigenerational abuse, which often has affected survivors in early childhood, is an extensive and lifelong journey. It looks different for all, as it is personalized to each survivor. However, many spoke about the value of having a program in which the workers understood, listened, supported, and shared their own personal journeys. Having someone to walk with survivors through the arduous steps on their healing path was greatly valued. It is a very different therapeutic approach than the approach encountered in mainstream practice.

"I have confided in her about the things, and we just sit and talk and we sing, we get through things like that, and it makes us stronger and better people for the things that we walk through."

***"I guess all of this, in the healing journey and being with the residential school program, how much that's helped and how much it's helped by other people telling their stories but not being stuck in it..."***

***"I am just so grateful and what I love so much about IRSSS – is they are so culturally appropriate, they are so trauma-informed, they are so nonjudgmental – many of them have lived expertise which means someone like me trusts them when I do not trust anyone."***

"She would connect with people. She would go into the home and help them where they were at. Not prescribe any big plan or anything like that. It would be helping a person where they're at and not big expectations of them and not overwhelming them like a lot of therapists do and a lot of mental health workers would, or psychiatrists or psychologists expect some big plan out of you when you can't even get up and meet the day.

"She helped me, she helped me in ways no psychiatrist could help me. I became routine, used every day coping mechanisms, just feeling good about myself. Finding worth... a personal approach to healing by the workers."

# Findings

## Healing from trauma / access to trauma-informed supports

Many participants affirmed the benefit of accessing trauma-informed programs through the IRS RHSP. These trauma-informed programs made space to address a range of contexts beyond IRS, IDS, MMIWG, intergenerational trauma, and more.

The IRS RHSP was able to support survivors as they navigated their healing and recovery from these various forms of trauma. Whether the journey had begun elsewhere or within the context of the RHSP, the process was supported and strengthened:

"I had a therapist who supported me. I know that many of our young people are struggling with addictions, some are 4th and 5th generation, many give up, many commit suicide. When my son died, there were three young men who had committed suicide in his community in Saskatchewan that year. They were all young men. His community is small but they have a lot of addictions problems.

I've been getting support from the IRS RHSP during this hard time in my life, by having other workers listen to me, I've gone to ceremony with staff members and that has been a big part of my healing process. I have an understanding that we can provide the services, care, and respect but in the end, it is the survivor who makes their own choice. I have resolved to be there if a person needs support and I will do my very best."

## ***"Wellness worker provided the tools to deal with trauma and to start looking into the culture as a way to heal."***

"So having [worker] support me has been instrumental in my healing – because it is confidential, it is cultural, it is safe, it is having someone advocate for you....She helped me make a red drum and I cannot ever put into words what that meant for me in terms of healing, in terms of using it as a platform for voice to bring healing to community and when I feel hopeless the drum gives me hope."

"The resolution health support network really kicked in. I found a RHSP worker that really helped me out and she really did a lot of work with me, she encouraged me what to continue on what I was doing with whatever helped me, she respected that and helped me out a lot."

"From an Elder's perspective I want to hold [worker] and IRSSS up for everything they have done. On a personal level – my grandmother went missing and for a long time I was not able to process that – until [worker] took me into the fold and made me part of the group. It helped me to process unanswered questions just not knowing why, how did this happen and not being able to grasp the loss, the confusion, and the hurt. She was able to bring the collective together to share with each other in a good way."

***“That was so amazing that I just worked on my trauma being a victim of sexual abuse. And when I started learning and unpacking some of that baggage, it gave me a taste that I could heal... there is hope that I can unpack and there’s gonna be people there to help me unpack. I don’t have to do it by myself. Because I remember always having to do it on my own...that program made me realize that there are other people like me who went through similar experiences who are willing to help and support one another.”***

***“Being with other people and hearing other stories really helped a lot. We were able to support each other.”***

“It’s a space where I can be validated and heard, and don’t have to put on a persona about anything. It’s a place where I can heal from all stories that were told about me - that I wouldn’t amount to anything, that I was not worth anything, that I was not loveable, that it was ok to abuse me – and I can be so much more. I’m just so grateful and thankful for all they offer and we need more. I’m so tired of seeing these places that say they have Indigenous trauma-informed practices and blah blah blah but there is no one there that is Indigenous. We need to do more Indigenous, for Indigenous, by Indigenous if we want to heal our people within an Indigenous framework instead of a westernized framework – that they have tried to do for so long and they know it doesn’t work so why are we putting more resources there? Need a million more [workers], and we need a million more places like IRSSS.”

“The harms that happened to me, I disassociated myself, and I understand that part, but I didn’t understand how deeply it was until I went to my sweat lodge [...] that evening I went home and I felt so good inside, oh it was just the most fabulous feeling in the world, and that’s what keeps me going today, is that, having those feelings inside.”

“The things that I walked through, I tell them a little bit of what I walked through, but I don’t park myself there and stay there. I tell them ‘yes your mother went through trauma, but I made it out of there’. And because I have the [RHSP worker], to help me and to encourage me, it helped me and it lifted me, in a way where I don’t think anybody can. When you’re dealing with people and situations from the past, you have to have a one-on-one because some of the things that they share, they are very traumatic and they have things that have went on that some will never get over it, and some are still in that place today and we see it all over...”

“Whenever people ask me, how did you start healing, I tell them...you need to just talk. Don’t be afraid. And just pray.”

# Findings

"If you can't share, then you are not going to heal. If you're willing to share, you'll heal."

"Being a part of the drum group – when I pick up my red drum, I know that I am not alone in having a family member missing and I know I am not alone going through all these feelings and emotions of not knowing and [worker] taking the time to pick up the phone - helping me through the transition. I am better today than 10 years ago when my grandmother went missing – back then I was just lost and floundering. Since I met [worker] and she brought me into the group - now I've got connection, now I feel like I'm intertwined with something and someone. So to get together, sometimes it is hard to get the words out, but when you get together in the group, you don't have to say anything sometimes because they just know that you are all together in that turbulence, nothing needs to be said because we already know."

"The more you talk about something, that is how healing comes to people, is talking."

"They are really good, really helpful, they go above and beyond what their job is. Anything and everything that you might want help with within reason they will help you. I got to say this is a good program. And I really recommend it to any other group going for court case or whatever get something in place before hand, because after what I have been through, I am still dealing with the aftermath I wouldn't want anyone else to have to go through it."

Irrespective of the nature of the trauma experience, the program helped survivors in re-establishing **hope, purpose, meaning, and belonging.**

## Restoring family relationships

Survivors spoke of the many different roles their families played in their healing journey, and of their hope for future generations as they seek to break out of the cycle of trauma.

"My boys, before COVID, would come to events with me to be supported. Everything I have been taught and what I've learned – has influenced the way I am and helped me to be a mother and parent and helped me on this spiritual journey that I walked. My birth mother was residential school, my grandmother was residential school – all that intergenerational trauma and my children never ever have to see me as an addict or as a raging alcoholic or seen me abused or abusive or me in jail all because of people like [worker name and worker name]."

***"For the first time in four generations, children in my family, my grandchildren, are living under the same roof as their mother and their father...What a change that will make in my grandchildren and in the future generations."***

***“We go to talking circles and healing circles, women’s circles, native women. I have 3 of my grandchildren now that are volunteering for when somebody passes away, we make a ribbon shirt, we all get together and do that. And they make christening outfits for when babies pass away or star blankets. The ones that work with me..., they were never drinkers to begin with and I am trying to pass down something good, and hopefully their children will do the same...”***

“I try, and they try. We all, when there is a ceremony. My son does a pipe ceremony every now and then when he is feeling well enough. And we have talking circles, mostly family, because we have a lot of issues too. It’s important, we keep this going for the younger generation so they won’t be caught up in that. There is a lot of alcohol and drug abuse, in the whole world, not just native communities...”

“I remember I saw a mom who had been fighting for 3 years to get her 3 girls back – they came to the workshop and made drums. That family had lost a little brother and I remember I watched the mom put the older girl on her lap and sing the song to her daughter that she used to sing to her son. The drum in that moment brought that family healing, love. I will never ever forget that, the family is back together now when everyone said they would never be back together because of the system.”

“It helped me, like I said, to build a little bit more confidence in me, I never shared a lot of the stuff with my family, till after this, after we had our group. And then I started opening up and started telling my children and my husband about some of the things we had to deal with, so that they could know and I guess kinda feel some of the way I was, the way I grew up, type thing, that sort of opened their eyes.”

“It’s important for me, and it’s important for my family, and it’s important for my grandchildren to understand where I came from and how I got out of it.”

***“They have helped me to make change in my family, to break cycles so that my children have a chance at the future.”***

# Findings

Some survivors who were taken from their families at very young ages could not understand how their parents could let them be taken, and furthermore, how their parents never came to get them from residential school. This feeling of abandonment, which was described by survivors, persisted and pervaded many areas of their lives. The RHSP enabled them to see this disruption within a sympathetic lens and understand that their parents had no choice. “We didn’t have a choice. Either you went or they take you away,” stated one survivor.

The RHSP was able to provide a safe and supportive environment to understand and unpack these issues:

“She helped me the most, in the sweathouse, and allowed me to get mad at my mom for the first time. To be able to scream at her why did you leave me?”

“Up until that point, I had blamed everything on my parents...I said ‘you didn’t show me love, you didn’t know how to nurture me’... and it was because of their experience of residential school... So, I can’t blame my parents, it’s not their fault they are the way they are. Look at what [residential schooling] has done to them.”

Moving beyond blame to understanding and then restoring relationships was powerfully described by one respondent:

***“...she grabbed me, and she held me, and she rocked me in her arms, and I said mom this is all I ever wanted, was to be loved.”***


One of the benefits of the RHSP is that it has helped survivors and their descendants to better understand how the IRS experience resulted in parents’ inability to care for their children. This understanding is one of the first steps in healing and restoring relationships.

“And as far as the IRS, it made it more clear for me as to the way I was raised – my grandmother, mom, dad all went to residential school, and I was not understanding why I was raised the way I was – “I love you, but I’m scared to show you.” Or “I will love you from over here but I don’t know how I’m supposed to show you.” How come you don’t love me that way, how come you don’t hug me that way. I didn’t understand before but now being educated about my intergenerational upbringing, it made it really clear for me on a personal level and I just want to honour [worker] for helping me to be ok.”

The rupture in family relationships and community connection which befell some is described by survivors who shared that they were placed in foster care after attending residential school. In one case, the participant indicated that her mother had become unable to look after her and her siblings. The disconnections from both family and community which had begun at IRS were further entrenched within the foster system.

Others spoke about coming to understand why there is little support forthcoming from their family or why their family members are not seeking support to begin their own healing. They recognize that it is because these family members are still too entrenched in their own trauma.





***“The blame is less now because I understand what they went through.”***

For some whose family is not involved, they surmise that they are not at the stage of readiness needed.

“I’m kind of the first one. They see a change, but I don’t think they’re ready for that.”

***“I think they saw what healing could do, and I think I gave them hope”***

Though the RHSP does support families and a range of services are offered for all family members, not all avail themselves of the services. Sometimes IRS survivors have made the choice not to involve their family members if they are not ready. However, they still hold out hope that their family will take steps towards their own healing.

“...with my family, I haven’t sat down and talked with them and they haven’t been involved in my healing. Only because I had put it out there when they are ready they can come talk to me about their misgivings or questions or whatever, and so far they haven’t. But I think I need to go back to them because I think I need to let them know that I am ready.”

***“Only thing I can do for them is to not give up and to just keep praying for them.”***

Several respondents spoke about their reticence in sharing anything about their IRS experience. Although they may have shared “bits and pieces of information” about their experiences at IRS, they held back from disclosing more, in the interest of protecting their children from knowing and then carrying the burden of heaviness accompanying the full extent of the traumatic experience. An example of this scenario relayed by the child of a survivor illuminates this further:

“He did witness a lot of abuse, and I noticed with my dad before he passed, is that he had to, that was when they first started the residential school class action and a lot of people going to court and I found that he was re-traumatized. When he had to go to court to testify on behalf of his school mates... at the end of his life, I remember his telling me he didn’t want to burden us with the trauma he witnessed”.

“They are probably trying to protect me. We are all about trying to protect each other so I think I need to open that door again for them to come individually or as a family... [...] I didn’t exclude them on purpose and just to protect them. “

Others spoke about the shame they felt from the abuse they experienced, which consequently hindered them from sharing with anyone, including their spouses.

# Findings

On the other hand, some felt strongly that sharing openly is the first step towards family and long-term intergenerational healing:

"It's the same with this recording today, like I will probably never watch it again. Or show it to anybody. I'm just going to keep it. So that generations of my family will, my grandchildren, will be able to have it in the years to come, to know a little bit more about their history..."

***"It's important for me, and it's important for my family, and it's important for my grandchildren to understand where I came from and how I got out of it..."***

When the time comes and family members are ready to participate in the healing journey, a safe, non-judgmental process for sharing and unburdening is needed according to many survivors.

"My family is just not interested in a talking circle because it can get pretty emotional and um it could be upsetting as to what I have to say. They may not, in front of people, they may not... maybe a talking circle with just the immediate family and myself might be helpful. It's something I have to think about...Think hard.

Respondents spoke about the burden of intergenerational trauma and the pain that some of the young people in the community are carrying. Many recognize that the "secondary complications" of IRS have manifested in addictions in the community. As shared by one respondent:


***"Trauma is the basis of addiction."***

On the other hand, family is a source of hope and healing for many. Having a spouse or loved one who understands and perhaps shared the same experience of IRS, as well as being surrounded by family, children, and grandchildren, has been instrumental in healing and overall wellbeing.

The presence of family provided powerful motivation for healing. Several participants mentioned their children or grandchildren (and their responsibility to care for them) as a motivator in beginning their healing journey.

***"[Family] has provided me with the foundation that I needed in my healing journey" stated one participant.***





***“I have a very supportive man. When I go through stressful times, he’s gonna cheer me up. I can cry just like that.”***

As previously touched on, others sought to protect their families from being vicariously traumatized by their experiences, and therefore did not include them in their healing journey or discuss with them their IRS or intergenerational experiences.

One participant mentioned how she lost one family (her family of origin) but gained another (her lodge family) as a result of IRS and intergenerational trauma. Another participant mentioned how lifelong friendships made in these programs have functionally served as their family unit.

***“I created my own little family [...] to help me with my healing”***

What was clear, either way, was that some form of family or social unit was a supportive and/or motivating force in one’s healing journey.



# Findings

## Reclaiming culture and spirituality

Interviewees presented wide-ranging perspectives on what it means to heal, and what best supports a survivor in their healing. For most participants, healing was an ongoing process that needed to be cultivated and maintained. For almost all, culture, language, and tradition played a central role in setting them on the path to recovery, and in their overall healing journey.

“With the culture that I have so much value for, I do a lot of teachings and bring a lot of traditional teachings and everything as a participant, as an Elder in Tsowtunlelum, I talk about these truest values, traditional values and all of that..”

### ***“I was reborn after I started learning the traditional ceremonies.”***

“A bunch of us, residential school survivors, restarted the first pow wow here is Eskasoni. I started making regalia. It started off as star blankets. The first one I made, it was all hand sewn. It took me about 6 months... staying up all night cause I wanted to drink something bad, I would sit there and hand sew this quilt and go to bed at six o'clock in the morning. That was just to get the urge out of my system where I was so used to being drunk at night, and I couldn't sleep at night unless I had a drink. So, I would sleep in the morning and get up around 9 o'clock.”

“When I got into my culture and my spiritual gatherings like smudging. I didn't dare to go into a sweat lodge till about 5 or 6 months into my sobriety. I finally went in. I still go to sweat lodges, I still go to ceremonies, and I am still sewing... and I try my best to help others. In helping somebody else, it gives me strength to keep going...”

### ***“Language and culture is really important for the healing of our people.”***

“When I sobered up, I turned to our culture. Try to recapture what I lost. Because I lost my language - but I took up French and Latin and English, in return for the loss of my language. So I had, I guess the Creator helped me along the way to stay rooted, and to try and, recapture who I was.”

“And then I started looking into the culture...and that's when... I found that missing part to feed that little spirit in me was through my culture... that's where I really excelled in life. For me. And I think it is really, really important to know who you are, where you come from, your culture, your stories, the creation stories.”

One of the hallmarks of the RHSP is the access to cultural supports. Participants spoke to how the program, in one way or another, helped them reconnect, rekindle, or strengthen their relationship with their Indigenous culture and spirituality.

"From the moment you walk in the door, the receptionist is beyond lovely and welcomes you in – there is a sense of safety, there's medicines, they do culturally safe and appropriate practices to keep the space cleansed and in a good way. In the teaching, there is an Elder, and a support person with spiritual values and guidance to help us. It wasn't like "here you make a drum" there was so many teachings behind it and what it represented and there was space for sharing."

"Learning your culture is bringing back everything you needed to heal your spirit. It helps you cry, release, no one is listening to you out there...you are talking to the Creator. Without it, I would have been lost."

***"...the cultural aspect is the biggest thing I find. Because with the group I started with they didn't have no clue and were scared of it like I was, but I slowly introduced it, slowly brought in the Elders."***

"When I sobered up, it was as if I need to learn more about myself, my culture, who I am, what I need to know, what I need to do, to make it. And to try to let go of my past, my childhood from residential school. I was there 8 years and it was not a good place to be. But I got through it."

***"I learned a lot of different cultures in Aboriginal communities and I got to know a lot people. There was commonalities with all the different cultures but there were differences too in how they did their ceremonies and I gained a lot of spirituality through that. Its just the way I think with the Creator and everything has a purpose and everything has a spirit and a wholistic way of looking at life. That is what I have learned. No matter how far you go down, there is always a little light to bring you out. So I smudged a lot, I went to ceremony, I went to sweat lodges all over Canada and PEI too. And I learned a lot about myself and other people. I am still dealing with the Indian Day school thing. The experience I had..."***

# Findings

## Elders

Equally important is the connection to Elders which is a critically important feature of the program. As noted by a respondent: "If it wasn't for the Elders, I think I would have lost it."

Keepers of ancestral knowledge, caring and attentive listeners, they hold space for survivors as they work through the difficult and challenging path to healing.

"...and then came the Elders that saw something in me."

"If it wasn't for those Elders that [taught] me about medicine, I don't think I would be living."

"Everybody should seek out Elders, I think they are our main resources for healing. To help us remember not everything was bad growing up."

"I did speak with an Elder that was there [...] I wasn't really into my culture before all of this. Since then, I've gotten my spirit name. I go to participate in feasts. I take my women's groups to sweats."

"Our Elders, a long time ago, are the ones that really advised us in how we should look after one another and be a family."

"And one of the Elders, I know her, she worked with another one of the programs, but I know her and she came walking in there... and oh boy I was so happy to see her, I was never so happy to see anybody. I remember talking to her and her just being there and I remember how it felt to be supported by her being there."

***"Seeing Elders sitting at the table – feeling so welcomed and a part of – and just feeling that comfort, that sense of security and safety"***

"I was kinda looking for something that was for me, to help me. When I came back [from residential school], I was lost for quite a few years. [...] Couple of Elders came from Nova Scotia and that was it, it kinda opened my eyes to the culture. The sweat lodges, and the, not so much the prayers, cause I prayed the same old way, I mean. I had that feeling that if you just speak from the heart or if you just speak from your own to say the Creator. [...] In learning from the Elders it was really helpful for me. I wasn't spiritual at the beginning and I am still learning. [...] When I was ready to learn, I went looking, I went looking to my Elders that were cultural."

For many, Elders are the conduit for relearning their native language, reconnecting with the land and their Indigenous teachings, and sharing the sacredness of their original ceremonies such as sweats, cedar brushing, and smudging.

Elders are in effect a support net or lattice intertwining the roles of counsellor, spiritual advisor, and knowledge keeper. Importantly, Elders possessed 'lived experience', which meant that survivors did not need to educate them on their own experiences, as First Nations people.



## Land-based healing

Land-based healing is enabled through many of the programs. Encouraged by Elders, an activity like a medicine walk can be extremely beneficial. Time on the land, out in nature, helps to clear your mind, allows you to speak with the Creator, and is an

important part of healing. For some, it rekindles cherished memories of time with their parents.

“When they come onto the land and get out into the open, they are at one, they become peaceful, it’s a different kind of aesthetic, they can feel the spirit of the land, the trees, the grass, the animals, they can hear the birds, it’s calming for the spirit and emotion and it’s a lot easier for them to get in touch with their inner self, especially that inner child who is the one who is traumatized. When we are out on the land, we can take them to a place that is safe and they can overcome anything that comes their way after that. I call it a soul retrieval where they can find that inner child that was lost and lonely and when we are out on the land, we can bring that child to that safe place where they know that they are the ones that are taking care of that inner child and they are the ones that are protecting that child from here on out. And no one is gonna be able to hurt that child. And I have seen a lot of people that are starting to overcome the trauma they had experienced in the past and facing it head on to overcome it.”

***“I feel at peace out there [on the land] ... I call it my church. You can pray out there. You can sit there and talk while you’re picking sweetgrass...that’s where I heal, is when I’m picking sweetgrass.”***

“...when you’re picking medicine it brings back all the four domains in life. The mental, the spirituality, everything, the cultural aspects, it all comes back.”

“...if we continue to work out on the land... eventually we will come together...”

“I think that there needs to be more on the land healing program. It heals you and makes you proud.... When you get to participate in ceremony like that you feel so refreshed and you feel so good inside.”

Land-based healing needn’t be an epic, extended trek far off the beaten track, nor only for the adventurous. It can be as simple as a walk outside in nature as illustrated by the following quote:

“I like to walk. Because that is my time to pray and talk to the Creator and pray for people... for me it is my time to be out in nature, to listen and talk to the Creator, pray and get some exercise.”

# Findings

## Ceremony

Some participants have also found their healing journey through Indigenous spirituality and various forms of ceremony and feel that reconnecting with ceremony was instrumental in overcoming their trauma.

***“The ceremonies are the best thing that ever happened to me.”***

“I was reborn after I started learning the traditional ceremonies.... Today I can say that I am a proud First Nations woman.”

“I don’t talk about my residential school stuff... but I’ve learned from it...and it’s all through ceremony, smudging, sweats with other women on their healing journeys”

“When I do have sweats, it really, really helps.”

“Going to sweats and being with other people that are sober...they make me feel like I am stronger...to overcome my addiction.”

***“[Ceremony] gives me back a sense of identity, of belonging. It gives me back a sense of strength. And a lot of it is connected with the ancestors.”***

Others recognize that there are many ways and pathways to healing. “There is not one way to address the healing journey” stated an Elder. He went on to elaborate:

“Everyone has a different outlook on their journey, there is more than one path or pattern. I danced four years for rain dance and it felt so good. I can remember standing there looking at that tree and it felt just like water had been spilled on me, it felt so good. That’s the journey that helps out quite a bit. Like I said, I spent 8 or 9 years at residential school. ... the people have different beliefs and I think people have to respect each other’s belief. And that’s part of the journey that people take.”

Healing ways are drawn from within a person’s culture, noted a respondent:

“I have my beliefs as a Saulteaux person, and I want to stick to those.”

Others mentioned how expressions of spirituality may look different. For some, being in nature is where they find their wellspring of healing:

“So I don’t go to church, or any of that. My church is by the river and the mountains. The flow of the river and being by the creek.”

“Nowadays, when I see the bush, I see healing there.”





## Spirituality

One of the strengths of the RHSP is that it embraces all expressions of spirituality and provides a pathway for individuals to regain their traditional ways.

“There were even some counsellors that belonged to churches or who were Christian and they counselled in that way and some people wanted that and we would know the people to call to have that type of counselling.”

“Learning a lot of the teachings, that I never knew, because I was not raised in the teachings, I was raised in the religion sector of it, now I am learning some of the stuff. I even actually went back to this lady at the friendship centre, she was teaching our language, Oneida... and I went to school there every day for four years to learn my language that I lost.”

“There’s so much to learn though, there’s so much of your culture that I don’t know. Like where I come from, our heritage, from the longhouse and all this stuff. I don’t attend the longhouse but my mom was a clan mother, and she taught one of my younger sisters all about it, and she used to take her to all the meetings that they used to have when they had to go to different reserves. Now my sister carries that title.”

Some survivors find comfort in the Christian faith and other organized religions, while others, found no comfort in religion and actively turned away from it.

“Religion has no place in my healing...religion had a place in destroying who I was, as a human being.”

As noted earlier, many participants commented on the key role that traditional spiritual practices like sweats, smudging, and medicine picking continued to play in their healing journeys. Still others, when introduced to Indigenous spirituality, found that these ways did not resonate with them.

For other survivors, religion (Christianity) provided a spiritual foundation for their healing.

***“My spirituality of being a born-again Christian helped me a lot, along the way. Mind you, there are other ways, people have said, and that’s good for them, but for me, I found that, you know, I had a good praying grandmother that really helped me along the way, and believed in me, and prayed for me.”***

“I’ve tried Native Spirituality. I tried other religion churches, but they didn’t seem to work for me. I can’t say that I’m a...mature Christian, it’s still a lifelong process. In the mornings is when I find it easier to pray and do devotions. And when I do that in the mornings my day goes a bit smoother.”

Irrespective of whether a survivor embraces Indigenous spirituality, the Christian faith, or other forms of organized religion, the program enables survivors to work within their spiritual framework, recognizing it as an important pillar of healing.

# Findings

## Language

Language, especially for some of the older survivors, was cited as supporting healing by providing a sense of identity and feelings of connection to a broader community. Other survivors lamented the fact that they had lost their language. The ability to speak one's language was seen as a strength and point of pride for those survivors who continued to speak it.

***"Language is an identity thing. It's who you are."***

***"Imagine what I could do if I knew my own language."***

Regaining and revitalizing the language is seen as a mechanism for unlocking a pathway to healing through strengthening identity, self-esteem, and Indigenous ways of knowing.

***"Once you teach the language, tradition and culture will follow."***

"Culture is connected to language, and I've always carried my language.... I hope to... fluently speak my language. It is so beautiful when I hear and see that...I realize it is a lifelong healing journey, but that is one of my wishes is to just sit back and fluently be able to...speak my language."

***"The language has been part of my healing. I believe in the traditional way, but I wouldn't say I'm traditional, but I wouldn't say I'm Christian either. I seen my grandfather. They used Indian medicine on my grandfather [for cancer]. They had a feast for him and the false face...He lived 7 years with that. The old doctor couldn't believe he lived so long."***

Embedded within the languages are not only innate teachings, but also the steps for healing physically, mentally, emotionally, and spiritually. Language is the DNA carrying the instructions for healing and growth. An understanding of the healing properties of the land and its connection to Living a Good Life<sup>11</sup> is firmly rooted within the ancestral languages.

<sup>11</sup> Indigenous peoples have many different languages and cultural expressions for this concept about living a good life, in balance.



## Impact of the COVID-19 Pandemic

It has often been said that these are unprecedented times. Throughout the development and the information gathering phase of this qualitative assessment, the Coronavirus pandemic (COVID-19) has been unfolding in successive waves, threatening not only physical health, but eroding the mental wellbeing of all within our communities. Unimagined consequences of COVID-19 containment efforts have included a disruption of many systems that survivors rely on – a normal way of life and regular routines, family support systems, cultural practices, and access to primary care, mental health, addictions, and social services. Those survivors who rely heavily on health and social services are disproportionately affected. In addition, the pandemic has also exacerbated the opioid crisis with an alarming increase in overdose deaths and addictions. Survivors shared many of these details in their stories and they explained how they were affected and how they are currently coping with the fall out of the COVID-19 pandemic.



## Containment measures as psychological triggers for IRS survivors

Pandemic measures are much more than an inconvenience for survivors of trauma. Lockdowns, the seesaw impacts of restrictions being imposed and then eased repeatedly, social distancing measures, and remote work and learning cause difficulties, fear, and anxiety with each new headline. Additionally, for some, being considered essential workers under constantly evolving and often poorly resourced conditions causes ongoing worry and concern. More recently, there have been concerns over vaccine hesitancy and vaccine rollout that have contributed to an accumulation of stressors experienced by all participants in the assessment. All of this has the potential to exacerbate the emotional, mental, physical, and spiritual well-being challenges of trauma survivors.

At the time of the interviews, many were experiencing pandemic-related triggers that made survivors feel like they were re-experiencing the old IRS traumas. Loss of connection to family, community, and the land has been especially hard and the loneliness brought about by lockdowns and social isolation served to trigger painful memories, as well as feelings of grief and loss. As expressed by one participant, “the many COVID restrictions made [my] life history come alive again.” Seeking help from RHSP workers and cultural support workers, calling support numbers, and speaking with Elders by phone has been a lifeline for many.

# Findings

Some participants explained how it is difficult, as a survivor, to be working from home. The isolation of living and working from home, being confined, with little social contact, replicates the feelings of loneliness and isolation from family and community that existed for many during IRS.

***“Loneliness is a big factor if you were an IRS survivor, because that loneliness was a big factor in the experience of those who attended the residential schools.”***

“Isolation is not good for our people especially for those who are struggling on a physical, mental, and emotional level.”

Consequently, many survivors spoke of depression and other mental health issues brought on by COVID-19 and the effects of being “under lock down for a year now.” They likened it to being in jail or solitary confinement, or worse – being back in IRS as a child.

“It does wear down on my mental health, I am not used to this Zoom stuff, I am used to having contact with people and I am always in close contact with my extended family so not being able to hug my uncles when I see them does take a toll on you mentally, but, I just try, that’s all I can do is try to be hopeful that this will pass soon.”

“I think with COVID here, I realize how depression can come back into it because we’re isolated and we really can’t talk, I got three brothers that live really close to me, I haven’t been in their house since COVID started.”

## Coping strategies during isolation

Many have focused on developing coping mechanisms, including connecting with a worker or family, self-care such as spending time outside in the fresh air, gardening, and walking. Most importantly, survivors sought out ways of keeping in touch with friends and family, by phone or Zoom.

“Well my husband and I have been doing walks, try to walk every morning... and I’ve been doing beading and I’ve been beading a lot of stuff and doing facemasks, I’ve been making facemasks for my grand-children and for myself...Its been keeping me busy.”

***“He keeps in touch with me, he zooms in, “face-times” sometimes too... yeah, family keeps me posted on everything that’s going on”***

“We feel powerless over this situation – we are living our worst nightmares through this pandemic. But she keeps us connected, connects us to Elders, to practices –everything she does, she opens with prayer, she has medicines, in our spirituality everything is connected to mother earth. So we use the teachings that when you are not well, you can go to nature and be filled up. The 3 best days I’ve had involved going to nature and being filled up.”

An instrumental aspect to wellbeing has been the ability to visit with family inperson within one's "social bubble." Some survivors, who are able to do lots of visiting in their circle, noted that this keeps them feeling good at this difficult time.

Others spoke of reflective indoor activities such as crocheting, doing arts and crafts, making items like moccasins and dreamcatchers. All these are helpful for their wellbeing when being locked down during the pandemic. Some mentioned that their pets are very good company, especially during this time. Some were able to maintain access to counsellors and had regular distanced appointments with their mental health therapist.

### **Access to RHSP workers and Elders has been instrumental**

The RHSP has been exceedingly flexible, especially within the context of the ongoing COVID-19 pandemic, providing access to RHWs and cultural support workers via phone, text, or video conferencing. This accessibility of the program, even pre- COVID-19, was mentioned by several participants who related how accessing transportation associated with the program was a "huge help" in being able to get to the counsellor's office for their counselling appointments.



### **Ceremony, personal reflection, and other coping strategies**

In order to stay strong and resilient during COVID-19, some found ways to continue with the practice of ceremonies during the pandemic, using physical distancing. Thinking positively and reflecting on their blessings and the positive aspects of the pandemic also seemed to help some:

***"I sit down quietly, and I think about all the blessings I have in my life, because that's what our teachings does. When I feel that sadness creeping in, I acknowledge it, and I say that's part of me, and I say I understand that is why I feel sad."***

"How am I going to enjoy this life, and help other people? I have to first look out that window and look at the sun shining and look at the water, and just before we started there were eagles out here, so its enjoying what I have in front of me, not looking at what I don't have... I've got a good family..."

Still, others sought to conscientiously implement grounding techniques and routines such as prayer in their daily life, practiced mindfulness and meditation, and incorporated ceremony such as smudging and sweats.

# Findings

***“I practice my smudging every day. I practice quiet time. I take long walks with my dog. I stay in touch with my children as much as possible.”***

“If you don’t have a routine you get lost. You have to have your own routines now.”

“Mediation helps big time for me.”

“For me to stay strong, I stay home, I do cut outs for collage, try to read women’s prayer quotes, trying to read the Bible here and there when I can, and that’s the only way I can be strong. And for me, I have to take control of myself if I want to be resilient.”

Others spoke of humour and laughter as their medicine during these times.

“What helps me stay grounded is laughter [...] we can’t be serious all the time.”

***“They took a lot of things away from us, but one thing they never took was laughter.”***




## Impact of COVID-19 on RHSP and other support services accessed by survivors

COVID-19 containment measures have very much affected the way in which the RHSP has been delivered to service recipients.

“We’ve been helping a lot of people through Zoom in order to overcome a lot of different things. But it is very difficult to do it like that.”

In the past, an important function of the RHSP was to address a need for survivors of all traumas to engage in activities together. Therapeutic group activities, such as sharing circles and support groups with other survivors, were an important aspect of healing. Equally important were more informal connection activities and social activities that had become key support services for survivors. Survivors whom we spoke to in the storytelling interviews lamented the inability to gather, to see one another, to participate in communal activities, to feast together, and to share. Many survivors feel a sense of belonging and safety when they engage with other survivors.

A variety of social networks served to support survivors in beginning and maintaining their healing journeys. Group activities, such as talking circles and women’s groups, provided a venue where survivors could be with other survivors who understood the IRS context and with whom trust could be built and healing supported.



Participants shared that they found that the group meetings and activities were particularly helpful for their healing process. These social activities, including trips, gatherings, and opportunities to just have fun with others like themselves have been a critical key to healing. Over and over, survivors shared how important it is to be with others “knowing we all understand each other.” When survivors share in activities together, there is no need for explanations, no need to recount their trauma, no need to convince anyone that unspeakable things have happened to many. There is simply understanding and belonging. Being in this circle is healing for survivors.

It is clear that the value of group and collective activities convened for survivors rests on the non-judgmental atmosphere the participants have with each other.

***“Being with other people and hearing other stories really helped a lot. We were able to support each other.”***

Today, COVID-19 containment measures are threatening social support networks and activities. The pandemic has made it much harder for survivors. They miss the face-to-face support they gained from each other and the RHSP workers.

***“The only way a person can survive during COVID is if they have [social] connections.”***

### **Enhanced one-on-one support using virtual means**

As mentioned earlier, survivors having access to one-on-one support through a RHSP worker or an Elder via the cultural support program has been critical.

***“Yes I crashed [during COVID]...but there were supports through the IRS program to keep me moving, keep me on my journey, and that was really beautiful.”***

The RHSP was quick to pivot to online activities and communications via phone consultations, texting, and virtual meetings. However, not all program participants were able or equipped to participate in these forms of virtual connection. Only some programs were able to facilitate survivors’ access to a laptop, smartphone, and video conferencing platforms. Digital inequities may be further compounded for those who live in poverty or are homeless, or those who live in rural and remote areas where internet infrastructure is inadequate.

Furthermore, it was clear that “virtual” connection serves only as a stop gap measure for trauma-informed care and contact, which is best undertaken in person. Trauma-informed care is built on trusting relationships. Devices and screens have a place in virtual care, but they have their limits, and they cannot take the place of in-person visits and encounters, especially for new clients and older First Nations adults.

# Findings

## Need for culturally based recovery from the COVID-19 pandemic

Survivors shared how the current COVID-19 crisis is affecting them and how they are coping and trying to maintain wellness. Many also spoke about the additional supports needed to maintain their wellness individually, in order to emerge strong and well as communities.

As a starting point, survivors spoke about the fear in the community and the compelling need for even more prayer and ceremony to allay the fear and anxiety.

“That’s why today I am willing to allow myself to be heard... there’s people out there that want to hear that, there’s people out there that when I do my ceremony I have been involved with this one here, and I get called specifically through this time, through this isolation, we can’t go nowhere..., I sit there and I do my candle, I do my light and my candle and I light the candle in that ceremony...And as I am speaking, I speak specifically to this fear right now, as I am saying I light this candle on behalf of fear right now. So, I bring fear into presence of and I take the light and I put it over my heart. I bring that light, I need that light in my spirit, and so I put it out there and I get responses from people out there saying [.] that was awesome, I needed that, thank you, I needed to hear that, I needed to feel that. So that’s what’s out there, people need to feel that, especially right now.”

Clearly, safely resuming opportunities for gathering and social activities, including IRS RHSP activities, will be a critical first step to recovering postCOVID-19. It may also be necessary, once COVID-19 restrictions lift, to increase awareness of the IRS RHSP, as vital connections and program continuity may have been lost. Building and re-establishing trusting therapeutic relationships will take time.

***The additional stresses and triggers related to the pandemic may increase service needs in the future, even for those survivors who perhaps were functioning and living well prior to the pandemic.***

Perhaps the most destructive fallout of this pandemic has been the loss of loved ones and the inability to come together as a family and as a community to grieve these losses, because of the pandemic distancing measures. Opportunities will need to be created for individuals, families, and communities to gather and memorialize once restrictions are lifted. The loving remembrance done together across multi- generational groups is needed for healing.







# A Way Forward





# A Way Forward

## Now is the time for RHSP to grow and evolve

Overwhelmingly, participants in the storytelling interviews spoke of the need for the IRS RHSP to continue and for it to evolve to meet the changing needs of IRS survivors, those who are currently affected by the intergenerational consequences of the IRS, and to create a safer, healthier future for future generations.

Although those who told their story in this qualitative assessment were well on their way on their own healing journeys, they realized that there are others in their circle, whether they be family or community members, who are at the beginning of their own healing journeys.

Every participant's narrative alluded to how their experiences and traumas may have contributed to intergenerational transmission of suffering in their family and community. Participants were adamant that healing must include survivors, families, extended families, and communities, as well as planning for the future of children who are born into families and communities that are still struggling with the consequences of the IRS, including subsequent traumatic impacts, such as the IDS, Sixties Scoop, MMIWG, and intergenerational trauma.

Participants also emphasized that it will take generations of healing to restore affected individuals, their families, and communities to a healthy place.

***“Even the next generation, how are they going to deal with what we’ve gone through? They need someone, some place to go where they can talk about it freely and not feel... criticized, not feel as if they are talking to the wind, they are being listened to and they’re being heard, they need that outlet as much as we do.”***

Many of the survivors we spoke with had deep insight into the specific needs required for healing to take place connected to intergenerational trauma.



# A Way Forward

## Wholistic Healing Services

Quality care from an Indigenous, wholistic lens is quite different from the current description of the RHSP. Survivors and those within the Working Group have made clear that quality, safe care is defined by the community being served. Quality care is therefore defined as wholistic healing services which are community based and culturally safe, with Indigenous providers who are grounded in knowledge of their community and culture and who practice trauma-informed care from the standpoint of lived experience. This approach is then enhanced through the provision of mental health care being provided by mental health as well as traditional counsellors, clinicians, psychologists, social workers, traditional healers and natural helpers who work hand in hand with community led wholistic healing services as a valued component of the RHSP.

Survivors, families, and communities have a right to expect standards of high-quality care in their mental wellness and healing services. This means that care, services, and support must meet culturally safe standards for our First Nations. Services provided from external services, which lack cultural safety, understanding of working with Indigenous survivors, and which are not meeting community expectations and needs in this regard, are not acceptable. Qualifications set for NIHB counsellors must respond not only to externally based standards and designations for clinical care but must also meet the test of culturally competent and safe healing services from the perspective of survivors. This is what survivors and the Working Group are strongly advocating for, in particular because this assessment provided extensive evidence of the harms caused by unprepared, unaware, and culturally unsafe service providers. Survivors, families, and communities will no longer accept anything less than good care.



## Survivors with current and urgent needs

### IDS survivor needs

Individuals who are preparing and submitting their Indian Day Schools Class Action Claims have an immediate need for a dedicated network of supports that can aid in the application process. As noted on the application instructions, completion of the form “can be emotionally difficult or traumatic”. Many survivors will be triggered as they recount their stories for the purposes of the application. Additional threats to the wellbeing of survivors include that some of the abuses could have been committed by teaching staff who were community members, and who were themselves intergenerational trauma victims, perpetuating unhealthy or even abusive behaviours.

***“I find the program to be very necessary, especially for the survivors to have a place to reach out to and have workers that care about you. It’s needed. Especially now with the Sixties Scoop and Day school.”***

### ***Current service needs include traditional and mental health counselling for IDS survivors with a long-term plan for sustainability.***

“There is very little funding now for Day School. And we worked with so many people, and me being a day school survivor as well, every time I hear a story I can see it clearly, I can visualize the whole thing. [...] What we need for IRS program and IDS program is we need capacity building...this program has to continue because Indian Residential Schools didn’t only affect the survivors but they affect the descendants of the survivors. And IDS, Indian Day School, they affect the descendants... [...] the intergenerational trauma. So, we need more capacity, we need more workers and we need more funding. They keep saying sunset program but you can’t stop a healing journey mid-way its almost set up for failure if you do that...”



# A Way Forward

## Sixties Scoop Survivors

Sixties Scoop Survivors we spoke to described the unique needs in their situation and the very specific supports needed to address these. Sixties Scoop Survivors' needs are quite different, as they had been removed permanently and often were not placed with siblings. IRS survivors, though significantly traumatized, still retain connections to their family and were able to return to their communities.

As the Sixties Scoop Survivors make the choice to reconnect, they face an arduous process of finding records and information. Once they do identify their family or community of origin, they don't know anyone, have no connections, and must create relationships from the ground up.

Many describe the feelings of grief and loss, lack of belonging and community and heartfelt need for identity and cultural connection.

"It is still really painful to talk about belonging, I'm getting choked up just talking about it – I still don't feel like I belong anywhere. There's still a lot more work to be done, I still struggle with identity and belonging and through all of this [searching, seeking information etc.] I felt really alone."

"My connections in [community] have been really important. Still not perfect. I still struggle with attachment, abandonment, I worry that if I piss somebody off, they are just gonna leave. Attachment disorder I think it's called - lots of us still struggle with that."

## Reunification support

Survivors described the need for a pathway to help survivors connect with their families and communities of origin, as well as mental and emotional support for survivors to manage these steps, which are often fraught with tension and emotion as they try to discover relations and establish relationships.

## Mental and emotional support

Mental and emotional support is needed both as survivor claims are being processed and as survivors take steps to regain connections with family and community.

Survivors wish to have access to Elders and mental health providers who understand and have lived experience either through the IRS, IDS, Sixties Scoop, or child welfare. It's important that they have a good understanding of child welfare and adoption and the long-term effects of these issues.

## Peer support

Survivors outlined a need for healing gatherings to bring Sixties Scoop Survivors together in order to provide peer support for each other. Having Elders present to offer support and guidance within these healing gatherings is critical.



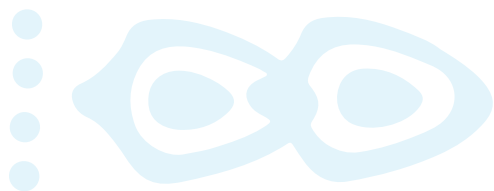
## Cultural support

Survivors spoke of the need to access Elders for teachings and cultural knowledge, especially when their family of origin is not involved or have passed on. Establishing a connection with Elders, helps them on the long journey to regain an understanding of their cultural identity.

“You should get your Anishinaabe name and clan – I took tobacco and asked for my name and clan – my family didn’t know, or were not involved in this tradition and some had passed away.”

***“Whether Anishinaabe or Cree, being reclaimed by our Elders is huge - to get their name and clan and in some cases colours is a really important ceremony.”***

Others spoke of the importance of having access to sweats and other ceremonies at cultural and land-based camps.



## Repatriation/welcome home

Some form of community based welcoming ceremonies were mentioned as important.

***“I’ve talked to Elders and it would be really good to have a welcoming home ceremony, a blanketing ceremony for some of us who are still kind of lost.”***

## Community Education

There is a strong need for community education around the phenomenon and issues faced by Sixties Scoop Survivors.

“A clear gap is education with our own people. We are often called apples, or people say: we “speak white”, we didn’t grow up on reserve, we don’t deserve the same services etc. this lateral violence is hurtful.”

## Bridge or Liaison Support to Reconnect

Some survivors mentioned that it would be helpful if urban Indigenous organizations and communities could have a dedicated liaison person who could provide navigation support and assistance for Sixties Scoop community members finding their way back home.

# A Way Forward

## Sixties Scoop Healing Foundation<sup>12</sup>

As survivors' claims processes come to a decision and as more and more Sixties Scoop Survivors come forward, their needs will escalate. The Sixties Scoop Healing Foundation is endeavoring to fund the needed supports, however, entities which have the capacity and understanding of these needs will need to be identified to apply for funding. The rollout of these program investments is not likely to happen for another year or two. In the meantime, survivor needs continue to mount and place added pressure on the IRS – RHSP.

## MMIWG

In Canada, Indigenous women and girls are more vulnerable to physical and sexual violence as well as sex trafficking and are overrepresented in the sex trade<sup>13</sup>. Further compounding this situation is the fact that women who suffer from this form of abuse and their families are stigmatized. This stigma can also be associated with women who are murdered or missing and their families who are grieving. One participant described that there is “stigmatized loss associated with MMIWG”. The grief associated with missing or murdered women can therefore be especially difficult to process for families, as they and the missing family member may be stigmatized and shamed as they go through this trauma. Processing the loss and grief associated with MMIWG requires competent and comprehensive support and counselling. Linkages with MMIWG specific supports should be initiated to inform and establish good practices.

<sup>12</sup> <https://www.sixtiesscoophealingfoundation.ca/>

<sup>13</sup> <https://www.mmiwg-ffada.ca/wp-content/uploads/2018/03/ni-mmiwg-interim-report.pdf>


## Creating a life-course approach within the RHSP

While it is very important to respond to the current needs of IDS survivors, those who are dealing with MMIWG, and those who are struggling with the triggers of isolation during the pandemic, it is equally important to plan beyond current crises.

In order to support a return to a state where all community members know how to and have the ability to “live a good life”, the RHSP requires a coordinated, comprehensive approach and collaboration with partner organizations in the health and social services sector.

In order to interrupt the intergenerational cycle of passing the trauma of the IRS and its consequences to future generations, a wholistic approach and continuum of services are urgently needed. Healing, in a way that reconnects those who were harmed across generations, is needed.

“There should be healing events...the [survivors] ask for that, they wanted an intergenerational healing ceremony, they want to heal their families. They want to bring them into something where they can safely share their common experiences. Why their lives were the way they were and find some ways of saying “I am sorry!”. And some way of reconciliation within their families, they want to find ways to healing their families in their communities. They don't know how to do that, some stronger people can do it within their families, but others can't. They are afraid or they don't know how, or their spirituality is not helping them do it.



For example, I remember working as a social worker with a youth, suicidal and really self-destructive, I asked her “what do you want? What do you need?” She said “I want my mom to say that she is sorry for what happened to me”...I said “That seems simple enough!” I asked her mom, who was a recovering alcoholic...but she refused. She said “God forgave me!” She did her twelve- step program, [she felt she] did not need to do that. I said “wow but that might save her life...can you add a 13th step?” I tried everything...it was so sad, because that was all [the daughter] needed. The mom had six kids and she had a hard life.

We need to have that in our program, to find out what they need [to do to reconcile]...it was really sad that I could not get the mother to do that...this is the kind of help we need...we definitely need a healing program for the next generation and the one after!”

The First Nations Mental Wellness Continuum Framework is a comprehensive model “rooted in culture and comprised of several layers and elements foundational to supporting First Nations mental wellness” that is consistent with the needs that emerged during the storytelling process of this project.

Tailoring services to the diverse experiences of the different generations will be key to disrupt the cycle of abuse initiated by the IRS. We provide concrete suggestions based on the survivor stories for supports that will enhance wellness across the lifespan and are appropriate to each age group. Communities require flexibility within these categories in order to tailor programs to their unique histories.

## Create awareness of the RHSP and the life course approach

Participants spoke to the continued need for outreach and awareness building about the program in communities.

Many participants shared that they are aware of many family members and community members who are not accessing programming due to various reasons.

***“I would like to see more interactions face-to-face, like in-person interaction, more information workshops, and just to let the communities know that we do have somebody here and we do have a program that helps. And you’re not by yourself in this journey and you just need to reach out.”***

Rebuilding awareness will be very important also due to the service interruptions associated with COVID-19 containment measures.



# A Way Forward

## Child and youth focus

Though not strictly a recommendation about the IRS RHSP, some participants shared important insights about the linkage between the legacy of IRS and day schools and the present day needs in child welfare.

“Still funding child welfare, ...that’s all a form of genocide because they are actually being held prisoners in the child welfare system...when I wanted to get guardianship of my grandson I had to fight tooth and nail to get him out of the system ... I didn’t want to take money as a foster parent, why should I take money, he’s my blood, my blood runs through his veins why should I take money from a government to raise my own blood, that really wouldn’t be right for me to do. I wanted to have my grandchild and all I needed was to be allowed to have him, I didn’t need to have this big fight – I don’t think our people need to have that fight too.

There’s a lot of changes that need to happen with child and family services...instead of taking the children out of the homes, they should be placing support workers in the home to help those families to address the issues that can overcome the problem. Then they can learn how to be proper parents. That’s how those children end up in care, because of residential schools and day schools, they didn’t learn how to be parents. They lost the natural parenting skills that we had in place before anyone came here. Why fight with us and make all these laws, legislation and rules. If you want to fight the problem – ask us and we will tell you what we need.”

Participants also spoke of the need to create ways to connect youth survivors with the community, not just family members, through activities such as language and cultural skills learning, hosting gatherings, and conferences.

Participants also spoke of the need for supports for children and youth who are already affected and are currently being affected by intergenerational trauma as they experience mental or emotional abuse and unhealthy parenting.

***“I think we have to help the younger generation who have been affected by parents and grandparents who still suffer from the effects of residential school. There is so much alcohol and drug addictions and an epidemic of youth suicides. Schools must teach about residential schools.”***

“We do our best, but I think more help. If we could have a psychiatrist on the reserve for the younger generation. I spoke to my grandson the other day and they have trust issues...”

***“I would like to see more mental health workers, because not all the young people could reach out that easily. I guess sometimes it’s easier to talk to somebody they don’t know. Cause in this community everybody knows everybody.”***

Service needs could include early intervention in schools, education on intergenerational trauma, healthy relationships, and culturally grounded schooling and activities led by healthy educators and service providers.

“They must teach the children what is healthy and normal.... So much work must be done to bring normalcy back to our communities. There’s suicides, drug dealers, addictions, and people dying too young.”



## **Integration of individual and family service approaches**

Survivors discussed the need for survivors to be together in social activities and activities focused on healing. However, there is also the need to invite family members who are ready to join in the healing journey. This is how healing across generations can take place.

“They should have family circles involved, get the families involved in that, because in the group that I am in now there’s three generations: there’s the survivor, and then there’s the daughter and the grand daughter. I try to have them in the same group, in the same circle. However, I think the survivors need their own circle. And then the families, when they come together...”

Some programs are restricted to survivors, so there is a need to increase opportunities to include family, such as spouses and children in events and programs.

***“The one thing I didn’t like... we were told that only the survivors could attend the meetings unless the others were invited, and that’s not how it’s been happening. And that’s not how the next generations can learn anything, if they are not there.”***

# A Way Forward

## Women's programming

Women at times felt that they needed a safe space with other women to speak about their trauma. Some women were not ready to share this with male survivors, particularly if they had been abused by men.

"I would recommend a women's gathering where women can come together and have a session...where it's all women, residential survivors, where they can come in the room and share their story. Because so many understand they're all on that same page and that same level and some don't feel safe yet, but when they come in a setting, I feel safe here, I feel safe to share what happened to me and I want to have support like this here..."

Similar needs were expressed by female intergenerational survivors, some of whom had lived through aggravated assaults, rape, and attempted murder by male perpetrators. Some of these women expressed the desire to heal through joint art projects or writing groups that would encourage women to express themselves through creative works, supporting them on their healing journeys. Others spoke of the need for peer support with others going through a similar experience to simply connect, visit, and belong.

"It may be an idea to have a little group... [...] a women's group. Programming don't have to be stressful and always counselling and stressful. Somewhere you can sit and relax talk, enjoy each other, maybe share a little bit but not get overly emotional and stuff like that you know. And over time you know you might find out that one thing works for someone and maybe I might try that it might work for me. You can learn from one another and help one another. But I think the most important thing is getting

out and spending time with other people. You know were on the same journey that you're on. And who understand. Because there is nothing worse than being with a group of people, and there is people there who do not understand and who try to tell you something and is coming from a place that they just don't know..."

## Outreach to men and creation of men's programming

More outreach programs to encourage and support men are needed, because sometimes it is more difficult for men to ask for help.

"...having more of these services where we approach the men...it is very hard for them to reach out."

"I think there needs to be more programs for men. We need to reach out and have more things for men. There are men's sweats, but to have men's healing programs on the land would be so so good. I have seen probably about the same amount of men going to the hearings as women, but they are not coming to the healing programs. We need to reach out."

Beyond outreach there is a need for programs and supports which are aimed at empowering men. Specifically, such programs should help them to understand the history and how the patriarchal influences of the church have impacted relationships within their families and communities. This is foundational to enabling men to learn about healthy ways for dealing with anger and resolving conflict.

In addition, if they are survivors of abuse and have become perpetrators, they require programs to break that cycle.

## Building a quality care system in collaboration with RHSP

### Change program focus to Wholistic Healing Services

As noted earlier, there is a strong impetus to build upon the existing mental health counselling and emotional supports to an approach that encompasses and considers mental, emotional, spiritual and physical dimensions of wellbeing in a more wholistic fashion. Survivors and their families have drawn strength from this wholistic and strengths-based approach which derives from innate cultural teachings to regain and nourish the spirit within. A quality system is not only culturally safe but is culturally grounded and strengths-based. It is not only trauma informed but provides a pathway to healing that recognizes all aspects of a person's being.



### Continuity of a quality care system

***“One thing I know about all this...is I have to continually work on my healing and my wellness.”***

Healing from complex trauma is a lifelong journey for survivors.

Beyond the obvious aftercare needs, there is clearly a need for ongoing follow-up in the context of supporting those who have attended their IRS hearing. Strong and continual support is needed during the process (i.e. the support must not taper off after such events).

Presently, there are not enough people to offer this support, given the amount of people going through IRS processes. Resources must be put in place so that this support can be available to all survivors for as long as is needed.

The FNMWCF asserts that “mental wellness depends on access to a full spectrum of culturally competent supports and services.” Similarly, the RHSP workers cannot provide all the services that survivors and their families may need in order to heal from trauma. There is a need to collaborate and coordinate services and to create a Quality

Care System in collaboration with RHSP. Being aware of the link between trauma and addictions is particularly important.

# A Way Forward

## Addictions and trauma

The notion that “trauma is the basis of addiction” was held by many survivors. It is not easy, but if someone needs to get to a place where they are not using drugs, the first step is disclosure around why they need to self-medicate as almost all addiction stems from trauma.

Survivors shared the view that the ongoing addictions, substance abuse disorders, and the opioid epidemic have their roots in the legacy of IRS. They also recognize the paralyzing effects of stigma and judgement that coincide with addictions in the community. This fear of judgement has also had the unintended effect of limiting access to the IRS RHSP by those who need it most.

A full spectrum of trauma-informed mental health and addictions supports is needed to address this complex issue. And more immediately, in order to address the steep rise in opioid overdoses during the pandemic, some advocated for increasing awareness for Naloxone as an antidote, and the widespread distribution of Naloxone to every household.

“Going forward, I think what would help a lot is that I know there are some nations that don’t feel like they need this kind of support, but we know they do because that’s where all the addictions and stuff like that, that comes into play, it’s because of all this trauma that they have experienced...”

“[Having] them to get to that point where they’re tired, they’re beaten down so much... I don’t know what it will take for them to say, ‘ok I have had enough, I need to get some help, I am tired of this, I don’t want to live like this anymore.’ I don’t know what else there is to do, there has

just been so many OD’s on our Nation right now, it’s just unreal, and it’s just one right after the other. Most of them aren’t reported, like they do the Naloxone jab or the spray, and they don’t report it because they don’t want to go to the hospital, once they are revived and that. So, there are a lot of ODs that are not reported...”

Respondents further highlighted how the pandemic has exacerbated the opioid crisis, leading to an alarming overdose crisis within communities. The COVID-19 pandemic has resulted in steep increases in overdoses. Coupled with systemic racism in healthcare, the result is an ongoing and triggering issue for many survivors.

Furthermore, there are few services around crystal meth addiction, which is also emerging as an extensive problem. There is a need to develop more trauma-informed programs that can meet this kind of specific problem.

In particular, respondents spoke about the need for family-based treatment and healing lodges:

“What I would like to see is more community-based recovery centres or mental health clinics. Myself I would like to see a healing lodge in Eskasoni, where not just the person with the problem like addictions could go and their family could go with them and they all heal together, work together, pray together. Because we don’t have anything down this way in the Maritimes of a healing lodge. I think that would be awesome. I hate to see my community have more young people going in the wrong direction... A healing lodge large enough for other families from all around the Maritimes, the people that would come. It would not be exclusive to Eskasoni...”



## Integration with other mental health and addiction programs

The RHSP benefits from connections with other programs, including the full complement of community-based mental health and addictions programs, as well as other programs, services, and providers, such as:

- Al Anon
- Indigenous psychiatrists, psychologists, and mental health therapists
- Non-Indigenous psychiatrists, psychologists, therapists
- Family or victim assault services
- Women's shelters
- Programs offered through the local friendship centre
- Healing circles with Elders

Respondents spoke about the needed collaboration with existing programs:



***“The program needs to get together with other programs and look at their statistics together, not just for mental health but things like heart failures, diabetes, addictions, abuse, suicide and these rates are two to three times higher than other populations. You need programs like this until we can bring our rates in line with the rest of the people. And maybe get back to some of the old ways of doing things of eating and healing and stuff.”***

Strong collaboration within mental health, addictions, and primary care services will always be needed.

As well, some participants noted that integration programs needed to further support IRS survivors coming out of prison, including through employment programs. Such programs would assist survivors to reintegrate back into society and their communities.

Finally, overall, there is a need for more integration of cultural supports and programs, all of which are in need of more funding.

# A Way Forward

## Need to expand culturally based services

### Importance of ceremony and land-based healing


Throughout the interviews, numerous participants have described land-based healing afforded through medicine walks, ceremony, and working with Elders as a foundation of healing. Purpose and meaning are found through land-based ceremony and via the support offered by Elders. This is a central component of the program that must be continued and expanded.

“Trauma can be resolved by understanding the history, knowing who we are and where we come from, and understanding our role and responsibility to be stewards over the land.”


Most importantly, survivors spoke of programs and workers who can tend to the survivor holistically and “nourish the little spirit within” through “spirit-centred” programs.

*“I’ve been on my healing journey even long before that [the program]. I went out west to take a program that is called “Returning to Spirit”. That was really helpful to me. I got to go as a board of director of residential school survivors... [...] This was 2010-11, and it was over a period of 3 years. I would go to Winnipeg or BC, wherever they had the program. And at first it was for my healing, but then we were getting into training me and others to be able to facilitate but I never got to finish because we run out of money. For me, that is something I want to bring here, I think it’s much needed. That returning to spirit that’s exactly what that means. You start dealing with yourself and your spirit when you are a little girl or a little boy... ”*





***“I would like to see more culture. There is culture here, and it’s being taught by certain people, Elders, our knowledge keepers, they speak at the schools and they teach the younger generation how to make baskets, quill work, bead work, and I teach sewing, but if we only had more programs, there is not enough. A lot of things need to be done in order for each and every one of us to recover from what we’ve been through.”***



### **Culturally based social activities**

A variety of social networks have sprung up within the RHSP to support survivors in beginning, continuing, and maintaining their healing journeys.

Within the RHSP, these group activities, such as talking circles and women’s groups, provided a venue where survivors could be with other survivors who understood the IRS context, and with whom trust could be built and healing supported. Some of the group activities have included:

- Various craft workshops, such as beading and leather working
- Language re-learning as a step in regaining cultural identity and healing
- Participation in healing circles with Elders

These activities are often lacking and missed during the COVID-19 pandemic and more of these activities are needed.

“What would be good for our community too is have our own circles, within the community. Our healing circles, our teachings, and have speakers. [...] I would like to see motivation speaker, a young person.”

One key strength of the program workers, from the participants’ perspective, is that they did not have to feel that they had to explain their experiences to the workers. They identified that the support was non-judgmental and comforting/comfortable.

Furthermore, having opportunities to share their stories with the public, such as at local church groups, schools, and events was also vital to their healing and empowerment. Taking an active role in commemorative events and projects is also vital to their healing.

# A Way Forward

## Expanding the culturally safe workforce

A key strength of the RHSP is access to various service providers such as cultural support workers, Elders, and social workers who have helped them on their healing journey. The program has provided an important pathway to reach Elders, who are looked upon as teachers, counsellors, mentors and “amazing knowledge keepers”.

Many survivors reported being further harmed by highly trained mental health providers, but who lacked understanding of IRS and the effect on survivors, who did not practice trauma-informed care, and who could not respond to their needs, or even, in some cases, did not believe their IRS experiences.

Many spoke to the scarcity of Indigenous mental health professionals and the need to encourage more Indigenous peoples to enter these professions.

### The importance of service providers with lived experience

Survivors spoke positively of experiences with counsellors and support workers who understood the complexities of IRS, intergenerational trauma, and other colonial impacts on First Nations peoples, as well as the respective cultures and traditions of the survivors with whom they worked.


***“I wanted Anishinaabe [practitioners], because they could understand me.”***

When service providers do not understand the IRS experience, the survivors are often in a situation where they must educate the provider. Many survivors are very familiar with this experience and have often found themselves in this paradoxical role: although they need support services, they end up needing to educate/support the provider.

***“I needed someone that understood [me], at an experience level...my first counsellor, she was good, but I found myself educating her a lot. Explaining things... this counsellor [that the participant had success with], he was Indigenous.”***

“[The counsellor] understands and he can actually give me a little bit of insight into those things, instead of me taking the time at my counselling just explaining all those things to somebody.”

There is a continued need for persons with lived experience to serve as RHWs and cultural support workers as they understand the IRS experience and can share insight and provide important perspectives.



It is vitally important to have someone who can understand where the participant was coming from and could relate to their context, particularly with respect to IRS and intergenerational trauma.

However, it is also critical that support workers have their own lives in order and have dealt with their own traumas, if they are ever to be in a position to help others, without burning themselves out. Survivors want practitioners who are informed on the legacies of colonialism and the impacts of IRS and intergenerational trauma.

***“It’s good to have someone to counsel with that’s First Nation...because they know our lives, they know where we came from and what we’ve been through.”***

In some cases, a practitioner from the same Nation or region as the survivor is an added benefit. Survivors want personalized care, that is reflective of their experiences, and of their culture and traditions. Several survivors commented on the impersonal aspects of a 1-800 crisis support hotline. Survivors may wish to be treated as individuals with unique experiences and backgrounds, but also as individuals nested within a) the wider socio-cultural group that is their First Nations community, and b) their own Indigenous history.

### **Safe access to cultural supports**

It is not sufficient to have workers who are themselves Indigenous, trained in helping trauma survivors and have lived experience. As mentioned previously, these providers also need to be well along in their own healing journey and consistently demonstrate healthy behaviours and relationships themselves.

Participants need to feel safe if they are going to participate in traditional activities, ceremony, healing activities, and so forth. There needs to be trust in those people guiding such activities. Discussion and sharing circles involve “taking the risk” of being vulnerable and trusting to share one’s experiences. Trust is developed through confidentiality, amongst other things. It is also developed by being heard without judgment and with empathy, regardless of the experiences shared.

***There is a huge potential for distrust when helpers or service providers have not dealt with or healed from trauma in their own past. Sometimes these are the very people being called upon for their traditional knowledge and for guiding traditional activities, and that may be part of people’s healing journeys or other community programming.***

# A Way Forward

Even worse, sometimes organizations may overlook past harmful behaviour of people in favour of their gifts of traditional knowledge that may be needed in community programming. A process to vet all helpers and service providers is needed to ensure the safety of participants, regardless of how well they know their language, traditions, and so on. Vigilance is needed to avoid situations when addressing trauma where the source (i.e. perpetrator) of that trauma may be other community members (i.e. experiencing abuse at the hands of a family or community member). This highlights the importance of trauma-informed care, as well as care that understands the survivor in the social context of their community.

Understanding that healing for survivors of IDS and IRS, particularly when these institutions were administered by community members, highlights the need to recognize the intra-communal nature of the issue. This represents a challenge for community organizations (i.e. health centres) who seek to have cultural / traditional services as a cornerstone in survivors' healing journeys, where the knowledge keepers language or ceremony may have been used by past perpetrators, and thus pose a risk of retraumatization.

The need for safety of survivors, and for trauma-informed care is paramount. A dialogue on these issues should be initiated in a good way in order to improve community capacity to have open conversations about these pervasive issues. There might be recognition that some knowledge keepers have demonstrated negative behaviours in the past and communities need ways to determine, based on their own cultural protocols, when helpers and providers are ready to help others.

## Community development and healing

Community healing on a broad level needs to be supported to allow for the development of a culturally safe work force. There is a particular challenge of dealing with trauma when it has been perpetrated intergenerationally by community members and/or family, as opposed to outsiders, such as nuns and priests who operated IRS in earlier years.

In many communities, there is a reluctance to come forward and share traumatic experiences during IRS hearings, as this will “reveal that it’s your own community members that have hurt you,” as one participant stated. This is particularly true in the case of later generations, who may have attended institutions that were no longer administered by the church, but by community members. It is extremely difficult to deal with and heal from trauma when it is intra-communal. The added layers of family and community dynamics often work to actively silence victims and can pose a risk for further harm.



***“You need to have a lot of people [community members/family] that are healthy enough that are going to acknowledge that oh yes I have family members that have hurt people but be strong enough to support the victims and not go into denial.”***

Sometimes community relationships become strained or even hostile when family members are implicated or identified as perpetrators of past abuse. Sometimes past abusers are in professional roles or positions of power in the community. One survivor explained how denial can further divide families and communities.



“A big part of my healing journey was to understand how far reaching this has been. Even [involving] people who did not go to the residential school. Some worked at the schools as workers, and they may not have been students, maybe they were lucky. Some were students and later as women came back to work there.

I remember going into a store and the Elder, I looked up to her, she is looking at the newspaper. There was the article [on IRS] and this Elder was saying “That did not happen!”. And I say “Lora! Why would you say that? You are damn right that happened! I remember running into the sewing room [where the workers were] and trying to hide under their skirts under the table, telling them the sisters are after me. That they are trying to kill me....” If anyone should have stood up it is someone like her [someone who worked there]. Someone in the church community that could have validated the stories that happened right in front of them...I just said, “oh my goodness!” I just about cried. I said “It is not okay for you to say that. I don’t know why you would say that. If I told my story in the newspaper, I would expect you to back me up. To say, “Yes that happened!” I read that story. It is my story too.

I think it is because they are scared. They think it is to say something against their god if they tell the truth. I was so angry I cried all the way home. I went back to the Elder and I apologized, but I told her I still thought she was wrong. But we never spoke about it again. We’d visit and have tea. But it changed our relationship, not only with her but many of her friends. It stopped our families and communities from healing.”

# A Way Forward

## Intra-community trauma

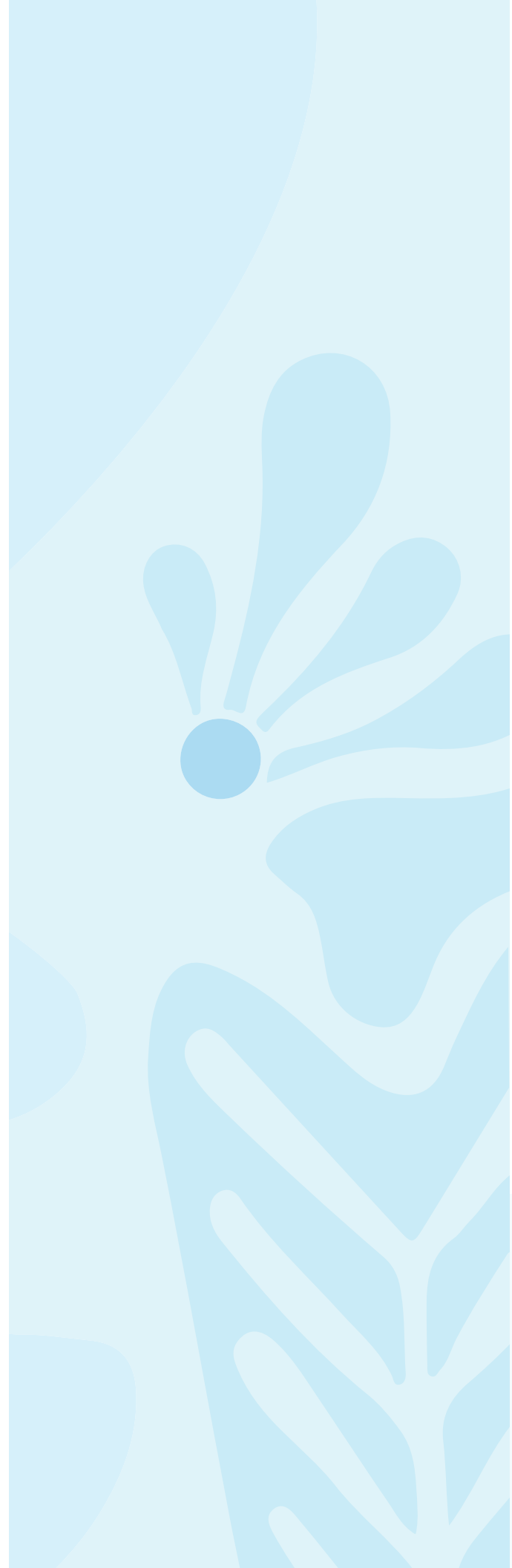
As successive waves of individuals endured experiences such as sexual assault, emotional, physical, and mental harm at Indian Residential Schools, some in turn became perpetrators themselves, as they entered adulthood and took on roles as parents, educators, guardians, and caregivers.

Some who are not themselves healed, and who are active perpetrators, are working with vulnerable people. “Perpetrators are still in our community and traumatizing families and communities”.

Especially with IDS applicants, there is the potential that past traumas will involve family. Those involved with supporting IDS applicants, who are working with former IDS students may in fact be the very community members who may have been involved in abuse (and thus there is a greater risk of re-traumatization).

This is a much different scenario from working with IRS survivors, where it was outsiders who may have operated the IRS, and thus been the perpetrators/offenders and would not have been community members.

The harm is compounded when the perpetrator are members of their own family or a community member. Processes to ensure that providers who work within the RHSP and cultural support program are safe and well along in their own healing are needed.





## Caring for Carers: Support for RHSP Workers

### Support those who are supporting others

Survivors want to know that the people who support them have supports of their own.

***“If we are going to continue to support our survivors, we’ve got to continue to support our workers.”***

### Onboarding

Orientation to the role of an RHSP worker or cultural support worker should be part of systematic onboarding. Orientation manuals and training should give guidance and provide an overview of the steps in the IAP process as well the history of the IRS settlement agreement.

### Support for debriefing and addressing vicarious trauma

Workers should also be provided with opportunities to access employee assistance and emotional support, as vicarious trauma and lateral violence is also a challenge facing frontline support workers, including the RHSP workers.

There is also the burden these workers take on in hearing and supporting other survivors. Opportunities for team cohesion, to build and sustain unity, as well as opportunities to debrief, uphold, and support workers are key. The RHSP workers risk burnout due to vicarious trauma, especially while many still have the need to continuously work on their own healing. “These workers are still wounded,” noted one respondent.

“It’s hard not to get vicarious trauma. When you hear it over and over, it’s almost like you need debriefing on a Friday, or when you need it. [...] Sometimes you need it when you need it. There needs to be more funding for help for the workers. Sometimes we just need to process things and makes sense of them.”



# A Way Forward

## Adequate funding and sustainability

Supporting the supporters includes ensuring that programming is consistently funded to ensure job security and sustainability. A common refrain heard in the interviews is one of a lack of the adequate and sustainable funding required to truly address the various needs.

***“If you take the funding away...people are going to suffer.”***


Programs need to be consistently funded if they are to be successful. Establishing a successful program takes time and appropriate resourcing. This could be accomplished through:

- More financial and other resources for the RHSP workers in order to help them facilitate more community learning and healing
- More resources to develop capacity to deal with grief and loss, addictions, and sexual abuse
- Opportunities to network once a year across regions or across Canada to share best practices and learn from one another, discuss what works, what is effective, to access training - for example in trauma, and to support one another
- Opportunities and support to debrief, share, access ceremony, smudge and prayer to protect their wellbeing and address self-care needs

## Succession planning

Survivors need safe and competent services from the RHSP workers, and they need more people who have similar understandings and strengths. There is also a need for increasing access to RHSP workers in order to meet the complex needs of IRS survivors. We need more RHWs and more cultural support workers. As well, there must be an increase in the number of community-based practitioners.

***“I think the support that we need as day school, we need the support of, we need more workers, we need more trained workers. Not anybody can do an IRS job. It’s totally different than a regular job, it’s totally different than a counsellor’s job, or a psychologist’s job because you are meeting the needs of people in the communities. In the communities, we know everyone... [...] we need more people trained and it’s probably a good idea to train them under people who know how to do the work.”***



A mentorship program that would help knowledge transfer between Elders/cultural support workers of today and on to the next generation is urgently needed. A mentorship program could help prepare the next generation to be ready to help others in their healing journey.

There is a profound need to create systemic health human resources development processes to ensure the continuity, development, and growth of a pool or base of supports (i.e. RHSW, cultural support workers, counsellors, Elders). Once working in the community, there must be human resource mechanisms in place to nurture these people and provide them with the resources and supports they need in order to be successful in their roles.

Another area of concern is that the present RHSP and cultural support workforce is aging. A process also needs to be created for them to mentor and train others. Such a program would ensure that the knowledge is transmitted on to the next generation.



# A Way Forward

## Recommendations for COVID-19 response

The COVID-19 crisis is disproportionately affecting Indigenous peoples - in particular, survivors of IRS and intergenerational trauma. The impacts are exacerbated because of multiple factors:


- Containment measures can be triggers for IRS survivors
- Historical impact of infectious diseases on our communities are triggers for worry, anxiety, and depression
- Poorer health status, inequities in the social determinants of health, and lack of or poorer access to health services results in compromised chronic illness care
- Ongoing and pervasive racism in the health care system and beyond
- Systemic oppression of Indigenous peoples

These factors often go overlooked when important decisions are made about measures such as province-wide or community lockdowns and/or rollout of vaccines. Often in pursuing timely decision-making and response, authorities and policy makers neglect the perspectives of Indigenous communities who will be affected by these policy and practice decisions.

For the RHSP, and from a programmatic lens, the appropriate response by contrast includes:

- Recognizing and building upon the cultural strengths of Indigenous populations served
- Ensuring intended and unintended consequences of policy and practice decisions do not create or perpetuate harm for the populations served
- Being mindful of historical contexts for the populations served, especially related to public health efforts
- Using strategies that encourage engagement and minimize mistrust





## The response must incorporate individual, family, and community perspectives

Many survivors have learned new supportive practices, and these should be integrated into future services. For example, grounding techniques, attention to self and spirit, and the forging of connections through innovative ways should be carried forward into the post-COVID-19 era. Recognition of the strengths of individuals, families, and communities is vitally important in nurturing resilience that is sustaining and sustainable over time. Despite this, however, it remains critical to ensure that the burden of all support does not fall on those who have already been so profoundly impacted by IRS and IDS, the child welfare system, and other colonial policies.

Response to large-scale disasters and traumatic events, such as the COVID-19 pandemic, must be communal and not just individual (i.e. one-on-one therapy), which tends to be a Western approach. Communal responses include community peer support groups, gatherings to promote ceremony and commemoration, art therapy, and other creative outlets and safe environments for expression of grief and loss.

Trauma-informed approaches must transcend individual interventions and broaden to program-wide and community-based approaches that enable people to feel safe in processing communal grief and loss. This is done by prioritizing relationships, social support and connection, and by creating physical, emotional, mental, and cultural safety in all environments and encounters.

One of the biggest impacts of the COVID-19 crisis has been the emotional and spiritual toll of community deaths in which family and community members have been prohibited from gathering in ceremony and communal mourning to support and pray with their loved ones, and the grieving family and community members.

If IRS experiences have, by their very nature, severed loving family bonds, connections to extended family, community, land, cultural identity, traditions, spirituality, and language, then this pandemic is the final act of disruption, severing the means to connect through the spiritual journey our loved ones take when they pass on. The ceremony and cultural observances of the spirit journey are as much to honour the loved one passing through the Western door<sup>14</sup> as they are to honour and support those left behind.

Our community members are reeling from an impossible sadness at their inability to take up their natural helping role in supporting those who grieve. Therefore, they carry not only the psychological and spiritual burden of going against the grain of their teachings and values by adhering to lockdown restrictions and/or giving in to fear of gathering and risk of contagion but are also shortchanged by not being able to participate in the normal community processes and passages of grief and mourning.

<sup>14</sup> The Western doorway is an expression used to refer to someone dying by many Indigenous cultures.

# A Way Forward

The pandemic has caused the loss of everything we were familiar with in our daily routines, our livelihoods, and our social lives. It has also introduced new fears around financial health, illness, and death. The losses also include the connections to those we love, our friends, community members, and the rituals and rites of passage by which we relate – graduations, pow wows, weddings, funerals, and so on. They affect work, studies, conferences, and gatherings. Every one of these is an important source of hope, purpose, meaning, and belonging and thus, have an important role to play in survivors' healing journeys. These losses and fears, which are multiple and layered, can at times be overwhelming. Where before survivors and the RHSP may have developed services and supports to understand and address losses that were commonly experienced, now the pandemic has introduced a new overlay of losses and trauma at scale, affecting all.

The recovery must include an outlet to process such grief and loss communally.





# Afterword

## Finding of the Unmarked Graves of Children at IRS

In late May 2021 and continuing throughout the summer, Canadians were horrified by the discovery of the unmarked graves of 215 children at the former Kamloops Residential school, the uncovering of 751 unmarked graves at the Marieval Residential School in Saskatchewan, and 182 unmarked graves close to the former St. Eugene's Mission School in Cranbrook, B.C. We continued to reel from these discoveries as more First Nations communities undertook searches at area Indian Residential Schools across the nation.

Indian Residential School survivors, those impacted by Indian Day School and MMIWG, as well as their families and communities were retraumatized with every new discovery and many who had been progressing well along in their healing journey found themselves regressing amidst overwhelming grief and anger.

Workers on the frontline in support of IRS survivors and their families were inundated with crisis calls for help. Support lines intended to offer compassionate help for IRS survivors to start the process of unpacking and dealing with their trauma were overwhelmed with phone calls following these recent discoveries. The RHSP workers who sought to support the many survivors in their current caseloads who were in distress while also fielding calls from those who were newly traumatized. The situation quickly surmounted available resources as new unmarked graves were revealed.

Workers themselves faced vicarious trauma and compassion fatigue as they struggled to deal with the hurt and anger experienced by clients and resurfacing within themselves as persons with lived experience. Absent of culturally safe and appropriate crisis debriefing, many risked their own wellbeing deteriorating to the point of breakdown and burnout.

In addition to the Tk'emlúps te Secwépemc People, the Cowessess First Nation, all First Peoples across Canada felt the pain of these losses and the shocking confirmation of the truth which remained hidden for all these years. The schools were the final resting place of too many unnamed and un-mourned young children who died of disease, neglect, or were killed. An oft quoted statement is that every Indigenous person is directly or indirectly impacted by the legacy of IRS, intergenerational trauma, and the pain of these recent discoveries. Every single one.

The surge in crisis on top of an already overburdened workforce severely challenged available services and program providers. Moreover, many IRS RHSP workers and cultural support workers were frequently called on as guest presenters for events recognizing the inaugural National Day of Truth and Reconciliation on September 30, 2021.

Looking ahead, resources and supports to help everyone impacted are critically important as the grounds of more residential schools are searched and processes are discussed to identify the children and their causes of death and then bring deceased children home are planned.



# Afterword

In addition to successive waves of the COVID-19 pandemic, waves of unbearable sadness have overwhelmed IRS survivors and their communities. It will likely take many years to regain equilibrium within the RHSP.

The ripple effect from these discoveries were felt across numerous sectors outside of the RHSP mental wellness, as they reverberated within other Indigenous service organizations, including women's groups, homeless shelters, child and family services, education, and across leadership and advocacy tables. Many of these frontline providers and workers didn't know how to manage newly traumatized clients and many workers were also in need of debriefing. Community leaders who were called on to respond required support, information, and debriefing as well. In this regard, the cultural support workers and RHSP workers were also tasked with supporting other organizations and providers.

The process of locating the hundreds and potentially thousands of unmarked graves at former IRS sites which began in June 2021, immediately created an unprecedented surge in the need for RHSP services and shows no sign of abating. With the headlines in the news, many survivors are speaking to their families for the first time about their experiences. Often, their children and grandchildren were unaware of the multitude of abuses the survivor had endured. The personal revelations come as a profound shock and many relatives require support to deal with the trauma and grief related to the revelations.

These developments give added impetus for the need to continue to enhance and expand the supports offered through the RHSP.

The findings of the remains of children in unmarked and undocumented graves at residential schools across Canada has awakened and compounded incredible pain and trauma. We extend expression of our deepest condolences to all who have been affected and we lift all who work to support those who are grieving in prayer.

# Final messages from survivors

We have been immensely honoured to listen to survivors' stories. They have profoundly transformed our understanding of both the traumas experienced by IRS, IDS, Sixties Scoop, MMIW, and child welfare survivors, and the way forward. A message we carry forward on their behalf is the need for continued, expanded supports for healing.

***"When I was going on my healing journey, and I feel that a healing journey is a life-long thing. It's not a one-step or one thing fixes all. It's like you are continuously healing, everyone is continuously healing or repressing..."***

"All the damage that was done over the years for people, you can't just say this is over when somebody's in the middle of their healing journey. And sometimes if you support people and you have a program and all of a sudden it stops, some people will go right back to that place and that will create a crisis in the community..."

"Just keep it going, like any other mental health program, just keep it going. [...] so that the people can get the help that they need, that they are familiar with, that they are comfortable with."

***"So you have intergenerational trauma with different types of survivors. You have Indian Residential School, then we have Indian Day School, then we have Scoop. And it's all interrelated and it's all the result of the federal government..."***

"MMIWG, the calls for justice, the truth and reconciliation, and all that, there is so many different needs, the reports, that need the culture, that need the land-based activities, this program will aid with the calls for justice. [...] The apology is the action; anyone can say words."

Finally, their message is one of hope for the present and future generations. A survivor shared a letter her granddaughter had written to her which describes how the cycle of intergenerational trauma can be broken and the love of family and community restored. We feel it amply conveys this sentiment.

## Final messages from survivors

***“Grandmother -***

***I just want you to know how much I appreciate how you raised mom and my uncles in a safe home unlike many others who were raised in abusive and alcoholic homes. You were strong after your own experiences and raised them the way it should be for everyone. A lot of the alcoholism and mental health problems our community members have are due to a family chain of grandparents being in residential schools and being abused. But you broke that chain for all your kids and us grandkids so we never had to experience what you had too.***

***I love you.”***



## **Appendix A**







# Checklist for Program Workers

Thank you for agreeing to support the story telling process with IRS survivors. Your support is crucial for us to be able to document participating survivors' satisfaction with the service, and to learn what helped them and why, as well as what is still needed to support them and their families.

Additional resource documents you should have access to include:

- Participant Booklet
- Consent form
- Research Approach Document

**The interview will be conducted by a trained FPWC interviewer. Workers will not be asked to conduct interviews. However, there are a few tasks that we ask workers to complete.**

Listed below are five main steps where your help is required in this journey, from recruitment of participants, to post-interview after care for the participating survivors. If you feel we have forgotten any steps, please let us know.

## 1. Things to consider during recruitment of survivor participants

This project uses a *qualitative* research approach and specifically builds on Indigenous Research methods. Therefore, we are less concerned with specific numbers of survivor participants and more concerned with trying to recruit survivors with a spectrum of experiences. For example, two or three in-depth stories shared by survivor participants over an hour or two can provide more information than brief answers from a dozen or more participants who were chosen for geographic representation. Therefore, we are looking to speak with a broad cross-section of individuals from across your province who may speak from different perspectives.

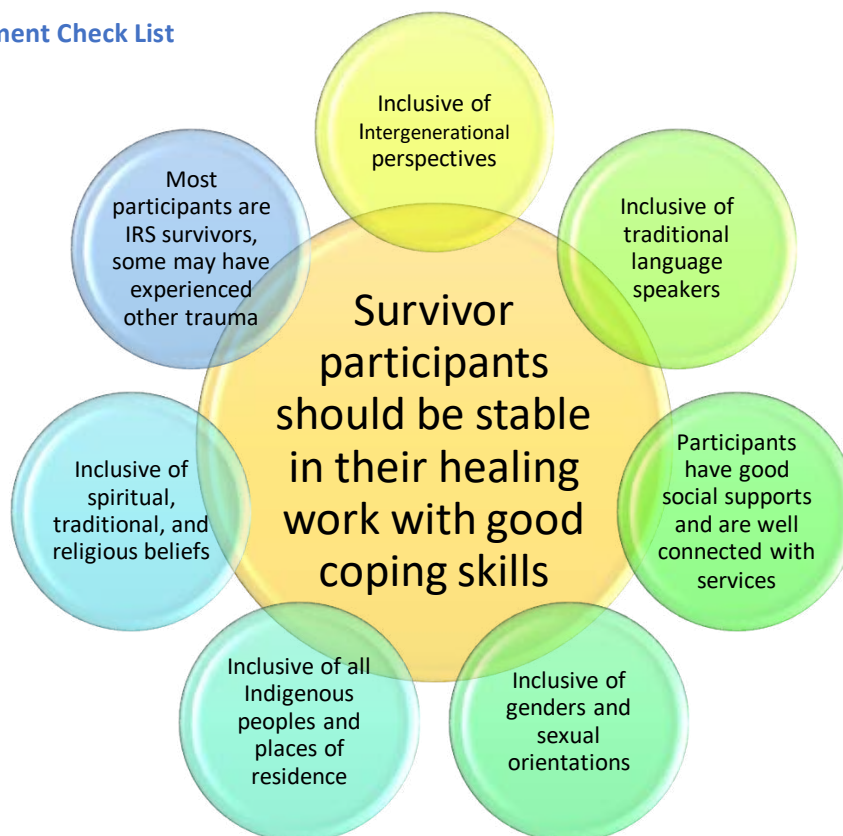
There are no specific “boxes” to check as you identify potential survivor participants, but we ask you keep *balance* in mind during your recruitment. **First and foremost, please only approach survivor participants who have already done a lot of healing and are stable in their healing work and well grounded.**

Please consider the following during recruitment, as you are trying to respect and balance the survivors' different lived experiences:

- A. Survivor has already done a lot of healing, is stable in their healing work and well grounded. **All survivors invited to interviews should fit this criterion.**
- B. Does this survivor have good coping skills and social supports, according to your knowledge?

- C. Gender and sexual orientation - often it is easiest to recruit women. Consider a gender balance as well as people who are transgender or LGBTQ2S.
- D. Survivors' background most often will include IRS experiences. However, survivors of Indian Day Schools, Sixties Scoop, those affected by Murdered and Missing Indigenous Women and Girls, and/or the child welfare system may also be considered.
- E. Survivors who speak their language - will a translator be needed for some of these survivors? If so, how can we plan for this? Do they have a preferred translator?
- F. Spiritual beliefs, including traditional Indigenous as well as religious (e.g. Christian) perspectives.
- G. Geographical representation may be something to consider, if you see important differences in survivors' healing journeys based on where they live.
- H. Intergenerational perspectives - families and descendants of survivors.
- I. First Nations and Inuit living in their traditional territories, as well as in urban areas. Métis perspectives.

**Figure 1: Recruitment Check List**



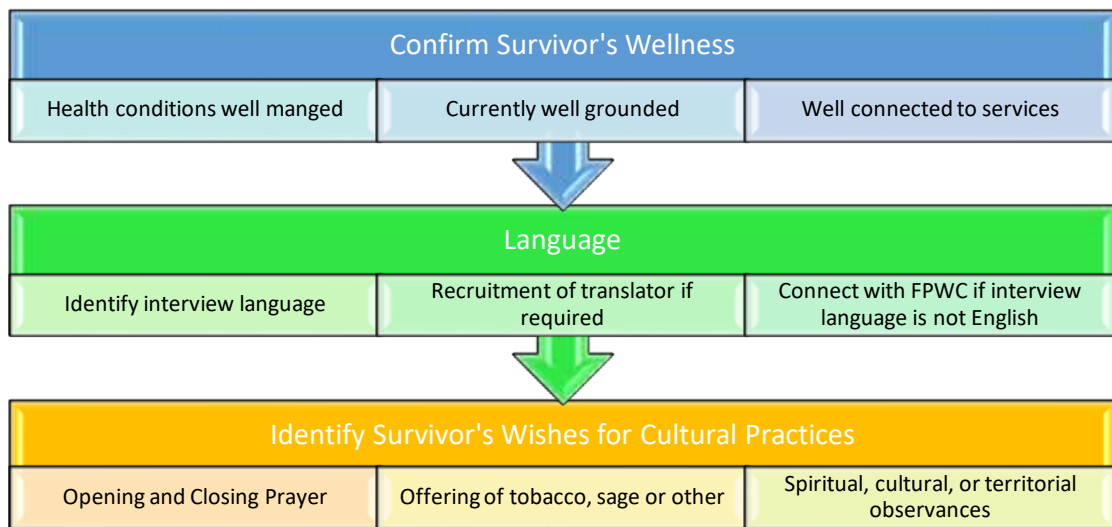


## 2. Things to consider as you approach potential survivor participants

As you connect with potential survivor participants, please try to find out about the following:

- A. Do they have pre-existing health conditions that might interfere or put them at higher risk? Are they struggling right now? If so, it may not be a good time to interview them.
- B. Do you continue to believe the survivor is well grounded and stable in their healing?
- C. Are they well connected with services and providers in their communities? If not, some additional work with the community staff may be required to ensure the survivors are connected with support services after the interview.
- D. Does the survivor appreciate an offering of tobacco or sage or a spiritual offering? If so, should it be prepared in advance?
- E. Will the survivor want an opening and closing prayer? Is there someone they prefer to invite to do this?
- F. Would the survivor prefer an interview in their own language? If so, is there a translator that they feel comfortable with? If a translator is needed, **please make sure that the FPWC interviewers are aware and set up a planning call with you prior to the interview.**

Figure 2: Topics to confirm with the survivor as you initially approach



Notes:

### 3. Things to check a week before the interview, after a survivor has agreed to participate

Workers will not have to do any interviews. **FPWC interviewers will conduct all interviews.** However, in many cases the interviewers will rely on a worker being present to ensure the comfort and safety of the participating survivor. Some survivors might be okay to be interviewed without a worker being there in person, but only if you are confident that the survivor is very well grounded in their healing journey. **A follow up check-in should be done in all cases.**

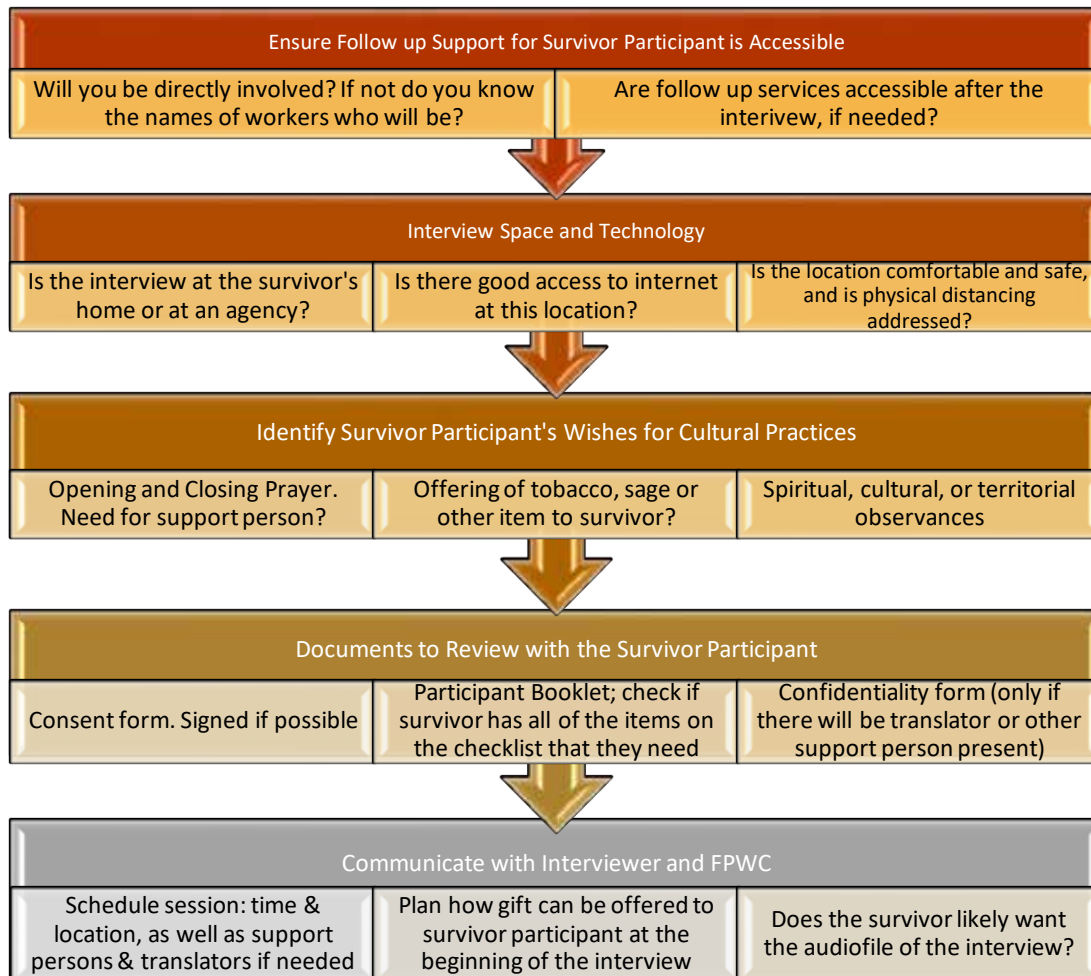
- A. Speak with the survivor prior to the interview (at least a week ahead of time) and have an informed consent form signed. Explain the interview process, and the use of their information. Please note any questions you cannot answer and let the interviewer know.
- B. Check again if you believe that the interview can be done safely today. Is the survivor feeling well? Is physical distancing addressed?
- C. Do you have a safe place identified for the interview? This might be at the health centre or the survivor's home. Is there support to setting up technology for the interview?
- D. Are you able to ensure the survivor is well supported during and after the interview? Should any additional program staff or workers be notified of the interview?
- E. Is the survivor willing to be recorded? *Reaffirming consent will be the responsibility of the interviewer.*
- F. Check if the survivor would like to have a copy of the audio/video recording.
- G. All of the recordings in the possession of the FPWC will be destroyed after the project is completed. Please check in with the survivor if a special observance like a prayer should be completed when the files are destroyed.
- H. It is important to give the survivor the “*hand shake/thank-you-gift*”<sup>1</sup> **before** the interview begins. That way, having been given this gift in advance, they can stop the interview at anytime. Do you have the thank-you-gift ready to provide to the survivor **before** the start of the interview? This gift will normally be a gift card in the amount of \$100.00. Please find out from the survivor how this gift card should be best transferred to them. For example, this could happen over email and if so we then require the email address in advance. The gift card could also be emailed to you and you pass it on to the survivor. If a gift card is not practical, you can discuss alternate options with FPWC. **We will need at least one week to prepare the transfer of the gift.**
- I. Please review the participant checklist with the survivor before the interview. Does the survivor participant feel safe and does he/she have access to:
  - ✓ A comfortable place to sit, where they feel safe and uninterrupted
  - ✓ Water or tea
  - ✓ Tissue paper
  - ✓ Personal items, religious or spiritual items that give them strength
  - ✓ Smudge, medicines

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<sup>1</sup> This is important to distinguish that participating survivors are not paid to share their story. Instead they are given a gift at the beginning of the session.

- ✓ Is their worker accessible by phone?
- ✓ Are additional phone numbers for support services at hand?
- ✓ Is there anything else they might need?
- ✓ Are they comfortable using the technology we chose to connect?
- ✓ Are all the survivor's concerns related to physical distancing addressed?
- ✓ Do they have any questions before we start?

**Figure 3: Confirming the details with the survivor and FPWC one week before the interview**

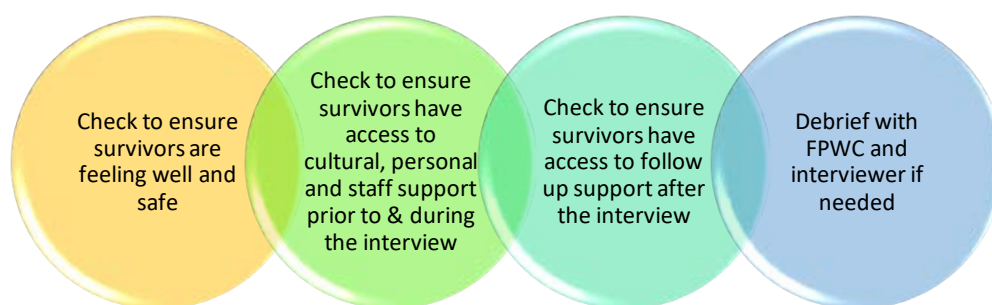


**Notes:**

#### 4. Things to check or ensure during the interview

- A. It can be stressful to talk about a healing journey. If you become concerned about the survivor feeling unwell at any point please let us know. We can take a break. We can also stop the interview if it becomes too stressful. It is okay to stop anytime.
- B. You can also remind the survivor that it is best to share only those parts of their story they are comfortable to share today.
- C. The interviewers are skilled and they normally conduct the interview without any prompting from the supporting worker. The worker might have an existing relationship as a provider and that might influence the survivor. Therefore, we ask you: please listen, but do not help tell their story. However, if needed, you could help to unobtrusively refocus the interview if the survivors is very much off topic. The interview/storytelling topics we hope to focus on during the interview include:
  - The role of the Indian Residential Schools Resolution Health Support Program (IRS RHSP) in supporting their healing
  - Inclusion of survivors' family in the healing process
  - Culture, tradition, religion and/or spirituality as part of survivors' healing
  - How the survivor is staying strong and resilient during stressful times, including the pandemic
  - What additional needs for support does the survivor have at this time?
- D. Open and close with prayer and with offering of tobacco where appropriate, or tea ceremony depending on the local tradition and the preference of the survivor.

**Figure 4: Ensuring survivor safety the day of the interview**



## 5. After the Interview

After the survivor has shared their story, they may find themselves experiencing some emotions, feelings or behaviours that are common, in the hours or days following the interview. If you are present for the interview, please discuss this with the survivors after the interview. If you are not present, please check in with the survivors over the phone (or another way that works for you both) and talk to the survivor about their feelings after the interview.

The feelings may include negative feelings:

- feeling tired or exhausted,
- feeling more emotional, like sad, irritable, quiet or reflective,
- wanting to be alone,
- wanting to have somebody close,
- seeking forms of comfort, like people, places or things,
- having changes in your sleeping or eating (less or more),
- interest in gaming and other escape behaviors.

All of these emotions and changes can happen after we share our personal story of healing from trauma. Please remind the survivors that if they are noticing any of these, to reach out to a worker so this does not become a problem. The worker to whom each of the survivors would reach out should be identified by name.

On a more positive note, survivors may also be feeling relieved, elated and really positive about sharing their story! They may feel:

- strong,
- empowered,
- proud!

Find out if there is anyone who will honor the survivor's feelings. Can the survivor identify people they may want to share this experience with?

Remind the survivors:

- *"It is important that we be gentle with ourselves and give ourselves permission to feel and to seek out support from workers, family or friends, as appropriate, if the feelings and behaviors become hard to manage on our own."*
- *"Please reach out to the support services available in your community, the IRS crisis line and your worker if you need additional support."*

Review the support services available to the survivor in the community, the IRS crisis line and how you can be reached as a worker, if the survivor needs urgent additional support.

Please review some coping strategies with each of the survivors, based on the region, programs and local culture that each survivor feels comfortable using. These might include personal strategies or more formal group strategies.

**Potential debrief:** At times, a debrief session between you as the supporting worker may be needed with **the interviewers** to discuss the appropriateness of the approach and the effect on the survivor and the worker. You may have ideas to improve strategies and safety for the survivor. Please let us know if you would like a debrief session with the interviewers.

**Notes:**





## **Appendix B**





## Booklet for Participants

Thank you for considering to share your healing journey and your connection to the IRS Resolution Health Support and Cultural Support Program. Listening to survivors' stories is the only way to truly learn how well the program has supported survivors and what additional supports are needed in the future. Therefore, we invite you to share your story in an interview. During the interview, we hope to learn how the services you have received have supported your healing. We appreciate your generosity in sharing your story.

If you decide to participate, this booklet will help you get ready. It contains tips for how to prepare for the interview and for keeping you well after the interview. The first four pages of this booklet provide many written details about the process. Pages 5 to 9 contain pictures of the process that you can use as a quick reference guide.

**One week before the interview**, please review this booklet with your worker. Are you comfortable and are you feeling safe to move forward with the interview? Let your worker know if you have any concerns.

**The day of the interview**, we will review some parts of the booklet with you again. We will do this to make sure you have the support you might need to share your story. Your safety and wellness is very important to us! You will also receive a gift prior to the interview.

Your worker has a consent form for you. Please complete it before the interview. The form includes information about this project and what will happen to the stories we are gathering. You will be given a copy of the form to keep.

### 1. Things to check before we start the interview

Do you have everything that you might need during the interview within arms reach or easily accessible? This might include:

- Do you have you any concerns or questions regarding the confidentiality of what you will share? Please write them down so we can talk about them.
- Would you like to have access to the audio or video recording?
- Are you comfortable using the technology we chose to connect with you?
- Do you have:

- A comfortable place to sit, where you feel safe and uninterrupted;
- Water or tea;
- Tissue paper;
- Personal items, religious or spiritual items that give you strength, smudge or medicines;
- Phone number(s) of support services and IRS crisis line?
- Is your worker with you or accessible by phone? Number is.....
- Is there a back-up worker in case the worker is not accessible?
- Are your concerns related to physical distancing addressed?
- Is there anything else you might need? Or, do you have any questions before we start?
- Would you like to start the interview with a prayer?

## **2. Things to check during the interview**

- We know it can be stressful to talk about a healing journey. Checking in with yourself and your worker about how you are feeling is okay at anytime.
- If you don't feel well at any point please let us know. We can take a break.
- If you don't feel well, we can also stop the interview.
- It is okay to stop anytime.
- It is okay to ask to continue at another date/time.
- You don't have to have a reason to stop. It is your choice.
- It is best to share only those parts of your story you are most comfortable to share today.

## **3. Things to focus on during the interview**

There are probably many things that helped you along in your journey. For this project, we are trying to learn about:

- How the Indian Residential Schools Resolution Health Support Program (IRS RHSP) has supported your healing.
- How your family was involved in the healing process.
- How culture, tradition, religion and/or spirituality supported your healing.

- How you are staying strong and resilient during stressful times, including right now during the pandemic.
- What additional needs for support do you have?

#### **4. Things to be mindful of after the interview**

After sharing your story, you may find yourself experiencing some emotions, feelings or behaviours. That is common in the hours or days following the sharing of one's personal story. The emotions, feelings or behaviors could be negative and/or positive.

For example, you might be...

- feeling more tired or exhausted,
- feeling more emotional, like sad, irritable, quiet or reflective,
- wanting to be alone,
- wanting to have somebody close,
- seeking comfort from people, places or things,
- having changes in your sleeping or eating (less or more),
- thinking about unhealthy coping or addictive behaviors,
- feeling disconnected.

If you are noticing any of these, please reach out to a worker. A worker can support you so that this does not become a problem. The name of the worker you would reach out to is.....

On a more positive side, you have come a long way in your healing. So you may also be feeling really positive about sharing your story! You may also feel...

- strong,
- empowered,
- proud!

All of these emotions and changes can happen after we share our personal story of healing from trauma. Is there anyone who you will be sharing this with amongst your family or friends? Someone who will honor your feelings if you share them? If so, who?

It is important that we be gentle with ourselves! Give yourself permission to feel and to seek out support from workers, family or friends, as appropriate. Seek support if the feelings and behaviours become hard to manage on your own.

Please reach out to the support services available in your community, the IRS crisis line and/or your worker if you need additional support.

Please note: A National Indian Residential School Crisis Line has been set up to provide support for former Residential School students. You can access emotional and crisis referral services by calling the 24-Hour National Crisis Line at 1-866-925-4419.

### **5. What will happen with your story after the interview?**

The information shared will be considered alongside the stories of numerous other participants. An overall report describing how the program has been helpful to IRS survivors as well as how it can be improved will be developed by March 31, 2021.

Your audio recording will be provided to you if you would like to have it. Would you like a copy? If so, we will provide it to you on a flash drive. Please indicate your preference on the consent form.

We will keep a copy of the recording for a short period of time. If you have not requested a copy of your recording, you can do so until March 31, 2021. You can be assured it will be safeguarded amongst the researchers' secure, locked and encrypted files.

All of the recorded audio copies will be destroyed by December 31, 2021. This will be done with an appropriate observance, such as prayer or sacred fire. If you have specific wishes, please let us know the protocol that you feel should be observed.

**Your notes:**



## Illustrated Quick Reference Guide

### 1. Getting ready: the week before the interview



Feel free to write down notes and questions prior to the interview.  
We will make sure to answer your questions before the interview.

Notes:

## 2. Preparing yourself for the day of the interview



If you are missing anything or if you are concerned about something let us know!

Notes:

### 3. Topics the interviewer will ask you about



Remember, it is YOUR choice what you share!

Notes:

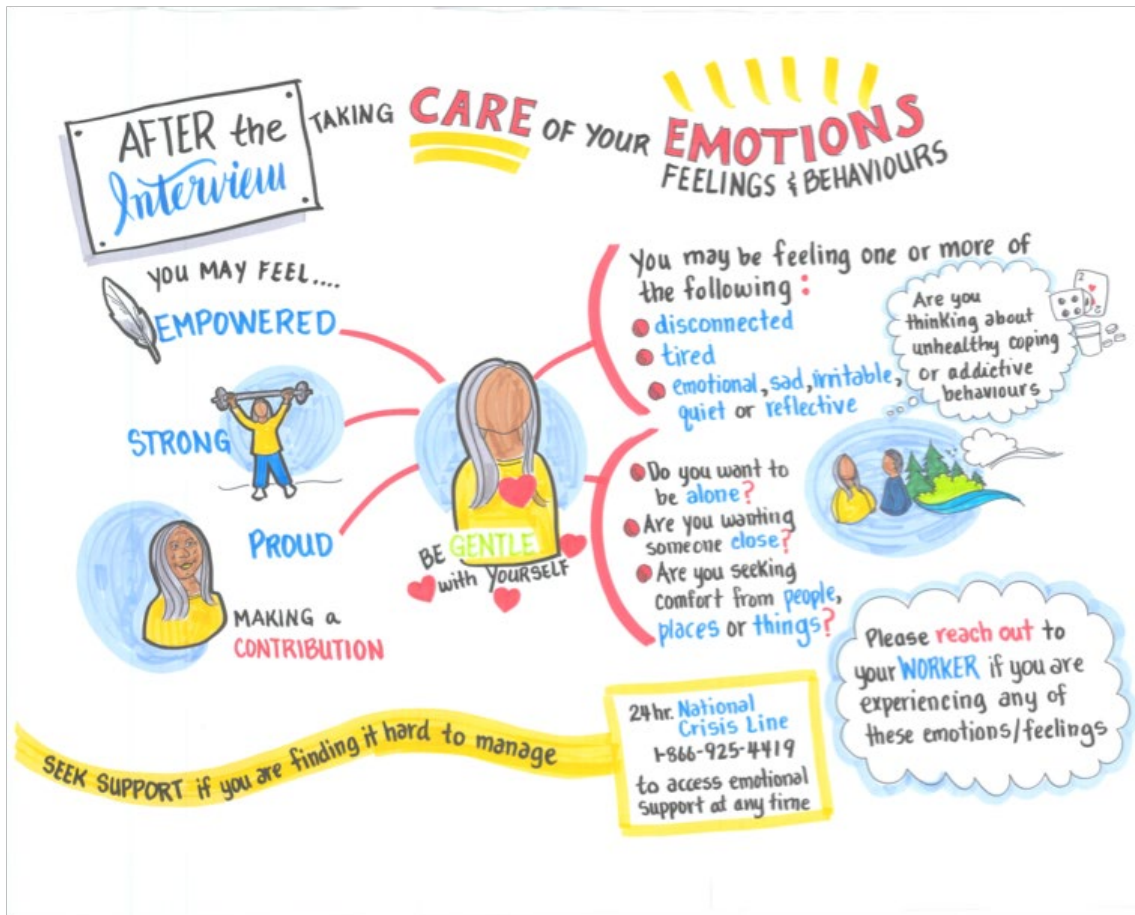
#### 4. Keeping your safety in mind during the interview



**Be kind to yourself. It is your choice what you share!**

**Notes:**

## After the Interview



It is important to take care of yourself! Let us know if we can be of help.

Notes:

## **Appendix C**







## FIRST PEOPLES WELLNESS CIRCLE

Nipissing First Nation

857 Yellek Trail, North Bay, ON P1B 8G5

Phone: 705-313-4942 Toll Free: 1-833-311-FPWC

[www.fpwc.ca](http://www.fpwc.ca)

**Date:**

**Dear:**

**RE: Storytelling with Survivors --- Letter of Information & Consent**

**Project Title:** IRS Resolution Health Support and Cultural Support Program Stories

**Leading Organization:** First People's Wellness Circle

**Research Sponsor:** Indigenous Services Canada

**Purpose of the Program Assessment:** The First Peoples Wellness Circle (FPWC), formerly the Native Mental Health Association of Canada (NMHAC), is a national not-for-profit corporation. It is governed and managed by Indigenous leaders and exists to improve the lives of Canada's First Peoples by addressing healing, wellness, and other mental health challenges.

At this time, the FPWC is documenting the work, the benefits and the impact of the Indian Residential Schools Resolution Health Support Program (IRS RHSP) services. Through this program, various Workers and service providers have assisted former students and their families to safely address issues related to the legacy of the Indian Residential Schools. This has been particularly important during the TRC events where survivors may have relived past trauma during disclosures of abuse as well as during their Settlement Agreement process.

The long-term goal of this work is to learn about how IRS services have assisted survivors of different traumas and their families. We hope to learn about their satisfaction with the service, what helped them and why, as well as what is still needed to support them and their families.

**Procedures involved in the Research:**

We would like to talk to you about how the Indian Residential Schools Resolution Health Support Program (IRS RHSP) has supported your healing. This interview may take about an

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hour. We will ask you about the following topics:

- Your healing journey
- How your family was involved in the healing process
- How culture, tradition, religion and/or spirituality supported your healing
- How you are staying strong and resilient during stressful times, including right now during the pandemic
- What additional needs for support do you have at this time?

**The interview will take place over video conferencing technology, either in your home, the health centre or another place you could identify.** You will be interviewed by a trained interviewer contracted by the First Peoples Wellness Circle. Your worker will be supporting you throughout the process.

**If you feel strongly that you would like either a male or a female interviewer, please let your worker know prior to the interview.**

### **Potential Harms, Risks or Discomforts:**

By participating in the interview, there is the potential that you may feel uncomfortable or upset in discussing certain experiences. We ask you to only divulge information that you would feel comfortable sharing. You do not need to answer any questions that make you uncomfortable to share.

Every effort will be made to ensure the safety of the survivors and their families. Local service providers will be asked to provide you with contact information for support services. These services must be accessible to participants should they require them as a result of telling their stories.

For all work that is conducted during the COVID-19 crisis, interviews will be conducted in a manner that do not pose an additional threat of exposure to COVID-19. Virtual meetings will only be conducted if local support by staff is informed.



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**Potential Benefits:** By participating in this project, you might gain the indirect benefit of contributing to shaping future services. The long-term goal of this work is to learn about how IRS services have assisted survivors of different traumas and their families and what the needs might be in the future.

**Gift or Reimbursement:** To acknowledge the gift of the story and the time that you are sharing with the interviewer, you will be provided with a \$ 100.00 gift certificate (type of card chosen locally). The card will be given to you by the worker just prior to the start of the interview.

**Confidentiality:**

Anything that you say will not be attributed to you personally. Anything that we find out about you that could identify you will not be published or told to anyone else, unless we get your permission. Your privacy will be respected. Your name will not be stored with documented files.

We will ask the other members of the interview team, the worker and the translator and elder (if present) to keep what you say confidential.

The interview recording and notes will be kept on password protected computers, in locked filing cabinets, and on external hard drives for the duration of the research.

*If we provide you with an audio/video copy of the interview, you can share that with others if you wish. We will keep the recording until March 31, 2021, in case you would like to access the recording in the future.*

All data held by FPWC will be destroyed by December 31, 2021.

**Legally Required Disclosure:** Information obtained will be kept confidential to the full extent of the law. There are however legally required disclosures. They include any information related to an intention to harm yourself or others and any information related to current harm of children.



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**Participation:** Your participation in this project is voluntary. It is your choice whether to participate or not. You may withdraw from the project at any time. Should you decide to withdraw, there will be no consequences to you. If you do not want to answer some of the questions you do not have to, but you can still participate in this project. You can stop the interview at any time.

### **Information about the Study Results and/or Concerns:**

You may obtain information about the project from the FPWC. If you have any concerns about the project please contact Dr. Brenda Restoule, FPWC CEO, at the following email: [brenda.restoule@fpwc.ca](mailto:brenda.restoule@fpwc.ca). Or toll free by phone: 1-833-311-3792.



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### CONSENT FORM

I have read the information presented in the information letter about a project being conducted by First Peoples Wellness Circle to **gather IRS Resolution Health Support and Cultural Support Program Stories**.

I have had the opportunity to ask questions about my safety in the interview process, and to receive any additional details I wanted to know about the project. I understand that I may withdraw from the project at any time, if I choose to do so. I have been given a copy of this form.

- ☐ I consent to the audio taping of this session
- ☐ I consent to the audio and video taping of this session.
- ☐ I would like to receive a copy of the recording on a flash drive
- ☐ I would not like to receive a copy of the recording at this time, but I acknowledge that I can request a copy from FPWC until March 31, 2021.

Date: \_\_\_\_\_

Name of Participant \_\_\_\_\_

Address (for mailing of the flash drive): \_\_\_\_\_

\_\_\_\_\_

Signature of Participant \_\_\_\_\_



## FIRST PEOPLES WELLNESS CIRCLE

Nipissing First Nation

857 Yellek Trail, North Bay, ON P1B 8G5

Phone: 705-313-4942 Toll Free: 1-833-311-FPWC

[www.fpwc.ca](http://www.fpwc.ca)

### Participants who provide verbal consent (due to physical distancing):

(Name of participant): \_\_\_\_\_ has been informed of the study's purpose, potential risks and benefits of participating, and has voluntarily agreed to participate in this study. Participant has provided verbal consent and this is captured on the audio recording.

Name of interviewer: \_\_\_\_\_

Signature of interviewer: \_\_\_\_\_

Name of witness: \_\_\_\_\_

Signature of witness: \_\_\_\_\_

Date: \_\_\_\_\_

Location of Interviewer: \_\_\_\_\_, Interview Conducted over Zoom \_\_\_\_\_





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Indian Residential School (IRS) Resolution Health  
Support and Cultural Support Program Stories

Qualitative Program Assessment Based on Healing  
Journey Stories Shared by Indigenous Survivors

**Final Report**  
**November 30, 2021**



**FIRST PEOPLES  
WELLNESS CIRCLE**