



**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

Summary Document
January 2023



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Executive Summary



Executive Summary

This summary 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 and 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 fallout of Missing and Murdered Indigenous Women and Girls (MMIWG), Indian Day Schools (IDS), Sixties Scoop, current child welfare issues, the impact of the COVID-19 pandemic, and the growing number of unmarked graves of Indigenous children being discovered 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 a National 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 local service providers culturally and therapeutically supported them 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 worked for them.



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 IDS, 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.
3. For many survivors, culture, language, and tradition, including land-based activities, 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.
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.

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 well-being in our communities. The containment efforts disrupted many systems that survivors rely on. Isolation and social distancing measures often acted as psychological post-traumatic triggers for IRS survivors. In response, many focused on developing good coping mechanisms, such as being in nature, walking and craft making, and participating ceremonies using physical distancing. The accessibility of the RHSP workers and their program was mentioned by several participants as a “huge help” in connecting to services during this time.

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.
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.
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 addiction supports.
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, must be nurtured and supported.
6. “Caring for carers” by provisioning support for RHSP workers through debriefing, self-care, and other mechanisms is critical.
7. Finally, the message from survivors reverberates across all parts of Canada – the RHSP must be reoriented to afford wholistic healing services that focus on community-led, cultural strengths-based services delivered by Indigenous providers complemented by mainstream clinical providers. Most importantly, the program must expand to respond to mounting service demand, and continuously be enhanced to support sustained longitudinal healing for individuals, families, and communities.



Introduction



Introduction

Overview

This summary 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 safety was always the top priority as survivors recounted traumatic events. The overall goal of the storytelling 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.

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.¹ Today, FPWC works to promote Indigenous culturally-grounded and strengths-based approaches that support healing and wellness.

¹ <https://www.fpsc.ca/our-roots>



Introduction

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. While most of the 139 residential schools 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, which prompted calls for further searches across Canada.

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 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 IRSSA has five main components:

- The Common Experience Payment (CEP),
- Independent Assessment Process (IAP),
- Truth and Reconciliation Commission (TRC),
- Commemoration; and
- Health and Healing Services.

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.

The First Nations and Inuit Health Branch (FNIHB) of Health Canada, is responsible for the management and delivery of the RHSP. The IRS RHSP aims to ensure that the approximately 80,000 surviving former IRS students and their families have access to mental health, emotional and cultural support services, so that they may safely address the broad spectrum of mental wellness issues associated with their IRS experience. The program delivers these supports through 124 contribution agreements to First Nations recipient organizations.

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.

Clinical social workers and psychologists provide counselling 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) Program².

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.

The IRS RHSP provides the following services:

- 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 counselling³ provided by psychologists and social workers who are registered with Health Canada, for individual or family counselling
- Assistance with transportation to access counselling and cultural support services when not available locally.

² 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.

³ 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.



Introduction

Program Eligibility

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

- Former IRS students, regardless of their status or place of residence within Canada, 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.

In addition, in recognition of the intergenerational impacts that the 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.

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, RHSW, or CSP. The level and duration of the required services, including transportation, vary depending on each client's needs and circumstances⁴.

⁴ <https://www.canada.ca/en/health-canada/corporate/transparency/corporate-management-reporting/internal-audits/march-2016-final-report-audit-resolution-health-support-program.html>

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. 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.

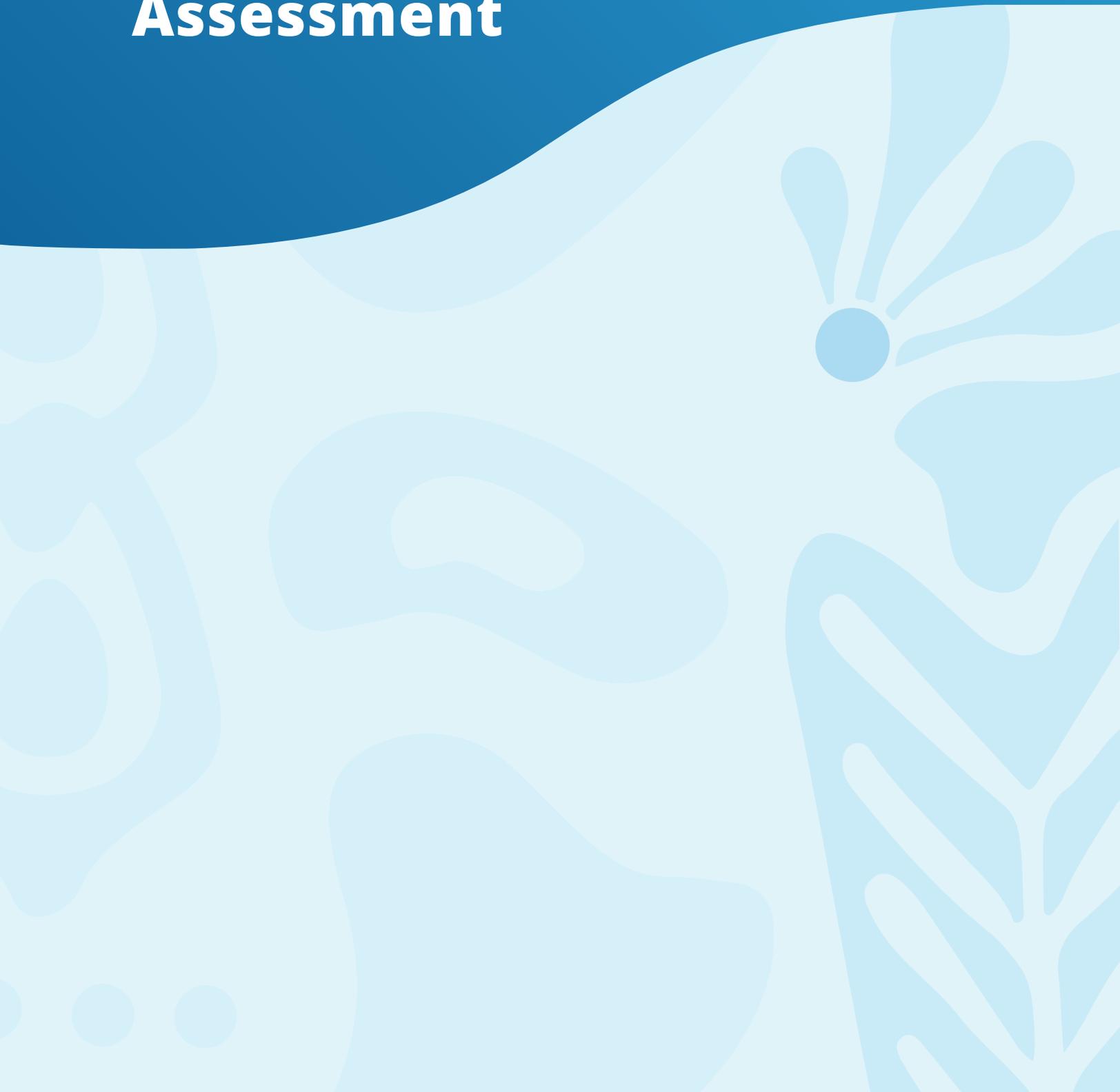
Indigenous community service organizations adapt the service model based on local community priorities. Program delivery is community-based, community-paced, and community-led. The delivery approach of RHSP strives to be culturally rooted, trauma-informed, and strengths-focused. This includes healing 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 a variety of other community-based supports, including, but not limited to, cultural activities, family counselling, crisis intervention services, sharing circles, mentorship programs for youth, traditional healers and medicines, and trauma-informed systems of care within communities.

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 care provider teams 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.



METHODOLOGY:
**Collaborative Approach
to the Qualitative
Assessment**



Methodology: 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

The First Peoples Wellness Circle (FPWC) employed Indigenous principles of engagement in relationship building with Indigenous participants from various regions to ensure that the assessment would be informed by a diversity of perspectives from individuals with lived experiences.

National Working Group

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. 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 of the findings.

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 based on their experience working within the IRS RHSP and providing services in the communities. By 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, FPWC board and staff member representatives and project consultants attended all meetings. Dr. Brenda Restoule, Chief Executive Officer at FPWC, and Project Coordinator and staff of the FPWC, served as the secretariat resource to the WG.



Methodology: Collaborative Approach to the Qualitative Assessment

Objectives and Contributions 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 assist in validation and providing feedback.

The WG was instrumental in planning a process that emphasized safety considerations and included aftercare supports for participating survivors. The WG also proposed the development of the information-gathering method using a storytelling approach as an alternative to the standard method of interviewing, which often involves a prescriptive (and often intrusive) line of questioning. All decisions about the final approach were reached by consensus.

The WG provided advice on how to engage across as many regions in Canada as possible. The WG also developed a communications plan about the assessment to be shared with community leaders and with health directors and/or the First Nations Health Managers Association.

Impact of the COVID-19 Pandemic

Initially, the work was planned to be conducted in person in each participating region or community. However, due to physical distancing measures related to the COVID-19 pandemic, this was not possible. Because of this, all meetings and interviews with survivors were conducted virtually using video conferencing technology.

Physical distancing requirements also meant that additional protocols for safety needed 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 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, and there was the danger that interviewing people could re-traumatize them. As a result, a decision was made that only clients who were well on their healing journeys and had strong ties to services were to be interviewed, to ensure follow-up services would be available. 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

The process of gathering information for this investigation mirrors the program's approach in how it centres the story. 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 information that would not have been possible with a conventional interview approach.

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 were created for survivors, workers, and interviewers. This was an essential element to conducting the interviews safely and reducing potential risk of harm. Re-telling their 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.

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



Methodology: Collaborative Approach to the Qualitative Assessment

Survivor Participant Profile

With the support of RHWs, 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. Of the 60 participants, a majority were female (46 females to 14 males).

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. The reason that RHSP workers were chosen for this collaborative work was that 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.

Booklets

The workers were provided with a tool, known as the Worker Checklist Booklet, to ensure a consistent approach to the assessment in all regions. For survivors who decided to participate, a booklet was created to help them prepare and ensure they were safe and well-supported. The booklet contained tips to prepare for the interview and for keeping well after the interview.

The Interview Process

The interviews were conducted with video conferencing technology by professionally-trained interviewers contracted by the FPWC. The interviews took place in the survivors' homes, local health centres, or at another place of their choosing. The RHSP workers ensured that the survivors were supported throughout the process, as needed. Translation services were offered for all interviews. The participants gave informed consent prior to the interviews, were offered a gift for sharing their stories, could opt to receive an audio recording of the interview, and were provided with the toll-free phone number for Dr. Brenda Restoule, FPWC CEO, as well as her email address, to communicate any concerns or complaints. 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 and healing journey 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?

Response of Survivors and Workers

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. The process was well received by workers and survivors alike.

Analysis of Interview Data

All interviews were audio and video recorded, and a thematic analysis was conducted. Each interviewer completed a standardized data collection form 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. Several members of the consulting team reviewed all data collection forms to create a preliminary report.

2SLGBTQQA+ Specific Issues, Healing, and Needs

It is important to note that towards the wrap-up of the assessment, it became clear that the assessment, like the TRC, had applied a binary gender framework. Because Two-Spirit Survivors were interviewed as part of this assessment, we were unable to explore 2SLGBTQQA+ issues, healing, and needs outside of the heteronormative context of the assessment. To apply a truly 2SLGBTQQA+ inclusive framework, additional work should be done in collaboration with Two-Spirit organizations in Canada.

Key Findings



Key Findings

In their stories, survivors talked about the many ways in which the RHSP supported them 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 clearly emphasized 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 from 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. They also spoke about the unintended impacts on their loved ones, 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 it be substance use and addictions in the community, family violence, and/or child apprehensions. Some survivors shared how the experiences of IDS compounded the trauma they suffered during IRS and subsequently experiencing or witnessing the murder of a mother or sister, or perhaps knowing of a female relative 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 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.



Key Findings

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

In some 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.

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 unique historical experiences with residential and day schools and the associated trauma.

Many spoke about their personal recovery from alcoholism and substance abuse and their ongoing concerns for family members, children, and grandchildren who are caught up 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 that there is 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.

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.

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 a 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.”



Their gifts of language, cultural knowledge, lived experience, and understanding cannot be overstated. These gifts often put them in high demand by those 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 is 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.

“...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.”

Lifelong Learners

Some respondents spoke about how their pursuit of post-secondary education has enabled them to have a deeper understanding of their IRS experiences, and how it has impacted 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. 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.

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

Many also talked 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.



Key Findings

Survivors Serving as 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 also on behalf of those who died as a consequence of IRS or who were not ready to undertake the healing journey.

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

“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...”



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



“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.”



How Does the Program Help 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, and they clearly articulated the harm caused by unprepared mental health professionals and the need for trusted and experienced workers.

“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...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.”

Key Findings

Trusted Workers with Lived Experience Walking Beside Survivors

Healing from wide-ranging, multigenerational abuse, which often affected survivors in early childhood, is an extensive and life-long journey. The journey looks different for everyone, 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 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.”





“[The] wellness worker provided the tools to deal with trauma and to start looking into the culture as a way to heal.”

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



“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.”

Key Findings

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.

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 survivors described, persisted and pervaded many areas of their lives. The RHSP enabled them to see this disruption through a sympathetic lens and understand that their parents had no choice, and 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, and dad all went to residential school, and I was not understanding why I was raised the way I was...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.”

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

“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...”

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. For some whose family is not involved, respondents 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.”

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 toward their own healing.

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.

Others spoke about the shame they felt from the abuse they experienced, which consequently hindered them from sharing with anyone, including their spouses. On the other hand, some felt strongly that sharing openly is the first step towards family and long-term intergenerational healing:

Key Findings

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

“[Family] has provided me with the foundation that I needed in my healing journey”

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. 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.





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 is an ongoing process that needed to be cultivated and maintained. 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. Some participants have found their healing journey through Indigenous spirituality and various forms of ceremony and feel that reconnecting with ceremony was instrumental in overcoming their trauma.

“[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.”



Some survivors find comfort in the Christian faith and other organized religions.

“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.”

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.”

Key Findings

Overall, 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... 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.”

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. 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.

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, hold space for survivors as they work through the difficult and challenging path to healing.

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 possess “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 people's minds, allows them to speak with the Creator, and is an important part of healing. Land-based healing does not need to 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.”

⁵ Indigenous peoples have many different languages and cultural expressions for this concept about living a good life, in balance.



Language

Language, especially for some 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 a point of pride for those survivors who continued to speak it. 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.

“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.”

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 Life⁵ is firmly rooted within these ancestral languages.

Key Findings

Impact of the COVID-19 Pandemic

Unimagined consequences of COVID-19 containment efforts 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 were disproportionately affected. In addition, the pandemic also exacerbated the opioid crisis with an alarming increase in overdose deaths and addictions. Survivors shared many of these details in their stories, and explained how they were affected and how they were coping with the fallout of the COVID-19 pandemic.

Pandemic measures were 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 caused difficulties, fear, and anxiety with each new headline.

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.

Many survivors 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, as well as reflective indoor activities such as crocheting, doing arts, and craft making. Still, others sought to conscientiously institute grounding techniques and routines such as prayer in their daily life, practiced mindfulness and meditation, and incorporated ceremonies such as smudging and sweats. Most importantly, survivors sought ways of keeping in touch with friends and family, by phone or Zoom.

The RHSP was exceedingly flexible, especially within the context of the ongoing COVID-19 pandemic, providing access to RHWs and cultural support workers via phone, text, or over video conferencing.



“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.”



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 in rural and remote areas where internet infrastructure is inadequate.

Furthermore, it was clear that a “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.

Safely resuming opportunities for gathering and social activities, including IRS RHSP activities, will be a critical first step to recovering post-COVID-19. It may also be necessary to increase awareness of the IRS RHSP, as vital connections and program continuity may have been lost.

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 in 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 the 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 would take generations of healing to restore affected individuals, their families, and communities to a healthy place.

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

“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...they are being listened to and they’re being heard, they need that outlet as much as we do.”

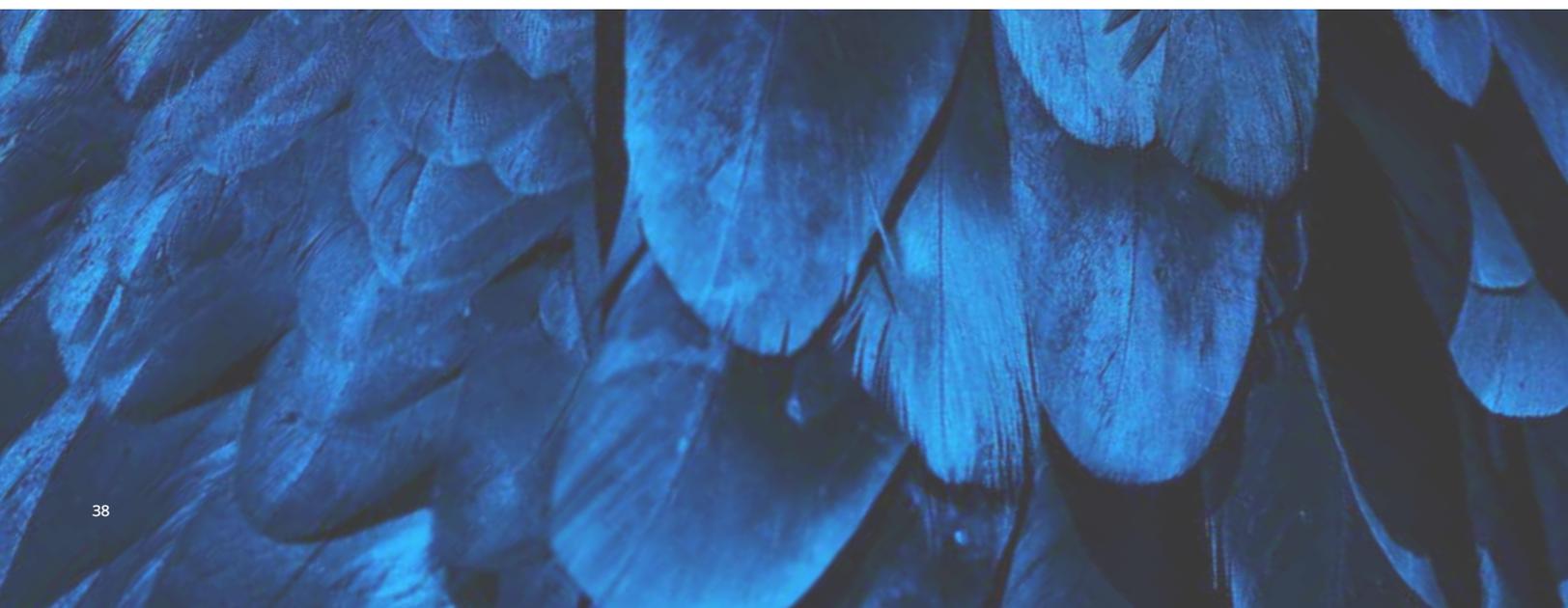


A Way Forward

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 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. 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.

Services provided by external agencies, which lack cultural safety, and 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.



“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.”

Survivors with Current and Urgent needs

Indian Day School Survivors

Individuals who are preparing and submitting their Indian Day Schools (IDS) 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, completing 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 well-being 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.

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

Sixties Scoop Survivors

Sixties Scoop Survivors described the unique needs of their situation and the specific supports needed to address their grievances. Sixties Scoop Survivors’ needs are quite different, as they had been removed permanently, and many were not placed with siblings. IRS survivors, though significantly traumatized, still retain connections to their families 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 have to create relationships from the ground up. Many described the feelings of grief and loss, lack of belonging and community and heartfelt need for identity and cultural connection.

A Way Forward

Survivors also 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. 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. Some forms 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.”

Survivors outlined a need for healing gatherings to bring Sixties Scoop Survivors together in order to provide peer support for each other. Others spoke of the importance of having access to sweats and other ceremonies at cultural and land-based camps. Having Elders present to offer support and guidance within these healing gatherings is critical. Survivors spoke of the need to access Elders for teachings and cultural knowledge, especially when their family of origin is not involved or has passed on. Establishing a connection with Elders helps them on the long journey to regain an understanding of their cultural identity.

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.”

As survivors’ claims processes wind their way through to a decision and as more and more Sixties Scoop Survivors come forward, their needs will escalate. The Sixties Scoop Healing Foundation⁶ is endeavouring to fund the needed supports. However, entities that have the capacity and understanding of these needs will need to be identified to apply for funding. The rollout of these program investments will not likely happen for another year or two. In the meantime, survivor needs continue to mount and place added pressure on the IRS – RHSP.

⁶ <https://www.sixtiesscoophealingfoundation.ca/>





Missing and Murdered Indigenous Women and Girls (MIWG) Survivors

In Canada, Indigenous women and girls are more vulnerable to physical and sexual violence as well as sex trafficking, and they are vastly overrepresented in the sex trade⁷. 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 a **“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.

⁷ <https://www.mmiwg-ffada.ca/wp-content/uploads/2018/03/ni-mmiwg-interim-report.pdf>

Creating a Life-Course Approach Within the RHSP

In order to support returning 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.

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 disrupting 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 know many family members and community members who are not accessing the programming, due to a variety of reasons.

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.

Participants also spoke of the importance of creating 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. There is also a 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.

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

“Still funding child welfare, ...that’s all a form of genocide because they are actually being held prisoners in the child welfare system...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.”



Integration of Individual and Family Service Approaches

Survivors discussed the need to be together in social activities and activities focussed 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. Some programs are restricted to survivors, so there is a need to increase opportunities to include families, 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.”



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 men had abused them. 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.

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. 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 of 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.

A Way Forward

Building a Quality Care System

Continuity of Care

Healing from complex trauma is a lifelong journey for survivors. As a survivor said: “One thing I know about all this...is I have to continually work on my healing and my wellness.” 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 number 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.

Addictions and Trauma Services and Supports

The notion that “trauma is the basis of addiction” was held by many survivors. 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 judgment 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 addiction 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 of Naloxone as an antidote, and the widespread distribution of Naloxone to every household.

Respondents further highlighted how the pandemic has exacerbated the opioid crisis, leading to an alarming overdose crisis within communities. Coupled with systemic racism in healthcare, the result has been an ongoing and triggering issue for many survivors.

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



A Way Forward

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...

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...”

A Way Forward

RHSP Collaboration with Other Programs

The FNMWCF asserts that “mental wellness depends on access to a full spectrum of culturally competent supports and services.” However, 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.

The RHSP benefits from connections with other programs, including the full complement of community-based mental health and addiction 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 local friendship centres
- Healing circles with Elders.



Respondents spoke about the need for more collaboration with existing programs, including physical health services:

“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.”

As well, some participants noted that integration programs were 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 into other services.

“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.”

Need to Expand Culturally Based Services

Throughout the interviews, numerous participants described land-based healing afforded through medicine walks, ceremony, and working with Elders as a foundation of healing and a source of purpose and meaning. This is a central component of the program that must be continued and expanded.

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

A variety of social networks have also 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, which could be expanded within the program, have included:

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

A Way Forward

Building 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. The program has provided an important pathway to reach Elders, who are looked upon as teachers, counsellors, mentors and “amazing knowledge keepers”. Many survivors 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 Cultural Knowledge and Lived Experience

Many survivors reported being further harmed by highly trained mental health providers 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. When service providers do not understand the IRS experience, the survivors are often in a situation where they have to 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.

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. In some cases, a practitioner from the same Nation or region as the survivor is an added benefit. Survivors want personalized care that reflects their experiences, culture, and traditions.

There is also 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.

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



“Perpetrators are still in our community and traumatizing families and communities”.

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. 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. There is a huge potential for distrust when helpers or service providers have not dealt with or healed from trauma in their own past. Some who are not themselves healed, and who are active perpetrators, are working with vulnerable people.

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.

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) that seek to have cultural/traditional services as a cornerstone in survivors' healing journeys where the knowledge keepers, in language and ceremony, for example, may be past perpetrators and thus pose a risk of re-traumatization. Communities need ways to determine, based on their own cultural protocols, when knowledge keepers are ready to help others.



A Way Forward

Community Development and Healing

Community healing on a broad level needs to be supported to allow for the development of a culturally safe workforce. 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. As successive waves of individuals endured experiences such as sexual assault, and emotional, physical, and mental harm at Indian Residential Schools, some became perpetrators themselves as they entered adulthood and took on roles as parents, educators, guardians, and caregivers.

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. Sometimes community relationships become strained or even hostile when family members are implicated or identified as perpetrators of past abuse.

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 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 operated the IRS, and thus the perpetrators/offenders would not have been community members.

Sometimes past abusers in professional roles or positions of power in the community remain in a state of denial about the extent of abuse in the IRS system. This can further divide families and communities. 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. The need to ensure the 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.



Caring for Carers: Support for RHSP 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 Those Who Are Supporting Others

Survivors want to know that those people who support them have supports of their own. It is also critical that support workers have their own lives in order, and have dealt with their own traumas, if they are to be in a position to help others without burning themselves out.

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.

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.

Adequate Funding and Sustainability

Supporting those who are supporting others includes ensuring that programming is consistently funded to ensure job security and sustainability. A common refrain heard in the interviews was the lack of adequate and sustainable funding required to truly address the various needs. 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 a 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 and what is effective, and access training - for example, in trauma, and in methods to support one another
- Opportunities and support to debrief, share, access ceremony, smudge and prayer to protect their well-being and address self-care needs

A Way Forward

Increased Human Resources and Succession Planning

There is a need for increased access to RHSP workers in order to meet the complex needs of IRS survivors. More RHWs, cultural support workers, and community-based practitioners are also needed.

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

Systemic health and human resource development processes would ensure the continuity, development, and growth of a pool or base of supports (i.e. RHW, cultural support workers, counsellors, Elders). Once they are 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 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 to the next generation.





Recovery from the COVID-19 Response

The pandemic caused the loss of everything people were familiar with, including their daily routines, livelihoods, and social lives. It also introduced new fears around financial health, illness, and death. The losses also included connections to loved ones as well as gatherings, ceremonies and rites of passage. Each of these is an important source of hope, purpose, meaning, and belonging and, thus, has an important role 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, the pandemic introduced a new overlay of losses and trauma at scale, affecting all.

The COVID-19 crisis disproportionately affected Indigenous peoples and, in particular, survivors of IRS and intergenerational trauma. The response must incorporate individual, family, and community perspectives. Many survivors 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 future programming. Communal

responses include community peer support groups, gatherings to promote ceremony and commemoration, art therapy, and other creative outlets and safe environments.

One of the biggest impacts of the COVID-19 pandemic was the emotional and spiritual toll of community deaths in which family and community members were 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 has been 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 door⁸ as they are to honour and support those left behind. The recovery must include an outlet to process such grief and loss communally.

⁸ The Western doorway is an expression used to refer to someone dying by many Indigenous cultures.

Final Messages from Survivors

We have been immensely honoured to listen to survivors' stories. They have profoundly transformed our understanding of the traumas experienced by IRS, IDS, Sixties Scoop, MMIWG, 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.

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.

“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...”

“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.”

“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 to.

I love you.”

Afterword

The Discovery of Unmarked Graves at Indian Residential Schools

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, British Columbia. Collectively, we continue to reel from these discoveries as more First Nations communities undertake searches at Indian Residential Schools across the nation.

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.**

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

The ripple effects from these discoveries are felt across numerous sectors outside of the RHSP program, as they reverberate 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 did not know how to manage newly traumatized clients and many workers were also in need of debriefing. Community leaders 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.

Workers on the front line 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 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. Without access to culturally safe and appropriate crisis debriefing, many risked their own well-being, deteriorating to the point of burnout and breakdown.

Afterword

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.

Looking ahead, 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, resources and supports to help everyone impacted are critically important. These developments give added impetus for the need to continue enhancing and expanding the supports offered through the RHSP.

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

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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

Summary Document
January 2023



**FIRST PEOPLES
WELLNESS CIRCLE**