Coming Full Circle
The Lifelong Journey of Becoming:
An Exploration of Resilient Processes and Outcomes among Aboriginal Crown Wards of the Ontario Child Welfare System

By
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A thesis submitted in conformity with the requirements for the degree of Doctor of Philosophy
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Abstract

Research on cultural identity clearly indicates that a healthy cultural identity is associated with positive outcomes including increased self-esteem, increased academic achievements, and higher reports of satisfying family interactions. This retrospective study explored the perceptions of culture, identity, and resilience among Aboriginal former Crown Wards of the Ontario government. Each participant in this research study reflected on the influence of their experiences of intergenerational trauma and being a Crown Ward in the development of their cultural identities. Overall findings indicate the importance of spirituality, culture, having purpose and meaning in life and acceptance of multiple identities, as they are critical elements of resiliency processes for former Aboriginal Crown Wards.
Acknowledgements

Dedicated to my greatest source of strength and ultimate inspiration, my son, Sebastian.

I love you.

In loving memory of my best friend, Daniel Ernesto Lungo

(Jan. 21, 1980 to Sept. 5, 2008).

Your legacy of advocating for vulnerable children and youth in child welfare is a testament to the endless possibilities and capacity of spirit to lead social change.

I would like to express my highest gratitude to my thesis supervisor, Barbara, who not only provided me with financial assistance, but also laughed and cried with me over the years. For your relentless support, I am eternally grateful.

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I am especially thankful for my family and friends who have listened tirelessly to my ramblings regarding theory, research and the nature of my doctoral studies. To my parents, Andy and Cindy, and sisters, Johanna and Tamara, who taught me the importance of family, compassion, forgiveness, and most importantly, unconditional love.

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My sincerest appreciation to the former Crown Wards who participated in this research by sharing their time and insights with me. Without your contributions, this thesis would not be possible. Within the circle of life, we are all teachers and learners.

When I began this degree in 2008, I never imagined the extraordinary adventure that I was committing to. Aron, your challenges to expand my ideas and confidence in my research will not be forgotten. The opportunities to learn from fellow colleagues, to gain knowledge and skills in participatory action research with First Nation communities and to teach future social workers, have nurtured me on this significant journey.

*In honour of all who work to make this world a better place for the entire human race.*
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Chapter One

Research on cultural identity clearly indicates that a healthy cultural identity is associated with positive outcomes including increased self-esteem, increased academic achievements, and higher reports of satisfying family interactions (Phinney, Cantu, & Kurtz, 1997; Stalikas & Gavaki, 1995; Taylor, Casten, Flickinger, Roberts, & Fulmore, 1994). This thesis explores culture, spirituality, and identity development among Aboriginal adults who were formerly Crown Wards of the Ontario child welfare system. The objective is to better understand the role that culture and identity can play in the resilience processes of Aboriginal children and youth who are involved in child welfare in order to develop a new model of resilience for Aboriginal children and youth. This thesis examines the culturally embedded spiritual component of resilience that is fundamental for healthy identity development among Aboriginal youth involved with the child welfare system.

Throughout this thesis, the term Aboriginal is used to broadly refer to the First Peoples of Canada including Status and Non-Status First Nation, Métis, and Inuit (Aboriginal Affairs and Northern Development Canada, 2012; Joseph, 2005; Ministry of Industry, 2013). Indigenous Peoples refers to First Peoples, Native to their lands on a global level including Australia, Peru, and New Zealand (National Aboriginal Health Organization, 2015). It is important to remember that despite the term used (Aboriginal, First Nation, Métis or Inuit), there is a rich diversity of culture that exists within and across various First Peoples in Canada (Voyageur & Caillou, 2001). Mainstream is used in this
thesis to refer to any non-Aboriginal program, service, agency or children’s aid society that provides a public or publicly funded service to community members. Please see Table 1.1 for a glossary of the Ojibway words and phrases used throughout this thesis.

Table 1.1: Glossary of Ojibway Words and Phrases

<table>
<thead>
<tr>
<th>OJIBWAY</th>
<th>ENGLISH</th>
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<tbody>
<tr>
<td>Abinoodjiwin</td>
<td>Childhood</td>
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<tr>
<td>Anishinaabe</td>
<td>The Original People / Ojibway</td>
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<tr>
<td>Anishinaabe Ishinikassowin</td>
<td>Spiritual Name</td>
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<tr>
<td>Anishinaabe Miinigoosiwin</td>
<td>Culture and Healing Ways</td>
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<tr>
<td>Anishinaabe-mowin</td>
<td>Ojibway language</td>
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<tr>
<td>Anishinabewin</td>
<td>Identity</td>
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<tr>
<td>Asemaa</td>
<td>Traditional Tobacco</td>
</tr>
<tr>
<td>Boozhoo</td>
<td>Greetings</td>
</tr>
<tr>
<td>Epangishmok</td>
<td>West</td>
</tr>
<tr>
<td>Giiwedin Anang</td>
<td>North Star</td>
</tr>
<tr>
<td>Gitchie Manitou</td>
<td>Great Spirit, Creator</td>
</tr>
<tr>
<td>Kiwedinong</td>
<td>North</td>
</tr>
<tr>
<td>Kitiisiwin</td>
<td>Elderhood</td>
</tr>
<tr>
<td>Kokum/Kookum</td>
<td>Grandmother</td>
</tr>
<tr>
<td>Kwe</td>
<td>Woman</td>
</tr>
<tr>
<td>Ndodem</td>
<td>Clan</td>
</tr>
<tr>
<td>Ndoonjba</td>
<td>I live in</td>
</tr>
<tr>
<td>Ndishnikaz</td>
<td>My name is</td>
</tr>
<tr>
<td>Ninoshe</td>
<td>Auntie</td>
</tr>
<tr>
<td>Nitawigiwin</td>
<td>Adulthood</td>
</tr>
<tr>
<td>Oshkinigiwin</td>
<td>Youthhood</td>
</tr>
<tr>
<td>Waabinong</td>
<td>East</td>
</tr>
<tr>
<td>Wabizhashi</td>
<td>Martin</td>
</tr>
<tr>
<td>Zhaagnaash</td>
<td>White People</td>
</tr>
<tr>
<td>Zhaunagush / Zhaaganaash</td>
<td>An Englishman</td>
</tr>
<tr>
<td>Zhaawanong</td>
<td>South</td>
</tr>
</tbody>
</table>

(Sources: Benton-Banai, 2010; Johnston, 2003 & 2008; Jourdain, 2010; McCaffrey, 2010; Pitawanakwat, 2006; Walsh, 2015)
Location of self

Boozhoo! KahZhaa Kwe Ndishnikaz. Wabizhashi Ndodem. Ontario Ndoonjba. It was both a privilege and an honour to introduce myself to the research participants in my traditional Ojibway language. This translates in English as: “Greetings! My name is Glowing Ember Woman. I belong to the Martin Clan. I live in Ontario”.

This thesis was a part of my own healing journey. Before this research process began, I received my spirit name from Elder Jake Ago Neh. The spiritual naming ceremony is a practice in which an Elder gives a spirit name to a community member, usually an infant, often with community members’ involvement and recognition throughout the ceremony. Spiritual naming ceremonies can be carried out in a number of ways depending on the First Nation or Aboriginal group. Presiding Grand Chief of the Three Fires Midewiwin Lodge, Elder Edward Benton-Banai describes the Ojibway naming ceremony and how the spirit is directly connected to identity:

At a gathering of family and friends, the medicine person burns an offering of tobacco and pronounces the new name to each of the four directions. All those present repeat the name each time it is called out. In this way the spirit world comes to accept and recognize the young child with the new name. It is said that prior to the naming ceremony, the spirits are not able to see the face of the child. It is through this naming act that they look into the face of the child and recognize him as a living being. Thereafter, the spirit world and all past relatives watch over and protect this child...At this ceremony the parents of the child ask four women and four men to be sponsors for the child. It is a great honor to be asked to fill this position. After the child is given a name, each of the sponsors stand and proclaim a vow to support and guide this child
in their development. In this way a provision is made by which the child will always be cared for (Benton-Banai, 2010, pp. 9-10).

I was told that my name represented an ember, the glowing ember in the sacred fire. Embers can signal the end of the fire or can be used to make the fire larger again. In some sacred ceremonies, the embers from the sacred fire are used for various parts of the ceremony. I was given the spirit colors of fire red, sky blue, baby blue, teal, jade green, and light gold-yellow. I was told to seek the traditional teachings of the fire and the sacred ember involved in our ceremonies. My spirit name not only represents who I am, but provides direction for my purpose in my community and in my life.

My Clan represents my roles and responsibilities to the greater community. Elder Benton-Banai (2010) shared the following about the Martin Clan:

The Martin Clan served as the warrior clan for the people. They provided the force to protect the village at all costs from outside invaders. They became known as master strategists in planning the defense of their people (p. 76).

Anishnawbe Health Toronto (AHT), a prominent Aboriginal health care agency operating in downtown Toronto, describes the importance of a spirit name for a good beginning in life and provides useful information about the importance of having a spirit name (AHT, 2000a; Appendix A) and a Clan (AHT, 2000b; Appendix B). My Elders
taught me to always introduce myself to Gitchie Manitou (Creator, Great Spirit) and to the Spirit World with my spirit name and Clan in my traditional Anishinaabe (Ojibway) language because I would be recognized and understood in ways not comprehensible within the confines of the English language and the physical world. Through my own healing journey, I have created a sacred bundle that facilitates my healing. My sacred bundle contains healing medicines, drums, grandfather stones, an eagle feather, and rattles. Please see Appendix C for a description of a Sacred Bundle (AHT, 2000c).

Prior to my application to the PhD program at the Factor-Inwentash Faculty of Social Work at the University of Toronto, I offered my asemaa (tobacco) to Gitchie Manitou and to the Spirit World for guidance and support. I offered my asemaa to my community Elders requesting their support and guidance through this educational journey. Stiegelbauer (1996) advises that:

Teaching is active, experiential, and relational, and requires the participation of individuals through asking for help in some way. Once the request is made, the Elders bring their knowledge and experience to bear in finding a means to provide the kind of intervention they feel provides the best help. The concept of “approaching an Elder” is an expression of this relational element. Approaching an Elder means that someone comes to the Elder and asks a question, or asks for help. This request becomes a kind of contract for work through the presentation of tobacco to the Elder and the Elder’s acceptance of that tobacco. The presentation of tobacco means that the conversation in some way concerns the spirit. This exchange is very important from the Elder’s perspective because it signifies the individual’s willingness to listen and take the help of the Elder seriously. The Elder will continue doing the work necessary until that work is completed (p. 51).
I continued to offer my asemaa to Gitchie Manitou and attend my spiritual ceremonies throughout my time in the program.

It was my experiences as a Crown Ward in mainstream child welfare care that led me to this research. I was a Crown Ward until, at 16 years old, I had my son and was transferred out of care. I had been given the options of having an abortion or giving my son up for adoption if I wanted to remain a Crown Ward and access extended care maintenance to support myself through university. I decided to keep my son. After he was born, I was discharged from child welfare services and transferred into the adult social assistance program in Ontario. This financial support lasted a short time until I began university. I raised my son, now 17 years of age, as a single-parent.

I was in my Masters of Social Work program at the University of Toronto and enrolled in an elective course on Aboriginal Social Work when I first learned about colonization, Canadian history, the Canadian Indian Residential School (IRS) system, and intergenerational trauma. This gave me the opportunity to reflect on my own life experiences, including the impact of being separated from family, culture, and community. Since this time, I have been on a journey to re-connect with my past, culture, and spirit.

Unfortunately, my siblings and I grew up without cultural teachings and only experienced Anishinaabe culture at a very superficial level. In my mid-twenties I sought the history and teachings of my own volition. Over the years, I became increasingly curious about how cultural experiences and identity had impacted other Aboriginal youth involved in the child welfare system and if outcomes differed depending on access to community, family, and culture. It was for this reason, along with my experiences in adolescence, that
I felt compelled to conduct research on child welfare and, in particular, investigate the factors involved in resilience processes and outcomes, including cultural and spiritual practices, for Aboriginal Crown Wards in Ontario. I wanted to speak with former Crown Wards to hear their perceptions of success and how access to cultural experiences and resources impacted their cultural identity and resilience.

Aboriginal Children and Youth in Canada

Population growth projections for Aboriginal children and youth (ages 0 to 19) estimate that Aboriginal children and youth are the fastest growing population in Canada, increasing at a rate of three and one half times faster than the non-Aboriginal population (Minister of Industry, 2013). Aboriginal children aged 14 and under make up 28% of the total Aboriginal population compared to non-Aboriginal children aged 14 and under who represent 16.5% of the total non-Aboriginal population (Minister of Industry, 2013). Aboriginal youth in Canada are among the most impoverished populations in the country (Morris, 2007). Historical considerations and contemporary contexts in which Aboriginal children are born and raised makes them disproportionately vulnerable to poor health and lower socioeconomic conditions in childhood and later in life (Native Women’s Association of Canada, 2002; Wilson & Macdonald, 2010).
Genocidal laws and intergenerational trauma

Aboriginal Peoples have been historically oppressed, assimilated, apprehended, discriminated against, and excluded from the mainstream society resulting in compounded intergenerational trauma (Gagne, 1998; Barton, Thommasen, Tallio, Zhang, & Micholas, 2005; Blackstock, 2007; Hodgson, 1990; Manson, 1996; 1997; 2000; Menzies, 2006; Morris, 2007; Quinn, 2007; Royal Commission on Aboriginal Peoples [RCAP], 1996; Truth and Reconciliation Commission [TRC], 2015; Wesley-Esquimaux & Smolewski, 2004). This section of the chapter explores the historical relations between Canada and its First Peoples.

Beginning in the early 1700s, pre-confederation treaties were ratified between the British government and First Nation Peoples in an effort to allow peaceful settlement of English people on the land. The Royal Proclamation of 1763 was issued by King George III (the Crown) to address the grievances of Aboriginal Peoples regarding the encroachment of British settlers on their traditional lands. The Royal Proclamation affirmed that Aboriginal Peoples had not ceded their rights and title to the land.

Legal assimilation of First Nation Peoples began in 1850 with the Act for the Better Protection of Lands and Property of Indians in Lower Canada and the Act for the Better Protection of Indians in Upper Canada from Imposition, the Property Occupied or Enjoyed by Them from Trespass and Injury. This was followed by the Gradual Civilization Act (1857). The Gradual Civilization Act and the Enfranchisement Act (1869), which would later be consolidated as the Indian Act (1876), began the process whereby Status Indians
could voluntarily terminate their Indian Status in exchange for Canadian citizenship. This was a primary assimilation policy through which Status Indians were promised the benefits of full Canadian citizenship in exchange for their legal and cultural identities. If a man with a family enfranchised, his wife and children would also automatically become enfranchised and lose their Status. Enfranchisement was also mandatory if a Status Indian served in the Canadian Armed Forces, attended university, or was involved in certain types of employment. It is clear that generations of Aboriginal identities in Canada have been gravely impacted by the policies and practices of Indian Residential School and child welfare systems (Miller, 2004). These impacts are: “evident in the alarming statistics of Aboriginal people’s continued trauma as reflected by high rates of suicide, poverty, substance abuse, family violence, family breakdown, school drop out, and escalating child welfare caseloads in Aboriginal communities” (Lafrance & Bastien, 2007, pp. 115-116).

The *British North America Act* (BNA, 1867), which created the Canadian Confederation, is significant to First Nation Peoples because it gave the federal government the constitutional responsibility for and jurisdiction over Indians and lands reserved for Indians. In order to fulfill its jurisdictional responsibilities Canada passed the *Indian Act* (1876), a legislation intended to regulate and control all aspects of First Nation Peoples’ lives. This legislation was not part of any treaty negotiations and did not involve First Nation Peoples in the development and implementation processes. The *Indian Act* (1876) was created to guide Canada’s relations with First Nation Peoples by imposing restrictions on them in order to meet two main goals: to civilize and assimilate them into Canadian society:
This Act further refined the government relationship with Canada’s first people, by determining who was Indian, where Indians could live and what Indians were entitled to. Through this Act, Aboriginal people lost all autonomy, including self-determination, self-identification, traditional culture, health and education. The Act was grounded in assimilation, through the outlawing of traditional practices, traditional governments and enfranchisement (Best Start Resource Centre, 2012, p. 5).

The right to Indian Status is governed by the Indian Act and based on blood quantum and historical policy (Best Start Resource Centre, 2012; Palmater, 2011). Dr. Palmater describes the concept of blood quantum in her book entitled, Beyond Blood: Rethinking Indigenous Identity:

[…], because the registration provisions incorporates what amounts to a second generation cut-off rule that is based on racist concepts of blood purity. These criteria are not only discriminatory, but counter to modern democratic practices and notions about identity and human dignity. While the Indian Act does not use the term “blood quantum” in the registration provisions, through its reliance on specific degrees of birth descent, Canada has, in effect, incorporated a type of blood quantum by birth descent for Status Indians born after April 17, 1985, when Bill C-31 amended the Indian Act. In other words, one generation of marrying out equals 50 percent notional Indian blood quantum. Two generations equals 25 percent, and so on. I refer to this kind of discrimination as blood quantum for ease of reference. Canada makes the presumptions that blood quantum or remoteness of descent from one’s Indian ancestor equates with one’s level of connection to both an individual and a communal Indigenous identity and culture (Palmater, 2011, p. 29).

Nicholas Flood Davin was commissioned by Sir John A. McDonald to produce a report entitled, Report on Industrial Schools for Indians and Half-Breeds (Davin Report)
which was submitted to Ottawa in 1879 (Milloy, 2006). This report led to the establishment of the Indian Residential System (IRS) in Canada. Shortly after the Davin Report was submitted, the first IRSs were established in 1883 and 1884 in Qu’Appelle, High River, and Battleford in the province of Saskatchewan.

Since 1883, approximately 132 IRSs operated in Canada, with the last one closing in 1996. It is estimated that over 150,000 Aboriginal children attended these schools during those years (TRC, 2015). In many instances, children were forcibly taken from their families and communities in order to attend the IRSs (TRC, 2015). Many families were threatened with fines or jail time if they resisted their children’s removal to an IRS. Children who attended an IRS were prohibited from speaking their languages, practicing their cultural traditions, and from interacting with their siblings and families (RCAP, 1996; TRC, 2015). Many times, the children were physically and sexually abused, neglected and malnourished, leading to many children dying from preventable diseases (Sinha et al., 2011). The death rate from disease, starvation, and abuse reached as high as 75% in some IRSs (Milloy, 2006). There is no record of the total number of students who died while attending an Indian Residential School. This is an ongoing project with the National Centre for Truth and Reconciliation through the TRC’s development of a National Residential School Student Death Register (TRC, 2015).

Between 1913 and 1930, the administration of Indian Affairs followed a rigid policy of forced assimilation. Traditional practices such as the Sundance and Potlatch were prohibited and traditional languages were suppressed (Backhouse, 1999; RCAP, 1996). Duncan Campbell Scott, Deputy Superintendent of the Department of Indian Affairs from
1913 to 1932, explained the rationale for such changes in the legislation in 1920 when he made the following statement:

Our object is to continue until there is not a single Indian in Canada that has not been absorbed into the body politic, and there is no Indian question and no Indian Department. This is the whole object of this Bill. I want to get rid of the Indian problem (Titley, 1995, p. 50).

The Pass System prohibited First Nation Peoples from leaving their reserve without the consent of an Indian Agent. Due to the restrictions on travel, many First Nation Peoples could not easily visit their children who had been placed in an IRS. The Pass System remained in practice until the mid-1950s. In 1927, the Indian Act was amended to prohibit First Nation Peoples from accessing legal assistance. This ban was lifted in the 1951 amendments to the Indian Act.

However, other changes to the Indian Act made at this time directly affected identity and child welfare. According to the 1951 revisions to the Indian Act, if a First Nation woman married a non-Native man she would lose her Indian Status and the ability to pass that Status onto her children. The revisions also allowed provincial laws to cover areas not covered by federal legislation, including child welfare. This allowed provinces to apply their laws on reserve lands in child welfare matters. An accelerated federal-provincial policy of assimilation through the forced removal and adoption of Aboriginal children into
non-Aboriginal homes, also known as the “sixties scoop” (Beaucage, 2011; Sinclair, 2007; TRC, 2015), began in 1959 and did not end until 1985.

In 1964, the Government commissioned a study to review the situation of First Nation Peoples in Canada. The Hawthorne Report was submitted in 1966 and recommended that the Government abandon assimilation as its formal goal for First Nation Peoples. In response to the Report, the Government of Canada issued a *White Paper* (1969) proposing the abolition of the *Indian Act*, rejection of land claims, and that First Nation Peoples of Canada fully integrate into the rest of Canadian society (Government of Canada, 1969). A book entitled, *The Unjust Society* and more commonly referred to as *The Red Paper* (1969), responded to the White Paper and proposed that: the *Indian Act* be reviewed and not repealed; treaty and land promises be upheld; and Indian Status be viewed as essential to identity and culture for First Nation Peoples (Cardinal, 1969). In 1982, former Prime Minister Pierre Trudeau renamed the *British North American Act* to the *Constitution Act*, and reaffirmed Aboriginal rights and sovereignty under Section 35.

In 1985, the *Indian Act* was amended under Bill C-31, allowing some women and their children who lost their Indian Status after marrying a non-Aboriginal man, to regain their Indian Status. Traditionally, many Aboriginal children were born into their mothers’ Clan, which outlined their roles and responsibilities within their extended families and a network of other matrilineal communities with shared principles. The patrilineal provisions, and privileging of individuals with two registered parents, in the *Indian Act* stands in direct contradiction to the matrilineal principles of identity and membership among many Aboriginal groups in Canada (Fiske & George, 2006). The *Indian Act* divided families and
communities by legislating identity based on gender discrimination. This is an ethnocidal practice, in which each successive generation will have fewer children with Indian Status and access to the resources needed to sustain ties with their cultural communities.

Cultural assimilation refers to, “the loss, by an individual, of the markers that served to distinguish him or her as a member of one social group, and the acquisition of traits that allow that person to blend in with, succeed in, a different social group” (Jackson, 2002, p. 74). As outlined above, Indian policy aimed at assimilating Status Indians has had a long history in Canada and has been entrenched in law since the early 19th century (Dickinson & Wotherspoon, 1992; Henry & Tator, 2006). The creation of a large off-reserve non-Status population increased the threat of extinction for Aboriginal Peoples as a distinct legal category in Canada. The United Annishnaabeg Council predicts that the 1985 amendments to the Indian Act will eventually lead to the legal assimilation of Status Indians in Canada (Clatworthy, 2003 & 2005). The Indian Act and its policies clearly violate Canada’s international obligations to protect children from all forms of discrimination and to protect their social, ethnic, cultural, and political rights.

In 1996, the Royal Commission on Aboriginal Peoples (RCAP) released findings which identified high levels of incarceration, unemployment, and drugs and alcohol use among Aboriginal Peoples. It also reported that the federal government understood that its relationship with Aboriginal Peoples was damaged due to past policies of assimilation, acculturation, and genocide. On June 11, 2008, former Prime Minister Stephen Harper offered a full apology on behalf of all Canadians for the IRS system. Mr. Harper recognized, among other things, that the policy of assimilation was wrong and that the IRS system has
had long-lasting and damaging impacts on Aboriginal culture, heritage, identity, and language. Current and past experiences of trauma over many generations, through damaging government policies, have been directly linked to high rates of poverty among Aboriginal Peoples today (Best Start Resource Centre, 2012).

The United Nations Committee on the Rights of the Child challenged the Canadian government to eliminate all forms of inequality regarding the disproportionate risks faced by Aboriginal children and youth across Canada (United Nations, 2003). The United Nations Convention on the Rights of the Child (UN CRC), Article 30 states that Children of Indigenous origin “shall not be denied the right, in community with other members of his/her cultural group, to enjoy his/her culture”.

Despite the historical documentation of oppression and attempted cultural genocide of Canada’s First Peoples (Chrisjohn & Young, 1997; Gagne, 1998; Manson, 1996; 1997; 2000; RCAP, 1996; Sinclair, 2007; Wesley-Esquimaux & Smolewski, 2004; TRC, 2015), Aboriginal Peoples across Canada and worldwide demonstrate resilience by embracing a movement of reconciliation and healing from intergenerational trauma and genocidal laws, policies, and practices. Most recently, the Truth and Reconciliation Commission (TRC) of Canada released its final report and recommendations regarding the legacy of the IRS system and its continued impact on Aboriginal families, including disproportionate rates of State abduction and child apprehension through the child welfare system. The TRC’s first five calls for immediate action focused on changes needed in the child welfare system:
1. We call upon the federal, provincial, territorial, and Aboriginal
governments to commit to reducing the number of Aboriginal children
in care by:

   i. Monitoring and assessing neglect investigations.
   ii. Providing adequate resources to enable Aboriginal communities and child-welfare organizations to keep Aboriginal families together where it is safe to do so, and to keep children in culturally appropriate environments, regardless of where they reside.
   iii. Ensuring that social workers and others who conduct child-welfare investigations are properly educated and trained about the history and impacts of residential schools.
   iv. Ensuring that social workers and others who conduct child-welfare investigations are properly educated and trained about the potential for Aboriginal communities and families to provide more appropriate solutions to family healing.

2. We call upon the federal government, in collaboration with the provinces and territories, to prepare and publish annual reports on the number of Aboriginal children (First Nations, Inuit, and Métis) who are in care, compared with non-Aboriginal children, as well as the reasons for apprehension, the total spending on preventive and care services by child-welfare agencies, and the effectiveness of various interventions.

3. We call upon all levels of government to fully implement Jordan’s Principle.

4. We call upon the federal government to enact Aboriginal child-welfare legislation that establishes national standards for Aboriginal child apprehension and custody cases and includes principles that:

   i. Affirm the right of Aboriginal governments to establish and maintain their own child-welfare agencies.
   ii. Require all child-welfare agencies and courts to take the residential school legacy into account in their decision making.
   iii. Establish, as an important priority, a requirement that placements of Aboriginal children into temporary and permanent care be culturally appropriate.
5. We call upon the federal, provincial, territorial, and Aboriginal governments to develop culturally appropriate parenting programs for Aboriginal families (TRC, 2015, p. 1).

Furthermore, the TRC recommended the return to Indigenous Law and legal traditions:

Traditional Knowledge Keepers and Elders have long dealt with conflicts and harms using spiritual ceremonies and peacemaking practices, and by retelling oral history stories that reveal how their ancestors restored harmony to families and communities. These traditions and practices are the foundation of Indigenous law; they contain wisdom and practical guidance for moving towards reconciliation across the land. [...] The ceremonies and protocols of Indigenous law are still remembered and practiced in many Aboriginal communities (TRC, 2015, p. 17).

This recommendation raises important questions about the applicability of Gladue Principles to family law and child welfare court-involved matters (Friedland, 2009; McCaffrey, 2010). As directed by the Supreme Court of Canada, the Canadian:

criminal justice had failed to take into account “the substantially different cultural views and experience of Aboriginal people”. Gladue mandates, at para. 66, a different framework of analysis for sentencing Aboriginal offenders, taking into consideration “the distinct situation of Aboriginal peoples in Canada” including:

(A) The unique systemic or background factors which may have played a part in bringing the particular offender before the courts; and
(B) The types of sentencing procedures and sanctions which may be appropriate in the circumstances for the offender because of his or her particular [A]boriginal heritage or connection (The Attorney General of Canada, 2012: para. 49-50).

It is reasonable to consider the implications of Gladue Principles in child welfare law, where Aboriginal families are grossly overrepresented in legal conflict with the child welfare system without attention paid to their heritage and culture.

Shannen’s Dream has been cited as Canada’s largest youth-driven human rights movement (Angus, 2015). Shannen Koostachin had a dream: “safe and comfy schools, and culturally based education for First Nations children and youth” (First Nations Child and Family Caring Society, 2015). Schools on-reserve receive less funding per student than off-reserve schools (First Nations Education Council, 2009). Many schools on-reserve provide First Nations children and youth with substandard learning environments that often do not include libraries, gymnasiums, technology, recreation, science labs, or building maintenance. Despite her tragic death in a car accident on May 10, 2010, as she was preparing to complete grade ten, construction for a new school began in Shannen’s home community – Attiwapiskat First Nation, and was completed in August of 2014. Shannen remains a pillar of strength and hope that extends far beyond Attiwapiskat First Nation.
Aboriginal children and the child welfare system

The socioeconomic situation of families and communities in which Aboriginal children develop is a strong predictor of child welfare system involvement (Beaucage, 2011; Singer, 2003). Community, family, and individual healing from the Legacy of the IRS system and the subsequent ‘Sixties Scoop’, when approximately 7700 Aboriginal children were taken without the knowledge or consent of their families and communities and adopted into non-Aboriginal homes (Beaucage, 2011; Fournier & Crey, 1997; Johnston, 1983; Kulusic, 2005; Richard, 2007; Sinclair, 2004 & 2007; Timpson, 1995), underscores the need to further explore resilience for Aboriginal youth involved in child welfare.

The absolute numbers of Aboriginal children and youth in child welfare care are the highest ever recorded with trend data suggesting this number will continue to rise (Blackstock, 2007). The disproportionately high numbers of Aboriginal youth who have come into child welfare care over the last 40 years are now referred to as the ‘Millennium Scoop’ (Beaucage, 2011, p. 2). The 2011 National Household Survey indicated that of the 30,000 children in foster care across Canada, almost half (48%) are Aboriginal (Minister of Industry, 2013). Aboriginal children are more likely than any other group of Canadian youth to be taken from their homes and placed in the child welfare system (Trocmé, Knoke & Blackstock, 2004), at a rate of 12.4 times that of non-Aboriginal children (Sinha, Trocmé, Fallon, MacLaurin, Fast, Thomas, et al., 2011).

Between 1995 and 2001, the number of Status Indian children entering care increased by 71.5% across Canada (Blackstock, 2007; McKenzie, 2002). Between 2000
and 2002, approximately 76,000 Aboriginal children and youth were placed in provincial and territorial care (Farris-Manning & Zanstra, 2003). In 2003, over 27,000 Aboriginal children were in the child welfare system across Canada. This is approximately three times more than the highest IRS system enrolment figures in the 1940s (Blackstock, 2003; Philp, 2002). In 2011, almost half (48%) of the children in care were Aboriginal when less than 5% of total children in Canada were Aboriginal (Minister of Industry, 2013).

The period of adolescence for Aboriginal youth is a “developmental crossroad” that is further complicated by the unique circumstances of Aboriginal youth in child welfare who have been separated from their family by the State, often resulting in identity crises, identity displacement, and further isolation (Lafrance & Bastien, 2007). Empirically supported interventions, such as integrating Aboriginal teachings and traditions into mainstream services, can dramatically impact the lives of youth in a positive, long-lasting way (Wekerle, Waechter, Leung, & Leonard, 2007).

Since adolescence is the developmental period in which youth begin to define themselves, it is suggested that youth are also at a stage where they can begin to separate who they are from past negative experiences (Wekerle et al., 2007). This process is important for Aboriginal youth involved in the child welfare system in order for a positive sense of identity to be achieved. Developmentally ready youth strive to define “who they are, what they do and won’t do - in effect, what to do and what not to do in order to become the best possible version of themselves” (Wekerle et al., 2007, p. 14). In this developmental period, youth are actively engaged in seeking, exploring, and expressing their self through various identities.
Ontario has the largest population of Aboriginal Peoples in Canada with an estimated 301,425 Aboriginal Peoples (Minister of Industry, 2013). The majority of this population live off-reserve (Best Start Resource Centre, 2012). The Aboriginal population increased by 20.8% from 2001 to 2006, compared to a 1.5% increase (ages 0 to 21) in the non-Aboriginal population (Ministry of Children and Youth Services [MCYS], 2010). Although they account for only 2.4% of the total population in Ontario, Aboriginal children are overrepresented in child welfare with approximately 4,826 in child welfare care in Ontario (MCYS, 2011; Ontario Association of Children’s Aid Societies [OACAS], 2011a).

Specifically, an estimated 2,821 Aboriginal children (2,390 Status and 431 non-Status) were reported in-care for 49 member agencies of the Ontario Association of Children’s Aid Societies, including three of the six Aboriginal agencies that responded to the Annual Children in Care and Permanency Survey. This estimate was then added to the average number of children in care reported for the three remaining Aboriginal child and family service agencies in Ontario: Anishinaabe Abinoojii Family Services, Tikinagan Child and Family Services, and Weechi-it-te-win Family Services (Ministry of Children and Youth Services, 2011). The specific number of Aboriginal children and youth in Ontario mainstream child welfare care is unknown as MCYS does not require child welfare agencies to record and document the ethnicity or Aboriginal origins of children and youth during their intake processes and service provision (Canadian Council of Child and Youth Advocates, 2014). Therefore, the true numbers of Aboriginal children in child welfare care may be far larger than the estimated numbers.
The majority of Aboriginal children in Ontario are served by mainstream child welfare authorities (Fallon, Van Wert, Trocmé, MacLaurin, Sinha, Lefebvre, et al., 2015b). Ontario data suggest that Aboriginal children and youth in child welfare care are not exposed to cultural traditions, as frequently as Aboriginal communities may desire (Miller & Flynn, 2014).

The Child and Family Services Act (CFSA) provides regulations governing Children’s Aid Societies (CASs). When a child is deemed unsafe in their home environment, the child protection worker provides safe alternatives until it is safe for the child to return home (CFSA, 1990). The majority of these children are not adopted, but rather they are placed in group homes, institutions (mental health, addictions treatment, juvenile justice facilities), outside purchased group homes, outside purchased foster homes, and society operated foster care homes (OACAS, 2011a).

The Ontario Association of Children’s Aid Societies (OACAS) has acknowledged that not only does the CFSA make special provisions for Aboriginal children, but that many Aboriginal children come into child welfare care because of underlying root problems reflecting the legacy of assimilation legislation (OACAS, 2010a). In the most recent Child Welfare Report, OACAS acknowledged the rights of Aboriginal communities to:

determine and deliver their services to their own people, as set out in the Child and Family Services Act (1985), have yet to be realized. Decades of experience in delivering ‘mainstream model’ services with the standardized funding model have resulted in continued poor outcomes. Second, the needs of these communities are different. The need is significant and they must be funded
accordingly. These factors point to a need for a different approach to funding services for Aboriginal, FNMI communities. The Aboriginal and FNMI right to develop and deliver services to their own people has yet to be respected. Aboriginal and FNMI communities have developed their own models, and these have greater chances of working if supported and acknowledged (OACAS, 2014, p. 15).

The OACAS 2009-2010 Child Welfare Report stated that children are admitted into child welfare care because of neglect (63%), emotional harm (40%), physical harm (33%), domestic violence (23%), and problematic behaviour of child (21%). It should be noted that many children enter into child welfare care for multiple reasons (OACAS, 2010a, p. 21). Neglect, driven by poverty, poor housing, and substance misuse, is the most common reason for Aboriginal children coming to the attention of child welfare authorities (Trocmé, Fallon, Sinha, Van Wert, Kozlowski, & MacLaurin, 2013). In the child welfare system, neglect refers to children who are not having their vital needs met (food, clothing, shelter, and age appropriate supervision). The child welfare classification of neglect as a reason for entry into the child welfare system correlates highly with indicators of poverty for Aboriginal families, making this a difficult area for child welfare practitioners and policy-makers to navigate:

One of the major blocks to providing supports to First Nations families is that service providers often interpret poverty as neglect. The disproportionate impact of poverty-induced forms of neglect has been noted by the Assembly of First Nations as a key factor to the high number of children in care (Best Start Resource Centre, 2012, p. 27).
The National Collaborating Centre for Aboriginal Health (NCCAH, 2009-2010) emphasizes the implications of Canada’s colonizing history on Aboriginal children and youth and states that this understanding includes consideration of the following dimensions: (a) current economic disadvantage, discrimination, the lack of social-determination in health and social services, inequities in service access and social exclusion; (b) intergenerational traumas arising from government genocidal and assimilation laws and policies; (c) structural issues, including poverty, that often hold families responsible by child welfare authorities for risks that they cannot change on their own; and (4) holistic approach that addresses all areas of life including cultural and political oppression, land expropriation and environmental degradation, economic livelihood, and spiritual imposition (NCCAH, 2009-2010).

Aboriginal Peoples in Canada experience high levels of food insecurity, substandard housing, lack of educational facilities, overcrowding, and poor water quality (Best Start Resource Centre, 2012; Brittain & Blackstock, 2015). These indicators of poverty have also been linked to a host of poor outcomes for Aboriginal Peoples, especially for those who were in child welfare care (Assembly of First Nations, 2006; National Council on Welfare, 2007; Ontario Federation of Indian Friendship Centres, 2003; Wesley-Esquimaux & Smolewski, 2004). Many child welfare agencies are not equipped to address the high rates of poverty among Aboriginal families and as a result, many Aboriginal families are blamed, and sometimes socially punished, for their poverty (Best Start Resource Centre, 2012).

To further complicate the relationship between child welfare concerns and the poverty of Aboriginal Peoples, on-reserve child welfare agencies receive 22% less funding
than child welfare agencies that are not on reserves (Best Start Resource Centre, 2012; Blackstock, 2010; NCCAH, 2009-2010). In 2007, the First Nations Child and Family Caring Society (FNCFCS), together with the Assembly of First Nations, filed a complaint with the Canadian Human Rights Tribunal. On February 25, 2013, the Government of Canada was put on trial for its current-day treatment of First Nations Peoples. On January 26, 2016, the Canadian Human Rights Tribunal ruled that the Government of Canada is “racially discriminating against 163,000 First Nations children and their families by providing flawed and inequitable child welfare services” (FNCFCS, 2016: 1).

Blackstock, Cross, George, Brown and Formsma (2006) argued that a process of reconciliation in child welfare is necessary. According to the *Touchstones of Hope: Reconciliation in Child Welfare Evaluation Report*, processes of reconciliation in child welfare that have begun in other Canadian provinces, such as British Columbia, are demonstrating early indicators of success (Quinn & Saini, 2012). The reconciliatory process in Ontario child welfare is in an early developmental phase and the newly created Association of Native Child and Family Services Agencies of Ontario may provide valuable insight about what reconciliation in Ontario child welfare might look like.

The guiding principles for reconciliation in child welfare are: self-determination, an intergenerational perspective, non-discrimination, a holistic approach, preference for structural and preventative intervention, and respect for culture and language. Blackstock, Bruyere, and Moreau (2005) have identified the following five steps as necessary in the child welfare reconciliatory process across Canada:
1. Tell the truth about what happened and listen with an open heart.

2. Acknowledge the harm from past actions and accept responsibility.

3. Validate different realities and celebrate diversity in culture, perspectives, and values.

4. Restore, renew and rebalance the relationship between Aboriginal and non-Aboriginal as well as rebuild self-determination.

5. Relate in a new way while living and maintaining the new relationship and new systems.

The Commission to Promote Sustainable Child Welfare (CPSCW)

Established in 2009, CPSCW actively sought solutions to support the healthy development of Aboriginal youth involved with the child welfare system in Ontario. A central goal of CPSCW was to advance a modernized child welfare system that integrates child welfare service provision with services and outcomes that are relevant to Aboriginal Peoples and reflect their values, traditions, and beliefs (CPSCW, 2011).

Suggestions from four Ontario Aboriginal child and family service agencies (Anishinaabe Abinoojii Family Services, Native Child and Family Services of Toronto, Payukotayno James and Hudson Bay Family Services, and Weechi-It-Te-Win Family Services Inc.) include a model that is flexible and incorporates a bi-cultural stance (Ferris, Simard, Simard, & Ramdatt, 2005; McKenzie, Bennett, Kennedy, Balla, & Lamirande, 2009). Some promising models were identified. One participatory-based research project
in Portland, Oregon reports the following outcomes that are community-identified as important for Native American youth: cultural knowledge, spiritual understanding and practices, connections to Native ancestry, and knowledge and skills in traditional cultural practices (Cross, Friesen, Jivanjee, Gowen, Bandurraga, Matthew, & Maher, 2011).

**Kinship and customary care**

While CAS operated and outside purchased placement resources are typically the main placement options for child protection workers, kinship care and formal customary care have become two advantageous placement options for Aboriginal children. *The Child and Family Services Act* (CFAS; 1990) defines customary care as “the care and supervision of an Indian or [N]ative child by a person who is not the child’s parent according to the custom of the child’s band or [N]ative community” and kinship care as “the care of children considered to be in need of protection by relatives of family members or others described as family by a child’s immediate family members” (Cantrell, Roberts, & Barnes, 2013, p. 12).

Although Indigenous approaches to child welfare, such as customary care, are acknowledged and validated in the CFSA, non-Aboriginal CASs continue to place Aboriginal children in mainstream foster care placements resulting in “a lack of cultural fit between child welfare, ideology, law, and services delivered” (Cantrell et al., 2013; Mandell, Clouston, Carlson, Fine, & Blackstock, 2007). This is demonstrated by the low numbers of non-Aboriginal and some Aboriginal CASs utilizing kinship care (4.2% for
Status and 4.4% for non-Status) and formal customary care (1.7% for Status and 0.0% for non-Status) placements.

Four of six Aboriginal CASs in Ontario were found to use customary care as their primary form of placement types (MCYS, 2011). Please see Appendix D for a comparison of placement types for Aboriginal CASs in Ontario (MCYS, 2011). There are a number of factors impeding the ability of Aboriginal families to meet the mandatory assessment criteria for providing kinship and customary care: the Structured Analysis Family Evaluation (SAFE) home study; and Parent Resources for Information, Development and Education (PRIDE; MYCS, 2010; CPSCW, 2012).

Aboriginal communities are working tirelessly to better the lives of their children and youth, especially those in child welfare care or at risk of being apprehended (Lafrance & Bastien, 2007; Quinn & Saini, 2012). They are developing meaningful ways of implementing their own child welfare practices through the process of self-determination and governance, a basic human right that is enshrined in the Constitution Act (1982). The UN CRC, to which Canada is a signatory country, asserts that all children have a right to their culture and identity. Given the important role of community in the transmission of culture and the development of a healthy identity and resilience, special attention should be given to ensure Aboriginal children and youth in child welfare care have opportunities to connect, build, and maintain relationships in their communities of origin.
Role of Social Work

The emerging research including the experiences of Aboriginal children in child welfare care is fundamental for social work practice with Aboriginal families (Blackstock et al., 2006; Fallon, Chabot, Fluke, Blackstock, Sinha, Allan, & MacLaurin, 2015a; Fallon et al., 2015b; Sinha et al., 2011; Trocmé, MacLaurin, Fallon, Knoke, Pitman, & McCormack, 2005). Aboriginal children are more likely than any other group of Canadian children to be apprehended and placed in the child welfare system (Sinha et al., 2011). They enter the welfare system at a younger age and stay longer than non-Aboriginal children. In addition, they have a long history of being placed in non-Aboriginal environments where they are removed from the foundations of cultural identity (Evans-Campbell, 2006; Trocmé, Knoke, & Blackstock, 2004; Sinha et al., 2011).

Child protection generally falls within the purview of the social work profession. In a 2003 study, Fallon and her colleagues found that 65% of workers conducting child welfare investigations had either an MSW or BSW degree (Fallon, MacLaurin, Trocmé, Gail, & Golden, 2011). Not all schools of social work have mandatory courses that adequately address the needs and realities of Aboriginal Peoples. The social work profession has historically had a conflicted relationship with Aboriginal families, which has created fear and mistrust (Alston-O’Connor, 2010). Alston-O’Connor (2010) states: “Misperceiving traditional practices can have a negative effect on the Aboriginal and non-Aboriginal working relationship” (p. 57). Phelps (2006) stated that social work as a profession must recognize spiritual development as an important domain of human development,
encouraging social workers to model the importance of seeking meaning, and honouring one’s quest for purpose, without enforcing a specific path and process. This thesis will contribute to new and more culturally responsive ways of engaging Aboriginal families and children in the child welfare system.

**Organization of Thesis**

This thesis is divided into seven chapters. This first chapter has provided an introduction to Aboriginal Peoples in Canada and their interaction with the child welfare system, including an overview of systemic factors as well as the current context. The second chapter presents the Relational Worldview Model and Medicine Wheel Teachings, which guided the research process, and reviews the theoretical literature on identity development and resilience. The third chapter is a critical review of the existing empirical literature on identity development, resilience, and outcomes for children and youth in the child welfare system. The fourth chapter describes the methods and analytical plan used to collect interview data with Aboriginal adults who were former Crown Wards. The fifth chapter discusses the results of these interviews. The sixth chapter introduces an integrated bi-cultural model for use with Aboriginal children and youth in child welfare. The seventh chapter concludes with a discussion of the limitations of child welfare administrative data, promising cultural approaches to child welfare, implications for working with families, and directions for future research.
Summary

This introductory chapter described what brought me to this research focus and provided an overview of Aboriginal children and youth in Canada and their over-representation in the child welfare system. A familiarity with Canada’s historical legacy of assimilation policies and intergenerational trauma is essential to reconciliatory efforts in child welfare. It is necessary to understand where we have come from in order to understand where we are today and make positive changes for the future. This context is an important one as it provides the foundation for understanding the importance of culture and spirituality in building resilience in all Aboriginal children and youth, and particularly those who are cared for by the State. Having knowledge of assimilation policies and their continuing impact on Aboriginal families, specifically those in child welfare care is fundamental for change. This chapter concluded with a discussion of the role of social work in Ontario Aboriginal child welfare. Chapter two provides a detailed overview of the theoretical foundations used to examine this topic.
Chapter Two: Theoretical Foundations

Introduction

This chapter begins with the presentation of the Aboriginal Relational Worldview Model and Medicine Wheel Teachings. This is followed by an exploration of the concept of resilience and ecological perspectives on resilience, including major shifts that have influenced our understanding of resilience today. The historical and recent theories of identity development and formation are discussed. Each of these theories has strengths and limitations in its application for understanding the experience of Aboriginal children and youth. These limitations become evident in the examination of the sociocultural, context-specific development of Aboriginal children and youth. Finally, Aboriginal identity in Canada and the concept of cultural identity are examined.

Relational Worldview Model

Developed in the 1980’s by the National Indian Child Welfare Association (NICWA), the Relational Worldview Model (Figure 2.1) encompasses the context, cognitive (mental), physical, and spiritual (Cross, 1997 & 2002, Cross, Bargis & Fox, 2010; Simard, 2009, Blackstock, 2007, Long & Nelson, 1999). The Relational Worldview Model strongly encourages the restoration and establishment of balance among all four realms of our existence: mind, body, emotion, and spirit (Cross, 2002; Cross, Bargis, & Fox, 2010;
Van Hook, 2008; Carrière, 2008), rather than focusing on the treatment of a particular disease through individual pathology and external interventions (Cross, 1998; Mussel, Cardiff, & White, 2004).

Figure 2.1: Relational Worldview Model (Cross, 2010, p. 2)

According to the Relational Worldview Model, understanding problems through the balance of a person’s relational world is the primary focus of helpers and healers (Cross, 1997). The Model posits that a change in one area of a person’s life (e.g., physical), will have an influence on the other areas of life (e.g., emotional, spiritual, mental; Cross, 2010). Therefore, an effective helper is one who gains understanding of the complex
interdependent nature of life and learns how to use physical, psychological, contextual, and spiritual forces to promote harmony (Cross, 1997). From the Relational Worldview perspective, positive outcomes are the result of the “complex interplay between the physical world (i.e., our bodies), our mental processes (i.e., our thoughts and emotions), our environment (i.e., our family, culture, etc.), and the spiritual forces outside of us, the spiritual learned practices that become part of us” (Cross, 2002, p.10). Balance and harmony are desired outcomes for individual and communal lives. Balance represents an adjustment pattern to incorporate stimuli and response, while harmony represents the complementary relationships that together, produce “wellness, beauty, growth, success, the capacity for joy, and the ability to thrive” (Cross, 2010, p.18).

Not only is Aboriginal healing intended to balance the four quadrants of humanity through the interconnecting contexts of nature, community, and the individual (Dion Stout, 2003), but healing is designed to reaffirm cultural values and to integrate the individual within the context of the community. This establishes harmony and improves interpersonal relationships (Torrey, 1972). Through the Relational Worldview Model, healing from historic trauma would not be separate from the development of and connections with one’s community. Strong community involvement is thought to decrease rates of alcohol related crimes, child abuse and neglect, and suicide (Cross, Bartgis, & Fox, 2010). The idea that community is paramount to child and youth development is emphasized in Aboriginal cultural teachings and ecological theories. This is important to keep in mind, especially when focusing on Aboriginal communities impacted by genocidal policies and healing processes that are fractured by intergenerational trauma.
Spirituality

The concept of resilience is increasingly being identified as a process, rather than an outcome, whereby resilience is considered a continuum that varies at each developmental stage; behaviours expressed at each stage are interpreted as positive or negative, with the ability to promote or impair health (Howard, 1996; Liebenberg, Ungar, & Van de Vijver, 2011; Luthar & Zigler, 1991; Morsi, 1998; Werner, 1992). The Relational Worldview Model (Cross, 1997) views spirituality as a necessary component to the processes of resilience. Cross defines the term ‘Worldview’ as a description of the “collective thought process of a people or culture” (1997, p. 1). According to Ermine (1995), “Aboriginal epistemology is grounded in the self, the spirit, the unknown” (p. 108). The self, “spirit”, that is central to Aboriginal epistemology is not a factor in the linear worldview in which the individual is seen as a passive recipient merely reacting to external forces. The linear worldview assesses only cause and effect, grounded in a medical model focused on separating measurable symptoms. Intangible components of an individual, such as loss of spirituality and culture, are not often identified from this linear perspective.

Contrary to the mainstream linear-oriented perspective, an Aboriginal cultural worldview includes the quest for balance, fluidity, and turning inward for the purpose of finding meaning through prayer, fasting, dream interpretation, ceremonies, and silence. The interconnectedness of family members, the community, and the cosmos, informed by the philosophical belief in the interconnectedness of all aspects of the world, is also included (Bastien, 2004; Baskin, 2006; Cajete, 2000; Cardinal & Hildebrandt, 2000; Colorado, 1998; Ermine, 1995). From an Aboriginal perspective, “simplistic linear risk models of a specific
predictor to a specific outcome are inadequate for understanding the complexities of life for Aboriginal youth” (Fleming & Ledogar, 2008, p. 18). Rather, understanding the resilience of Aboriginal children and youth from a relational view is preferred over a mainstream linear worldview (Cross, 1997 & 2002; Long & Nelson, 1999).

The belief that we, as human spirits, are all interconnected with each other and with the plant spirit world, the animal spirit world, and the spirits of the spirit world, is fundamental to my Ojibway culture and spirituality. I have listened to many Elders who explain that we, as human spirits, are the only ones who are not able to survive without the other spirits of creation. The plant spirits can survive without us. The animal spirits can survive without us. The spirits of the spirit world can survive without us. This is taught so that we may understand that we as human spirits are not at the centre of the universe and that we depend on the plant, animal, and spirit worlds for our survival on Mother Earth. It is only through reverence and respect for all creation that we can live in balance and harmony with one another.

It has been acknowledged and documented that traditional teachings have been passed on through the generations with the practice of oral narratives and storytelling (Baker & Baker, 2010; Barton, 2004; Bird, Wiles, Okalik, Kilabuk & Egeland, 2008; Castellano, 2000; Bryant & Clark, 2006; Cruikshank, 1994; 1998; 2005; Froman, 2007; Hulan & Eigenbrod, 2008; Kovach, 2005; Little Bear, 2004; McCall, 2011; Turpel, 1989; Verwood, Mitchell & Machado, 2011; Wilson, 1998). Oral narratives and traditional stories and teachings were told in the traditional language of the storyteller and often were tied to the local land (Basso, 1996; Burrows, 2001; Christie, 2005; Stewart, Friesen, Keith &
Henderson, 2000; Whitridge, 2004). Anishnawbe Health Toronto (2000a) stated that oral traditions are important because we learn and are taught through the traditional stories. In more recent years, there has been a sense of urgency to access our traditional knowledge through Elders and through the memories of our ancestors:

The young people no longer have daily access to experiential learning on the land, they have decreasing levels of fluency in [A]boriginal languages that would keep them in communication with [E]lders; and they spend much of their time in educational institutions that socialize them into dependence on the written word. There is a real danger that the [E]lders who still retain traditional and spiritual knowledge, and who know the context in which empirical observations must be evaluated, will join their ancestors without passing on what they know (Castellano, 2000, p. 32).

Respected Elder, Basil Johnston, described the personally intimate nature of traditional spirituality:

To understand the origin and the nature of life, existence, and death, the Ojibway speaking peoples conducted inquiries within the soul-spirit that was the very depth of their being. Through dream or vision quest they elicited revelation-knowledge that they then commemorated and perpetuated in story and re-enacted in ritual. But in addition to insight, they also gained a reverence for the mystery of life which animated all things: human-kind, animal-kind, plant-kind, and the very earth itself (Johnston, 2003, p. 7).

According to Baskin: “spirituality comes from within and outside the self. It is meant to assist us as individuals, families and communities” (2002: 1). Spirituality includes an
interpretation of the self and the world, and this includes explaining events that create or reflect beliefs, self-concepts, and worldviews as well as values, ethics, and morals (Canda & Furman, 1999). In addition, family spirituality and the family’s ability to have a positive outlook, including hope for the future and an optimistic attitude, are identified as important contributors to resilience (Walsh, 1998; 1999).

**Medicine Wheel teachings**

Aboriginal culture, the Relational Worldview Model (Cross, 1997), and Medicine Wheel (Margot & McKenzie, 2006; Nabigon & Mawhiney, 1996) teachings are rich with traditional strategies that foster resilience through the practices of traditional languages, ceremonies, traditional teachings, dances, clan systems, music, arts, and storytelling, as well as food and traditional regalia (HeavyRunner & Morris, 1997). In many communities and professions, such as the justice, health, and education systems, the traditional teachings of the Medicine Wheel are used to explain and describe the interconnectedness of the mind, body, heart, and spirit (Cross, 2002; Cross, Bartgis, & Fox, 2010; HeavyRunner & Morris, 1997; Wenger-Nabigon, 2010).

The Medicine Wheel teaches about the four sacred medicines used in spiritual smudging ceremonies: cedar, sweetgrass, sage, and tobacco. The smudging ceremony is a purification ceremony using the smoke of the burning sacred medicines to cleanse and maintain physical, mental, spiritual, and emotional balance. The Megis shell and eagle
feather are used with the traditional medicines in a smudging ceremony (Benton-Benai, 2010; Johnston, 2003; Meuse-Dallien, 2003; Lane, Bopp, Bopp & Brown, 2004).

During a smudging ceremony, sage, sweetgrass and cedar are placed into a Megis shell and lit with a match. An eagle feather is used to fan air onto the medicines in order to burn the sacred medicines and produce smoke. Sage, sweetgrass, and cedar are used for purification, to clear away any negative energy and to clear the mind from troubles and worries. While moving the smoke over the head and body, the following common prayer is used:

Open my eyes so that I can see the good. Open my ears so that I may hear the good. Open my mind so that I can think in a good way. Open my mouth so that I can speak the truth in a good way. Open my heart so that I can love myself, as well as all of Creation.

Anishnawbe Health Toronto (2000d) detailed the importance of our sacred medicine, tobacco, in our traditional way of life and ceremonies (Appendix E).

Within Aboriginal Traditional Teachings, identity can be viewed as comprised of the following:

Body Awareness - how you experience your physical presence; Self-concept - what you think about yourself and your potential; Emotional: Self-esteem - how you feel about yourself and your ability to grow and change; Self-determination - your ability to use your volition (will) to actualize your physical, mental, emotional and spiritual potentialities (Lane, Bopp, Bopp, & Brown, 2004, p. 17).
Adapted from the Medicine Wheel Teachings, Figure 2.2 demonstrates how the four elements of identity fit within the Medicine Wheel and its teachings. If the focus on identity development ignores or avoids one of the four elements, then identity development cannot be fully supported.

*Figure 2.2: Medicine Wheel Teachings*

According to Weaver (2001):

Self-perception is a key component of identity...identity is not static rather it progresses through developmental stages during which an individual has a changing sense of who he or she is perhaps leading to a rediscovered sense of being Native (p. 243).
Anishinawbe children and youth have the right to a spiritual name (*Anishinaabe Ishinikassowin*), Clan (*Ododemun*), culture and healing ways (*Anishinaabe Miinigoosiwin*), and identity (*Anishinabewin*; Jourdain, 2010). Anishinawbe Rights of the Child Principles were oral traditional teachings passed down across generations to provide a spiritual foundation and to support developing abilities that enable one to achieve and maintain balance (Jourdain, 2010). Attaining and maintaining balance of the four areas of life (i.e., Spiritual, Emotional, Mental and Physical) throughout the life stages is one of the central components of the Medicine Wheel Teachings. Similarly, Frazier’s Risk and Resiliency in Childhood (2004) includes concepts that are considered aspects or functions of spirituality such as social connectedness, caring and support, sense of purpose, hardiness and self-efficacy, which have been identified in the literature as significant to resiliency (Bernard, 1997; Farley, 2006; Frazier, 2004); however, this model does not directly address Aboriginal worldviews of spirituality. Ecological and socio-ecological models help us to better explore resilience processes among Aboriginal children and youth in child welfare care when they are informed and contextualized with cultural traditional knowledge, such as the Relational Worldview Model and Medicine Wheel Teachings.

**Resilience and Positive Outcomes**

Resilience is generally understood as the “process by which people manage not only to endure hardships, but also to create and sustain lives that have meaning and contribute to those around them” (Van Hook, 2008, p. 3). Rooted in developmental psychology, the first conceptualizations of resilience identified mostly individual or individually mediated
factors that were associated with positive outcomes, emphasizing protective factors and processes, and temporal and relational aspects of positive development under stress (Anthony, 1987; Kaplan, 1999; Luthar, 2003; Luthar & Cicchetti, 2000; Rutter, 1984; 1987; Zimmerman, Ramirez-Valles, & Maton, 1999). Indeed, past accounts of resilience focused solely on risk and protective factors (Anthony, 1987; Garmezy, 1990; Garmezy, Masten, & Tellegen, 1984; Rutter, 1987; Werner & Smith, 1982), overlooking the complex influences of culture and context on conceptualizing and developing resilience.

The concept of resilience as a factor in youth development has been fostered within Indigenous communities for centuries (HeavyRunner & Morris, 1997). However, analyses of resilience need to be culture-specific because processes of resilience are both contextually and culturally embedded (Filbert & Flynn, 2010; Ungar, 2006; Ungar, Brown, Liebenberg, Othman, Kwong, Armstrong, & Gilgun, 2007). As such, resilience is defined in this thesis as both an individual’s inherent capacity to negotiate health resources (protective measures employed against identified risks), as well as the condition of the individual’s family, community, and culture to provide these resources in culturally meaningful ways (Ungar, 2006).

Limitations to our current understanding of resilience as it relates to Aboriginal youth in child welfare care and in the sociocultural context of Canadian history are apparent in the literature. The foci of this body of resilience literature were typically individually-based, with little attention paid to environmental and contextual factors as well as Aboriginal worldviews that encompass many additional factors, including spirituality. Despite growing concern regarding the contextual meaning of adolescent development
among specific racial and ethnic groups (Apfel & Simon, 2000; Burton, Allison, & Obeidallah, 1995; De Antoni & Koller, 2000; Felsman, 1989; Filbert & Flynn, 2010; Klevens & Roca, 1999; Werner & Smith, 1982), many discussions on resilience are limited to a narrow interpretation of resilience as solely the combination of risk and protective factors while using mainly western, non-Aboriginal measures to explain a very culturally centered topic.

Ecological Models of Resilience

An ecological approach posits that the social contexts in which children live, including the quality of relationships among individual, family, and institutional systems, significantly affect their well-being (Bronfenbrenner, 1979; 1989). For Aboriginal youth, this social context includes culture, community, and surrounding cultural support networks. The foundational components defining resilience include characteristics of the child and family structures and the external environment. Resilient children are characterized by high levels of autonomy, empathy, better problem-solving skills, supportive peer relationships, and a sense of purpose (Werner, 1989). Family protective factors shape the family’s ability to endure in the face of adversity and include characteristics such as warmth, affection, cohesion, commitment, and emotional support for one another (McCubbin, Thompson, & Fromer, 1987; Smith, 1999; Werner, 1995).

The construct of resilience connotes the maintenance of positive adaptation by individuals despite experiences of significant adversity (Gilligan, 2004; Masten, 2001a;
Processes that alter the effects of adversity are referred to as protective or risk factors, and can be used to determine whether the effects are beneficial versus detrimental (Luthar, Doernberger, & Zigler, 1993; Luthar, 2003). Understood in this way, resilience is not solely a reflection of the individual’s internal strengths but is also a reflection of the contextual environment’s ability to meet the needs of the developing individual.

Bronfrenbrenner and Gitterman both concluded that in order for youth to succeed, they need a supportive network surrounding them (Bronfrenbrenner 1994; Gitterman, 2011). “Bronfrenbrenner opposed diagnosing such problems as pathology or disease in the youth. Instead, he diagnosed DIS-EASE in the ecology. […] This view challenged narrow approaches to assessment instruments, which target the child as the problem” (Brendtro, 2006, p. 163). Ecological theory is consistent with the person-in-environment focus within Aboriginal Traditional Worldviews but does not include cultural components, such as the concept of spirituality that is relevant when exploring resilience among Aboriginal children and youth in child welfare care.

**Socio-ecological approach**

Most recently, a socio-ecological approach to resilience has been proposed in which resilience is both an outcome of interactions between individuals and their environments, and the processes, which contribute to these outcomes (Ungar et al., 2007). Outcomes and processes are influenced by context, social institutions, and culture (Boyden & Mann, 2005;
Ungar et al., 2007). Resilience is, therefore, both a characteristic of the individual youth and a quality of his or her environment, which provides the resources necessary for positive development despite adverse circumstances (Bronfenbrenner, 1979; 1989; Lerner & Benson, 2003; Luthar, 2003; Rutter, 2005; Ungar, 2001; 2004). The socio-ecological approach extends beyond the person-in-environment perspective by acknowledging the role of culture in the resilience of children and youth but does not provide Aboriginal culturally-specific knowledge through which to explore resilience for Aboriginal children and youth in child welfare care.

**Western Theories of Identity Development and Formation**

Many Western theories of identity development evolved from the field of developmental psychology. As with the theories of resilience previously described, Western identity developmental theories dismissed cultural identity as defined by Aboriginal Peoples. Erikson’s eight-stage Theory of Man marks each stage of personality development as a psychosocial crisis that involves confronting the fundamental question: *Who am I and where am I going?* Erikson proposed that personality continues to develop over the entire life span (Erikson, 1963).

Erikson’s theory accounts for transitions in personality development and is consistent with the Relational Worldview Model’s position that identity development is a lifelong process; however, it does not explain the enormous personality differences that exist among people. Age trends and stage theories tend to mask the extent to which a
sizeable majority of adolescents shift back and forth among the various stages of identity statuses, and inadequately explain individual differences (Berzonsky & Adams, 1999). Age trends and stage theories also fail to represent many Aboriginal cultural teachings about the life cycle, identity development, and spirituality.

Unlike Erikson’s strict stage statuses, Canadian psychologist James Marcia claimed youth fluctuate between one identity status and another, so that the presence or absence of a sense of commitment (to life goals and values) and a sense of crisis (active questioning and exploration) can combine to produce four different identity statuses. These were characterized as orientations that may occur at a particular time and not stages that people pass through in a strict sequence (Marcia, 1966, 1980, 1991, 1994). Marcia (1991) outlined the following four statuses:

1. **Diffusion**: Individuals in this status are confused or overwhelmed by the task of achieving an identity and are doing little to achieve one.

2. **Foreclosure** Individuals in this status have an identity determined largely by adults, rather than from personal exploration of alternatives.

3. **Moratorium**: Individuals in this status are still examining different alternatives and have yet to find a satisfactory identity.

4. **Achievement**: Individuals in this status have explored alternatives and have deliberately chosen a specific identity.

Stage theories are helpful in understanding various processes youth encounter in order to fully acquire their identity, but they also hold assumptions that do not describe the
life experiences of many Aboriginal youth. For instance, it is possible for youth to be in more than one stage at one time, such as youth who are in both Marcia’s (1991) diffusion and foreclosure stages simultaneously. Many youth in child welfare care have their identities determined by other adults such as child protection workers or foster parents, while also being overwhelmed with their own adolescent task of identity achievement. As discussed in the previous chapter, the development of a healthy and positive identity is further complicated for these children and youth because of the effect of a legislated identity based in the Indian Act (1987).

Identity Development within an Aboriginal Context in Canada

Aboriginal Peoples view group membership as central to their identity (Kral, 2003). Identities are discovered through relatives, friends, community, geography, language, and other social factors (Hart, 2002). Connectedness is an attribute of the self that reflects our interpersonal relationship with the world and our importance in it (Aboriginal Children’s Circle of Early Learning, n.d.). It is a concept that is directly linked to an Aboriginal Worldview by many Indigenous writers (Battiste & Youngblood Henderson, 2000; Cajete, 1994; Couture, 1991; Fitznor, 1998; Gunn Allen, 1986; Locust, 1988; Shilling, 2002). Connectedness is also a central theme in promoting and preserving identity for Aboriginal youth (Beaucage, 2011; Carrière, 2005 & 2010; Cantrell, Roberts, & Barnes, 2013).

According to Western theories of development, the primary challenge of adolescence is the struggle to form a clear sense of identity. Adolescence becomes a time
of increasing self-reflection as adolescents look to integrate the many different, and sometimes conflicting, elements of the self (Elkind, 1978; Erikson, 1968; Marcia, 1980 & 1991; Nurmi, Poole & Kalakoski, 1996). This struggle involves developing a stable concept of oneself as a unique individual and embracing an ideology or system of values that provides a sense of direction (Weiten & McCann, 2007). Typically, young people do not reach the achievement status for all aspects of identity at the same time (Dellas & Jernigan, 1990; Kroger & Green, 1996). Although the struggle for a sense of identity is a lifelong process (Waterman & Archer, 1990), according to Western theories, it tends to be particularly intense during adolescence.

Spirituality is an important construct in the actualization of one’s identity. Maslow placed ‘self-actualization’ at the top of his hierarchy of needs pyramid, where all needs below it had to be satisfactorily reached in order for self-actualization to occur (1954; 1979). Maslow’s 1954 needs-based motivation theory on human development was later critiqued by both psychologists and anthropologists as a misinterpretation of the Blackfoot worldview developed during six weeks of fieldwork on the Blood Reserve in Alberta Canada in 1938 (Blackstock, 2011; Hanks & Hanks, 1950; Koptie, 2008). Specifically, Maslow failed to include: “Blood First Nation understandings of ancestral knowledge, spirituality, and the multiple dimensions of reality, nor did he fully situate the individual within the context of community” (Wadsworth, 2008 as cited in Blackstock, 2011, pp. 3-4).

In opposition to Maslow’s (1954) hierarchy of needs theory, Aboriginal scholars argue that self-actualization includes spirituality, community, ceremonies, identity, self-esteem, sense of safety, security and belonging, and roles and relationships within the
community (Cross, 2010; Koptie, 2008). Therefore, self-actualization is seen as the beginning and initial stage of development, actualizing through the traditional spirit naming ceremony and manifesting spirit through one’s lifetime. Focusing on self-actualization from birth onwards, instead of only later in life, as theorized by Maslow, can provide Aboriginal children and youth in child welfare care with increased opportunities to experience spirituality, community, ceremonies, healthy identities, positive self-esteem, and a sense of safety, security, and belonging. The Relational Worldview Model and Medicine Wheel Teachings emphasize balance during one’s growth and development through the life cycle instead of a hierarchy of needs determining the life stages.

**Cultural Identity within an Aboriginal Context**

Ideas about identity formation proposed by Aboriginal theorists conflict with the highly individualized theories of identity development among Western theorists. Oetting, Swaim, and Chiarella (1998) define cultural identity as the connection to a particular group based on qualified classifications or similarities that are “derived from an ongoing social learning process involving the person’s interaction with the culture” (p. 132). These theorists contend that cultural identification “is related to involvement in cultural activities, to living as a member of and having stake in the culture, and to the presence of relevant cultural reinforcements that lead to perceived success in the culture” (Oetting et al., 1998, p. 132), thereby emphasizing the need to include cultural factors and learning into our measurement of resilience among Aboriginal children and youth in child welfare care.
Similar to many minority youth who frequently encounter conflicts between the values of their subculture and those of the mainstream culture (Shaffer, 2000), Aboriginal youth removed from their communities struggle when members of their subcultural communities discourage identity explorations that clash with the social traditions of their own group. Furthermore, the Aboriginal identity of children and youth is legally defined by the Government of Canada complicating the quest for a positive healthy identity.

**Indigenous Models of Identity Development**

The Native American Identity Development Model includes cultural factors in identity development. Peavy’s (1995) model described four cultural self-definitions employed by Aboriginal Peoples: (1) traditional, (2) assimilated, (3) transitional, and (4) bicultural. The third self-definition, *transitional*, is discussed in the literature as an identity that fluctuates between traditional and dominant ‘white’ culture, often displaying methods of coping that are deemed dysfunctional by the broader society. For example, addictions and mental health difficulties stemming from a sense of forced choice regarding which culture to belong or commit to instead of a natural acceptance and belonging to both cultures. An individual self-identifying as *transitional* is usually not committed to either culture (Henriksen & Trusty, 2002) and is described with the metaphor of “living between two worlds” (Deyhle, 1998). The *transitional* type of self-identification results in negative lifestyle outcomes for individuals (Deyhle, 1998; Gale, 1991).

The *bicultural* type of self-identification is unique from the other types, as individuals have “reconciled cultural differences between their culture and the dominant
culture and are comfortable with the reconciliation” (Henrikson & Trusty, 2002, p. 93). This is consistent with final stages of other ethnic and racial identity models (Cross, 1971 & 1995a; Kim, 1981; Phinney, 1996; Ruiz, 1990). Although Peavy’s Native American Identity Development Model (1995) is similar to the final stages of other ethnic and racial identity models, such as Phinney (1989; 1992; 1996), “it differs in that unlike other minority groups who are immigrants, Native American Indians are Indigenous Peoples who have had their culture taken away from them and are attempting to reclaim their cultural heritage” (Henrikson & Trusty, 2002, p. 94). Furthermore, Aboriginal Peoples in Canada live under the Indian Act (1876), whereas migrants are assimilated to some extent, into the Canadian political body while “Indians” remain legislated under the 1876 law. The issue of identity then becomes both affected by internal considerations while being reified by outside forces as something that may be in conflict with the self.

Anderson’s (2000) theory of identity development for Aboriginal Peoples outlined the following four-stage model for a process of identity formation:

1. Resisting definitions of being and rejecting negative stereotypes;
2. Reclaiming Aboriginal tradition;
3. Constructing a positive identity by translating tradition into the contemporary context; and
4. Acting (i.e., using one’s voice) on a new positive identity.
In applying this model to Aboriginal youth in child welfare care, cultural identification is promoted as a factor in building and supporting the resilience.

**Importance of community and cultural transmission of traditional knowledge in Aboriginal child welfare**

Families and communities play a major role in the development of positive ethnic and cultural identities by teaching youth about their group’s cultural traditions and fostering ethnic pride, preparing youth to deal constructively with the prejudices and value conflicts they may encounter, and simply being warm and supportive confidants (Bernal & Knight, 1997; Rosenthal & Feldman, 1992). Schools can help by promoting a greater understanding and appreciation of cultural diversity and racism, starting in the preschool years (Burnette, 1997).

The importance of community to the resilience of children and youth is well documented in the theoretical literature, and although absent from many mainstream research analyses, is imperative in order to foster resilience among Aboriginal children and youth (Ahmed, Seedat, van Niekerk, & Bulbulia, 2004, Chandler & Lalonde, 1998; Fleming & Ledogar, 2008; Healy, 2006; Sonn & Fisher, 1998). Mainstream child welfare practices are often viewed by Aboriginal communities as deficit-based and too heavily focused on problems instead of building on community strengths (Lafrance & Bastien, 2007). Aboriginal understandings of child welfare and life in general can be understood in a more
wholistic manner acknowledging the communities in which families and individuals are situated. The spelling of the term *wholistic* is used in this thesis instead of *holistic* to denote the difference between the approach used in alternative medicine and traditional cultural practices that focus on the whole person, including the spiritual, physical, emotional, and mental aspects (Strandberg, Ovhed, Borquist, & Wilhemsson, 2007). Aboriginal child welfare promotes and encourages healthy activities by engaging families in wholistic traditional teachings and more balanced ways of life (Alston-O’Connor, 2010; Blackstock, Cross, Brown, George, & Formsma, 2006).

In many Aboriginal communities, the traditional family unit is the extended family, including Clans, Elders, and other community members (HeavyRunner & Morris, 1997). Aboriginal cultural worldview is the foundation for all relationships within Aboriginal communities. For example, one central tenet of the Relational Worldview Model is the idea that “it takes a village to raise a child” (Cross, 1997). Often times, Aboriginal communities engage in community child-rearing. Cultural teachings provide community members with specific guidance regarding roles in order for all members to take responsibility and fully participate within their community (Jourdain, 2010). In contrast, mainstream society continues to place great value on the Eurocentric concept of the nuclear family unit (Alston-O’Connor, 2010; Fournier & Crey, 1997).

The importance of community resources over personal assets for resilience is emphasized as communities offer more support than a single individual can offer (Andersson & Ledogar, 2008). The Neighborhood Resource Theory links child resilience to community resilience (Connor & Brink, 1999). This theory asserts that the higher quality
and number of social supports and social capital available to a child at the community level, the better the child outcomes will be. Similarly, Rusk Keltner (1993) concludes: “family and community values serve as a protective source of support against environmental stressors”, including group identity and self-sufficiency (p. 22).

Summary

This chapter explored the concept of resilience and how it has undergone changes in definition from simply including risk and protective factors to including a more complex, culturally and contextually-driven understanding. Theories of identity development from a historical perspective and changes in theory that have led to our understanding of resilience today were presented. Western stage theories are helpful in understanding various processes youth encounter in order to fully acquire their identity; however, they also hold assumptions that do not describe the life experiences of many Aboriginal youth. The Aboriginal Relational Worldview Model and Medicine Wheel Teachings address the importance of spirituality, community and cultural identity development for Aboriginal children and youth. Indigenous theories of identity development, such as those proposed by Peavy and Anderson, contribute to the understanding of identity as a complex construct that may include more than one cultural identity simultaneously (multi-cultural identity), rejecting negative stereotypes and translating tradition into the contemporary context in order to construct a positive identity. The exclusion of culturally relevant indicators and outcomes
in mainstream child welfare necessitates the development of a culturally-based model for outcomes; one that is wholistic and factors community, family, culture, and identity into child welfare assessments and data collection.
Chapter Three: Research Literature Analysis

This chapter examines the empirical literature on resilience and the environmental and individual risk and protective factors. It includes a brief overview of recent research on child welfare outcomes and the International Resiliency Project, which is the only research that has examined resilience across varying contexts and cultures. The majority of Aboriginal identity research to date has focused on Aboriginal children who were adopted into non-Aboriginal homes. As such, this chapter concludes with a discussion of identity for Aboriginal adoptees and the important role of Aboriginal cultural transmission of knowledge across generations.

Resilience and the Environment

As described in the previous chapter, research on resilience began with examining risk and expanded to include protective factors and the environment. For Aboriginal youth involved in child welfare, resilience also includes the relationship between youth and the cultural supports offered in their communities. This raises important questions about how resilience can be measured to include community and cultural strengths.
Risk and protective factors

The presence of protective factors, whether environmental or located within the individual, increases the ability of individuals to successfully adapt to challenges and risks experienced over their lifespan, thereby avoiding the development of psychopathological symptoms (Garmezy, 1990; Garmezy, Masten, & Tellegen, 1984; Rutter, 1999, Werner & Smith, 1982; Zimmerman, Ramirez-Valles & Maton, 1999). That is, protective factors assist youth in developing resilience (Rutter, 1987; Zimmerman, Ramirez-Valles & Maton, 1999). Protective factors include internal factors such as the dispositional characteristics of temperament, intelligence, and sense of humor, empathic abilities, and an internal locus of control as well as external factors such as family cohesion and warmth where youth are valued, protected, and loved by at least one parent (Garmezy, 1990; Garmezy, Masten, & Tellegen, 1984; Werner & Smith, 1982).

Shifting focus

A shift from preventing risk to promoting growth and development occurred in theory, research, and practice beginning in the late 1990’s (Werner, 2009). Resilience researchers focusing on positive youth development generated lists of assets that predict healthy outcomes in large, population-wide samples and examined the underlying processes of resilience that were responsible for positive adaptation and the absence of psychopathological symptoms (Boyden & Mann, 2005; Lerner & Benson, 2003; Luthar, 2003, 2006; Rutter, 2005). Although the shift in focus from preventing risk to promoting...
growth and development was a positive move forward, research still did not include culturally and contextually specific risk and protective factors.

There have been challenges to the acceptance of resilience as a positive outcome only, representing a departure from the mainstream perspective (Phinney, 1989; 1992; 1996; Marcia, 1980; 1991). “Resilience is a transformational process that results from the connections made with others to move a person through and beyond stress towards a more comprehensive personal and relational integration” (Jordan, 1992, p. 1).

**Individual variation and the environment**

Rutter (1999) emphasized the enormous variation in youth responses to psychosocial risks and adverse experiences. The research findings also suggested that part of this variation is a function of youth vulnerability to the risk factors (Rutter, 1999). Rutter concluded that resilience is not an individual trait or characteristic. Youth may show resilience in relation to some types of psychosocial stresses and adversities or psychopathological symptoms, but not to others (Luthar, 2006; Rutter, 1999; 2000). For example, youth with extreme family conflict can succeed academically, but suffer from emotional dysregulation, limiting their ability to form positive relationships with others.

Hunter & Chandler (1999) reported that resilience during adolescence may not be an adaptable, flexible, and competent process of overcoming adversity, but rather a process of defense using an array survival tactics. Wagnild and Young (1987) developed a
“Resiliency Scale” and used it to measure a purposive sample (n = 51) of 10th and 11th grade adolescent volunteers from one inner-city vocational high school in New England in order to understand their perceptions of resilience. Findings indicated that resilience is conceptualized as existing along a continuum of optimal resilience, which includes survival, defensive, and healthy strategies and tactics (Wagnild & Young, 1993).

Research on resilience demonstrates that developmental outcomes depend upon the interaction of risk and protective factors, and that higher numbers of cumulative risks are more likely to cause adverse outcomes (Atwool, 2006; Garmezy, 1990; Garmezy, Masten, & Tellegen, 1984; Luthar, 2003; Luthar & Cicchetti, 2000; Rutter, 1984, 1987, 1999; Werner & Smith, 1982; Zimmerman, Ramirez-Valles & Maton, 1999). Filbert and Flynn (2010) found that the greater the number of cultural assets (e.g. learning about traditional teachings, customs, or ceremonies; participating in First Nation community events, activities, or ceremonies) available to First Nations youth in child welfare care was related to an increase in resilience and was significantly associated with decreased levels of behavioural difficulties. However, there is little research that addresses the bi-directional relationship between individual and environmental variables, such as culture, that influence resilience, especially since the majority of research up to this point has been conducted using Western-based measures of resilience (Filbert & Flynn, 2010; Masten, 2001b; Quinn & Thomson, 2012). Research must expand to address culturally-based measures of resilience, particularly for Aboriginal youth involved in child welfare.
The negative effects of removing children and youth from their families and communities and the associated outcomes for adults who were former foster care recipients are apparent in the research literature. They include:

- Lower education and employment levels (Courtney, Dworsky, Lee, & Rapp, 2010; Harris, Jackson, O’Brien, & Pecora, 2009);
- Feelings of loss stemming from multiple placement moves (Unrau, Seita, & Putney, 2008);
- Isolation and suicide (Assembly of Manitoba Chiefs, 2014; Henton, 2014);
- Loss of relationships and identity (Chandler, 2000);
- Gang involvement, violence, and incarceration (Assembly of Manitoba Chiefs, 2014; Bennett, Blackstock, & de la Ronde, 2005; Totten, 2009);
- Homelessness (Baskin, 2007; Raising the Roof, 2009);
- Substance abuse and addictions (Teichroeb, 1997); and
- Unplanned pregnancies and poverty (Rutman, Hubberstey, & Feduniw, 2007).

In Ontario, there are five data sets available that focus on children and youth in child welfare care. The Ontario Incidence Study (OIS) and the Canadian Incidence Study (CIS) consist of cross-sectional survey data related to family cases that were opened for child welfare investigations in Ontario and Canada, respectively. The Ontario Looking After Children (OnLAC) dataset includes longitudinal survey data on children in care for one year.
in Ontario. The Ontario Child Abuse and Neglect Data System (OCANDS) contains administrative information including child-specific, event level, longitudinal data for children in the child welfare system. The Maltreatment and Adolescent Pathways (MAP) dataset includes longitudinal, self-reported survey data for Toronto youth involved in child welfare.

In August of 2006, MCYS issued a policy directive requiring all CASs in Ontario to collect information on children and youth in care in an effort to promote the monitoring and measuring of outcomes across the province (OACAS, 2011b). However, several CASs had been providing OnLAC data since 2000 (OACAS, 2010b). Developmental outcomes are measured using the following seven dimensions of OnLAC: health, education, identity, family and relationships, social presentation, emotional and behavioural development, and self-help skills. The OnLAC dataset is rich with the capacity to not only track developmental changes over time for children and youth in-care, but also to compare OnLAC data with national population level data. This allows for a better understanding of how children and youth in-care are developing in comparison to the general population. OnLAC data can also be compared to other Canadian provinces participating in CanLAC data collection.

The National Outcomes Matrix (NOM) provides a standard set of child welfare outcome indicators that can be used to track children across jurisdictions. It is based on four domains: safety, child well-being, permanence, and family and community supports, including ethno-cultural placement matching. The NOM was developed in the late 1990s and pilot-tested across Canada in 2001. More recently, the NOM was tested in New
Brunswick child welfare agencies serving 15 First Nation communities. Some provinces are using elements of the NOM to produce knowledge about child welfare outcomes in their province.

Based on the recommendations of CPSCW to track developmental outcomes for children in child welfare care, MYCS released data on the following five performance indicators being measured by OACAS:

1. Recurrence of child protection concerns in a family after a child welfare investigation;
2. Recurrence of child protection concerns in a family after ongoing protection services were provided;
3. Length of time to permanency after child admission into care;
4. The days in care, by placement type; and
5. Quality of relationship between child/youth and out-of-home caregiver. The first two indicators relate to safety, the second two relate to permanency and, the last relates to well-being.

The first phase of performance indicator data extraction and analyses will lead to further refinement of performance indicators. There are also plans for the development of Aboriginal specific performance indicators (OACAS, 2010b). Unfortunately, there is no way to measure how well Aboriginal children and youth are doing using Aboriginal concepts of resilience or how they fare once they exit the child welfare system in Ontario. Outcome data for Aboriginal children and youth in child welfare care require longitudinal...
data systems with culturally relevant indicators, including data from entry into the child welfare system through to child welfare exit and beyond through repeated follow-up measures (Quinn & Thomson, 2012).

There is an apparent need to develop different and culturally meaningful ways of measuring successful outcomes for Aboriginal children and youth in child welfare care (Auditor General of Canada, 2011; Quinn & Thomson, 2012). This includes the development of a comprehensive definition of what success means for Aboriginal children and youth in child welfare care. Once a definition of success has been agreed upon, to develop a culturally relevant model for measuring it. Developing useful and sensitive indicators that encompass the diversity across First Nations, Métis, and Inuit communities and across geographical contexts, from rural, urban, on- or off-reserve, to North or South is also a challenge (Quinn & Thomson, 2012, p. 11).

The British Columbia Ministry for Child and Family Development has developed several outcome indicators related to whether Aboriginal families receive culturally relevant services. They include Aboriginal people delivering services to their children, youth, and families as well as the number of Aboriginal youth that attempt or commit suicide (BC Ministry of Children and Youth Development, 2008).

The Native American Youth and Family Center (NAYA) has partnered with the Native American Child Welfare Association (NICWA) and the Research and Training Center on Family Support and Children’s Mental Health (RTC) for the past 15 years to explore Native American definitions of youth success based on community values and
traditions. Using a community-based participatory research process, the following 23 indicators of youth success as defined by the community were created and categorized across the quadrants of the Relational Worldview Model: Context – Connecting with resources, healthy relationships, service and safety; Mind – Coping capacities, emotional health, focus and determination, personal capacities, education, employment, cultural knowledge, and identity; Body – Finances, fitness, health care, healthy lifestyle, and housing; and Spirit – Balance, connections to Native ancestry, spiritual understanding and practices, and knowledge and skills in traditional cultural practices (Cross et al., 2011).

Community members also identified the following outcomes they deemed to be culturally relevant for American Indian youth in child welfare care: community-mindedness, positive cultural identity, school belongingness, reduced perceived discrimination, hope, spirituality, and positive relationships with adults (Cross et al., 2011). The results informed the development and implementation of the NAYA Assessment Tool (NAT) and planning protocols. Data collected with the NAT can be correlated to outcome indicators across other NAYA services (Cross et al., 2011).

Cultural identity is used as an outcome indicator for Native American and Alaskan youth served by NICWA. In this model, cultural identity refers to the extent of positive regard that youth exhibit towards their cultural heritage and identity and is measured on the following five-point scale:

1. Consistent use of positive language regarding heritage, sense of pride in group identity, supports others who experience discrimination, and comfortable with identity;
2. Generally exhibits a positive cultural identity. Identifies with positive role models, media, and rejects negative stereotypes. May struggle with a sense of belonging;

3. Neither supports or tears down cultural heritage, does not talk about identity with others, rarely tells others of their cultural identity, and wants to “fit in and be a kid”;

4. Denies or makes occasional remarks regarding their own cultural heritage, expresses stereotypes, and makes negative remarks about others of their culture; and

5. Ridicules or puts down their cultural or racial identity (Jivanjee, Matthew, & Rountree, 2013).

CPSCW identified the following as potential outcome indicators for Aboriginal children and youth in child welfare care: increased traditional parenting practices; children learn their community language, customs, traditions, and celebrations; degree of loss of culture; degree of isolation; use of community-based cultural services; knowledge of comprehension of traditional language; ability to speak and understand traditional language; use of traditional language in the home; post-secondary education; community connectedness; community involvement; sense of belonging in the community; level of social engagement; children remain in the home; reunification rates with family, extended family, or kin; use of customary care rather than kinship care where appropriate; and availability and access to supportive services for prevention (Quinn & Thomson, 2012, p. 10).
To date, culturally determined indicators of resilience have not been emphasized in the literature. In the past, there has been heavy emphasis on personal strengths, while neglecting familial strengths or environmental strengths factoring into resilience (Stiffman, Brown, Freedenthal, House, Ostmann, & Yu, 2007). Goodluck and Willeto (2001) identified the following familial and cultural strengths: the maintenance of culture; the opportunity for ceremonial participation; the preservation of community assets, such as nurturance and protection of youth; and positive interpersonal relationships. These multi-faceted indicators have been historically neglected in child welfare practices. Despite repeated requests for a national monitoring system for Aboriginal children and youth in child welfare care (Canadian Council of Child and Youth Advocates, 2010; Canadian Council of Provincial Child and Youth Advocates, 2015; Strangeland & Walsh, 2013; Tweedle, 2005), Ontario still does not have complete data with respect to the ethnicity or Aboriginal origin of children and youth in their care (Canadian Council of Child and Youth Advocates, 2010, 2014). Without even this basic data, outcomes specific to Aboriginal communities are certainly not being measured.

International Resiliency Project (IRP)

In 2003, the IRP began conducting quantitative and qualitative research on resilience in a manner that was sensitive to culturally embedded definitions of positive development in both western and non-western countries, and among Indigenous and non-Indigenous Peoples. The quantitative sample included over 1500 youth in 11 countries, on five
continents, including Aboriginal communities in Northern Canada, Halifax, and Winnipeg. The qualitative component included individual interviews (n=13) and focus groups (n=5) with Elders, adults, spiritual leaders, health care professionals, and parents (Ungar et al., 2007) in the same communities. These researchers hypothesized that resilience is not only an individual’s capacity to overcome adversity, but the capacity of the individual’s environment to provide access to health enhancing resources in culturally relevant ways.

The IRP research described resilience as finding a way to *hit your stride*, suggesting a comfort in one’s way of life despite contradictory environments (Ungar et al., 2007). Participants in the qualitative component (n = 89) were recommended and selected into a sample of youth who were identified as successfully coping with adversity. Each participant nominated (ages 12-23; male n=32; female n=57) was viewed by community members as coping well with adversity and experiencing at least three culturally significant risk factors such as “poverty, war, social dislocation, cultural disintegration or genocide, violence, marginalization, drug and alcohol addictions, family breakdown, mental illness of the child or parent, and early pregnancy” (Ungar et al., 2007, p. 291).

In order to investigate the commonalities and differences among a global sample of youth living through adversity, participants were asked a series of nine catalyst questions:

1. What would I need to know to grow up here well?
2. How do you describe people who grow up well here despite the many problems they face?
3. What does it mean to you, to your family, and to your community, when bad things happen?

4. What kinds of things are most challenging for you growing up here?

5. What do you do when you face difficulties in your life?

6. What does being healthy mean to you and others in your family and community?

7. What do you do, and others you know do, to keep healthy, mentally, physically, emotionally, and spiritually?

8. Can you share with me a story about another child who grew up well in this community despite facing many challenges?

9. Can you share a story about how you have managed to overcome challenges you face personally, in your family, or outside your home in your community?

(Ungar et al., 2007, p. 292-293).

Collectively, the narratives of participants suggest that resilience be conceptualized as a dynamic state of tension between individuals and among individuals, families, communities, and their culture, always in flux. Resilience is a condition of becoming better, not a permanent state of being (Ungar et al., 2007). Using a grounded theory methodology, the following themes (tensions) that youth resolve in culturally specific ways arose from the data: access to material resources, relationships, identity, cohesion, power and control, social justice, and cultural adherence. Finding solutions to these tensions is core to the participant’s experiences of resilience and, interestingly, no one solution to these tensions predicts resilience better than another.
Furthermore:

Youth who experience themselves as resilient, and are seen by their communities as resilient, are those that successfully navigate their way through these tensions. Resilient youth find a way to resolve all seven tensions simultaneously according to the strengths and resources available to the youth individually, within their family, community, and culture. It is the fit between the solutions youth try, and how well their solutions address the challenges posed by each tension, within the social and political constraints of their community, that contributes to a young person’s experience of resilience (Ungar et al., 2007, p. 294).

Results of this research show that resilience can be better understood as a culturally embedded artifact, reflecting not only the intrinsic qualities of youth, but also the functioning of an environment’s capacity to provide access to health enhancing resources (Ungar, 2006). This understanding of resilience is consistent with an Aboriginal Relational Worldview Model (Cross, 1997) of resilience as a process, rather than a narrowly defined result or set of risk and protective factors.

**Ethnic Identity Development and Resilience**

Ethnic identity is a broad construct including sense of belonging, positive attitudes, commitment, and involvement with one’s group. By late adolescence, only a small minority of youth reach identity achievement, including a defined sense of ethnic identity, demonstrating the tendency for people to reach identity achievement later than originally
envisioned by theorists such as Piaget, Kohlberg and Erikson (Kroger, 1996). This suggests that the struggle for a sense of identity routinely extends beyond young adulthood (Kroger, 1996).

Phinney (1989) identified three distinct phases of ethnic identity. Initially, youth do not examine their ethnic roots and ethnic identity is not yet an important personal issue. In the second phase, youth begin to explore the personal impacts of their ethnic heritage. Part of this phase involves learning cultural traditions, such as preparing traditional foods. In the third phase, youth achieve a distinct ethnic self-concept.

In a study investigating the relationship between ethnic and American identities and self-esteem among youth (n=669, with a mean age of 16.1 years), results demonstrated that adolescents who achieve an ethnic identity tend to have higher self-esteem and find their interactions with family and friends more satisfying than youth who have not yet achieved an ethnic identity (Phinney, Cantu & Kurtz, 1997). Ethnic identity significantly predicted self-esteem for three ethnic groups (African-American, Latino, and White; Phinney et al., 1997). Additionally, other researchers report that youth with a strong ethnic identity do better in school than adolescents whose ethnic identities are weaker (Stalikas & Gavaki, 1995; Taylor, Casten, Flickinger, Roberts, & Fulmore, 1994). Specifically, the ability to read and write well in one’s traditional language in a sample of 713 second-generation Greek students in Canada was significantly associated with higher grade point averages, greater academic aspirations, and liking schoolwork (Stalikas & Gavaki, 1995).
Young adults are more likely than youth to achieve an ethnic identity partly because they are more likely to have opportunities to explore their cultural heritage (Phinney, 1992). In a study comparing high school students (n=417) with a mean age of 16.5 years to college students (n=136) with a mean age of 20.2 years, college students scored significantly higher than high school students on ethnic identity achievement (Phinney, 1992). It is significant to highlight that some youth achieve a well-defined ethnic self-concept while at the same time identify strongly with mainstream culture.

Parenting style, similar to developmental age, also contributes to ethnic identity. Rosenthal and Feldman (1992) found that warmth, control, and autonomy-promoting parent behaviours are significant predictors of ethnic pride among first and second generation Chinese-American and Chinese-Australian youth (n=217). This research suggests that with overall identity, youth are most likely to achieve a positive ethnic self-concept when parents encourage youth to explore alternative cultural identities, instead of pressuring youth to adopt a singular ethnic identity.

Stalikas and Gavaki (1995) examined the relationship between ethnic identity, self-esteem, and academic achievement among second generation Greek-Canadian students in the greater Montreal area (n=713 with a mean age of 14.5 years). They found that 92% of participants considered Greek to be their mother tongue, 98% were able to speak Greek and 90% were able to write Greek. In addition, 90% of participants believed their Greek heritage to be extremely or very important, 94% were proud of their Greek origins, and 95% of participants had no difficulty being considered both Canadian and Greek. When asked to identify their ethnicity, 37% of participants selected “Greek”, 49% chose “Greek-
Canadian”, and 13% chose “Canadians of Greek origin” (Stalikas & Gavaki, 1995, p. 5). This research suggests that a well-developed ethnic identity that includes traditions and language leads to cultural integration rather than social or cultural isolation.

**Aboriginal Cultural Identity Development and Resilience**

Researchers advise that alienation from cultural knowledge may be a causal factor for damaged health in Aboriginal children and youth involved in the child welfare system (Locust, 2000). Robinson (2000) stated that it is not forgetting one’s past and history that allows individuals to move forward with their life, rather it is acknowledging the past and honoring its impact that makes the present more meaningful and allows for looking to the future with confidence.

Rummens (2001) in her interdisciplinary overview of Canadian research on identity observed that research on Aboriginal identity includes discussions regarding Native cosmology, healing practices, rituals, the sacred, traditional culture and games, traditional subsistence, and worldview. She found that the majority of research focused on “acculturation models and strategies such as assimilation, integration, segregation, and marginalization, as well as issues of cultural retention, maintenance, and intergenerational socialization” (p. 9). However, a focus must include the recording and fostering of strengths present in the community and cultural context. Cajete (2000) proposed that relationships are the foundation of community and that the nature and expression of community is the foundation of identity. He demonstrated that through community, Aboriginal Peoples come
to understand their “personhood” and connection to the communal soul of their people (p. 86). Peroff (1997) stated: “An Indian identity is the internal spark that sustains a living Indian community” (p. 491).

In this regard, identity disharmony and confusion can interfere with important developmental transitions that should normally unfold during the adult years. This is further perpetuated by the mainstream focus on the individual rather than the community. Individuals without a clear sense of identity can eventually become depressed and lack self-confidence while active identity-seekers may feel more confident about themselves and their futures (Phinney et al., 1997). Furthermore, identity achievers may enjoy higher self-esteem and less self-consciousness and preoccupation with personal concerns than their counterparts in the other identity statuses of Marcia’s theory (Adams, Abraham, & Markstrom, 1987; Erikson, 1963; Marcia, Waterman, Matteson, Archer, & Orlofsky, 1993; O’Conner, 1995). However, this information does not take into account variability across cultural groups.

Carol Locust (2000) examined the Split Feather Syndrome that she defines as the severing from one’s culture. Her research findings indicate that growing up outside of one’s cultural environment places Aboriginal youth:

at great risk for experiencing psychological trauma that leads to the development of long-term emotional and psychological problems in later life [...] and appears to be a reciprocal-possessive form of belonging unique to survivors of cultures that have faced annihilation (Locust, 2000, p.11).
The following five factors were identified by respondents to be major contributors to the development of Split Feather Syndrome:

1. The loss of Indian identity;
2. The loss of family, culture, heritage, language, spiritual beliefs, tribal affiliation and tribal ceremonial experiences;
3. The experience of growing up being different;
4. The experience of discrimination from the dominant culture; and
5. Cognitive difference in the way Indian children receive, process, integrate and apply new information, in short, a difference in learning style (Locust, 2000, p. 11).

Other contributing factors listed by Locust include: “physical, sexual, and mental abuse from adoptive family members; loss of birth brothers and sisters; uncaring or abusive foster/adoptive families; not being told or being lied to about their adoption; no advance notice of moves; too many moves; nobody to talk to; and loss of personal property” (Locust, 2000, p. 11). According to Weaver (2001), the topic of Indigenous identity is further complicated by concepts of race, ethnicity, acculturation, enculturation, assimilation, and bi-cultural identities and: “opens a Pandora’s Box of possibilities” (p. 240).

Many Aboriginal people experience lateral violence within and outside their communities, as well as internalized forms of racism. Aboriginal people that are considered
to be *too white* in orientation and social interactions have been referred to as *apples*; red on the outside but white on the inside (Tafoya, 1989). Similarly, some Aboriginal people are considered *zhaunagush*, an Ojibway term used in a derogatory manner to describe lighter-skinned Aboriginal Peoples or those with values and beliefs adopted from mainstream society (Johnston, 1988).

Given these findings, cultural relevance is a critical element of fostering positive identities. Canada’s marginalization of its Aboriginal Peoples has caused considerable damage (RCAP, 1996). Weaver (2001) highlighted how identity is shaped by the recognition or the absence of recognition by others. Especially problematic is the *Indian Act* (1876), which assigns Indian Status based on blood quantum measures.

The *Indian Act* (1876) and the government-dictated assignment of Indian Status, as well as the years of government legislation ordering the forced removal of Aboriginal children from their homes with subsequent placements in the IRS and child welfare systems, disrupted the passing of cultural identity from one generation to the next (Beaucage, 2011; Gagne, 1998; Cantrell, Roberts, & Barnes, 2013; Rusk Keltner, 1993; Wesley-Esquimaux & Smolewski, 2004). Research has revealed that the factors related to cultural continuity support youth in the development of their cultural identity (Chandler, 2000), an important factor in models of resilience for Aboriginal youth.
Identity project: A look at concepts of identity for Aboriginal youth in Ontario

The Identity Project aimed to develop an increased understanding of Ontario’s Aboriginal youth perspectives on the concept of identity and how it might be linked to mental health and well-being. The Identity Project Research Group consisted of three Aboriginal Project Team Youth Facilitators, an Adult Advisory Committee, and community-based Aboriginal youth acting as leaders and liaisons during the community data collection sessions (Demeria, Belanger, & Rose, n.d.).

In order to uncover consistent themes about youth concepts of identity, consultations with Aboriginal youth between the ages of 16 and 26 where held in the following six cities across Ontario: Thunder Bay, North Bay, Hamilton, Ottawa, and Sault Ste. Marie. Demeria, Belanger and Rose (n.d.) identified the following overarching themes that emerged from the youth consultation sessions:

1. Desire for holistic approaches to health and well-being;
2. Barriers to completing education and gainful employment;
3. Desire for traditional knowledge and culture;
4. Identity controlled by government legislation;
5. Social and legal dimensions of racism;
6. Concern about safe housing, gang violence, overall safety, well-being; and
7. Access to culturally appropriate services, including various spiritual and religious modalities.
Many youth commented on the issues and barriers that Aboriginal youth experience when negotiating their identity (Demeria, Belanger and Rose, n.d.).

**Jeannine Carrière**

Carrière (2007) examined cultural identification among First Nations adoptees (n=18). Her findings indicate a prevalence of cultural identity confusion and the need to reconstruct the self from a continual flow of new information as reconnection with family members occur. All Aboriginal participants sampled in her study of youth in child welfare were actively searching for their identities (Carrière, 2007). These findings suggest an intimate connection between concepts of cultural identity, connection, and loss. To date, there is limited research aimed at understanding the cultural and contextually specific aspects of resilience, and in particular, characteristics and processes that Aboriginal youth employ to survive, which reflect the culture and context within which they live.

**Importance of Community and Cultural Transmission of Knowledge**

During his early research, Erik Erikson conducted fieldwork with the Oglala Sioux of Pine Ridge, South Dakota and the Yurok tribe of Northern California. Within these communities, Erikson noted emotional problems resulting from disconnection from past tribal history and theorized that the development of identity occurs through socialization within the community (Elkind, 1970).
Chandler and Lalonde (1998) identified the following six factors for Aboriginal community preservation and rehabilitation:

1. Evidence of self-government,
2. Evidence that bands had tried to secure aboriginal title to their traditional lands,
3. Educational services,
4. Police and fire protection services,
5. Health services managed by Aboriginal communities, and
6. Established cultural facilities.

Chandler (2000) theorized that when communities have a strong sense of their own historical continuity and identity, available resources provide vulnerable youth with a bridge through challenging times of identity confusion and discontinuity. After the initial data collection and analysis, two additional factors (child protection and women in government) were associated with community resilience as demonstrated through decreased Aboriginal youth suicide rates (Chandler & Lalonde, 2004). Aboriginal models of child welfare include wholistic, community strengths-focused family preservation techniques, such as customary care and the inclusion of spiritual ceremonies (Alston-O’Connor, 2010; Blackstock, Cross, Brown, George, & Formsma, 2006; Lafrance & Bastien, 2007).
Research indicates a general significant trend that communities taking active steps to preserve and rehabilitate their own cultures have dramatically lower suicide rates than communities that do not (Chandler, 2000). A decade long study using Aboriginal and non-Aboriginal information from several sources (Statistics Canada, the British Columbia Ministry of Health, Health Welfare Canada, the Canadian Centre for Health Information, Indian Registry and Band Governance Database from Indian and Northern Affairs Canada) examined the rates of suicide among Aboriginal youth and the factors related to suicide from 196 bands across British Columbia. Findings indicate that the number of cultural continuity indicators present in an Aboriginal community directly corresponds with community suicide rates. In communities that lack the six factors related to cultural continuity, suicide rates reached over 800 times the national average (Chandler, 2000). When cultural transmission is disrupted vulnerable youth lack cultural support and their risk of suicide is increased (Chandler, 2000).

**Dearth in Resilience Literature for Aboriginal Children and Youth**

Protective factors, such as cultural identity and cultural continuity, are identified in the theoretical and research literature as having positive impacts on Aboriginal youth. Past research (Garmezy, Masten, & Tellegen, 1984; Rutter, 1984; 1987) focused on risk factors and the lack of protective factors which disrupted positive youth development, failing to consider the complex influences of culture and context. Despite growing concern of the need for research on the contextual meaning of adolescent development and resilience
among specific racial and ethnic groups (Apfel & Simon, 2000; Burton, Allison, & Obeidallah, 1995; De Anttoni & Kollar, 2000; Felsman, 1989; Filbert & Flynn, 2010; Klevens & Roca, 1999; Werner & Smith, 1982), many discussions on this topic are limited to viewing resilience as solely the combination of risk and protective factors, using Eurocentric measures to explain a culturally-infused topic.

This has created limitations in our current praxis of resilience as it relates to Aboriginal youth in child welfare care (Anthony, 1987; Garmezy, 1990; Garmezy, Masten, & Tellegen, 1984; Rutter, 1987; Werner & Smith, 1982). Martell (2013) advised: “too often child welfare risk assessment tools/processes codify structural risks as family deficits without adequately considering whether the families can reasonably address the problems” (p. 1). The need for a more wholistic approach to Aboriginal child and youth development, one that includes culture and enriches the spirit, is demonstrated in the theoretical and research literature, and in social work practice.

Summary

This chapter provided an overview of the empirical literature addressing the concept of resilience and identity development. It included a discussion about the environmental, risk and protective factors, and variation among resilience processes and outcomes for individual youth. Findings from the International Resiliency Project found that culture and context are important factors to consider when examining resilience and were used in defining resilience for the purposes of this dissertation study. For Aboriginal children and
youth specifically, understanding the role of culture in the development of a positive identity is vital to the promotion of resilience. How to access, promote and encourage cultural connections remains understudied for Aboriginal children and youth in the child welfare system.

The limited amount of research regarding Aboriginal involvement with the child welfare system in Canada mostly focuses on adoption, adoptees and adoption breakdown (Adams, 2002; Carrière, 2005, 2007, 2008, 2010; Richard, 2007; Sinclair, 2004; 2007). There is no research regarding Aboriginal Crown Wards and resilience. Despite the growing literature on the need for a strengths perspective, qualitative research describing the perceptions of Aboriginal youth in child welfare care are lacking, especially regarding personal, familial, and environmental strengths. Chandler and Lalonde demonstrated the importance of the transmission of cultural knowledge in the development of resilience for Aboriginal families (1998; 2004). Given that the majority of Aboriginal children and youth in Ontario child welfare care do not get adopted but rather reside in some type of child welfare placement options (OACAS, 2011a), this dissertation contributes to an increased understanding of resilience among Aboriginal children and youth in child welfare care.
Chapter Four: Methodology

This chapter describes the purpose of this study, its design, ethics approval, participant recruitment and sampling, data collection, and analysis. The chapter begins with an overview of Indigenous research principles as this study utilized a combination of Indigenous research methodologies and grounded theory. How methodological rigor was obtained within an Aboriginal and qualitative research framework is also discussed.

Purpose

The purpose of this study was to gain a richer understanding of the cultural and contextual coping skills employed by Aboriginal former Crown Wards of the Ontario government in order to better support the processes of resilience processes among Aboriginal children and youth involved in the child welfare system. Crown Ward refers to a child who has been placed in the permanent care of a CAS. The Crown represents the Queen and is the child’s legal parent but the CAS has the responsibility to care for the child (Cantrell, Roberts, & Barnes, 2013, p. 11).

The overarching goals of the study were to establish: (a) what former Crown Wards viewed as culturally important for their successful development and/or Aboriginal youth in care in general; and (b) the types of services and supports needed for youth to be successful;
available resources located both within and outside participants’ communities were explored. Specifically this research sought answers to the following questions:

1. What is the relationship between cultural identity and success and/or health?
2. What is the relationship between cultural identity and purpose in life?
3. How do we promote healthy developmental outcomes and foster resilience for Aboriginal children and youth involved with the child welfare system?

Study Design

Indigenous methodologies

A variety of Indigenous research methodologies formed the basis of this research process and were employed in all components of this study, including engagement with Aboriginal communities, child welfare agencies, and research participants as well as the review of the theoretical and empirical literature. Specifically, Indigenous research methodologies included the use of:

- Traditional cultural ceremonies (Benton-Banai, 2010; Johnston, 2003; Meuse-Dallien; 2003);
- Sacred medicines (AHT, 2000d; Meuse-Dallien; 2003);
• Indigenous epistemologies (Castellano, 2000; Cross, 1997; 2002; Debassige, 2010; Iseke, 2010; Lavallée, 2009; Margot & McKenzie, 2006; Meuse-Dallien, 2003; Nabigon & Mawhiney, 1996; Warner, 2006);

• Oral traditional teachings and transmission of knowledge (Barton, 2004; Castellano, 2000; Bryant & Clark, 2006; Cruikshank, 1994; 1998; 2005; Hulan & Eigenbrod, 2008; Turpel, 1989);

• Storytelling (Baker & Baker, 2010; Bird et al., 2008; Froman, 2007; Kovach, 2005; Little Bear, 2004; McCall, 2011; Verwood, Mitchell & Machado, 2011; Wilson, 1998);

• Authenticity and reciprocity (Kovach, 2005; Lavallée, 2009; Pidgeon & Hardy Cox, 2002; Rice, 2005; Wilson, 2008; Wilson & Restoule, 2010);

• Sacred bundle (AHT, 2000c);

• Tobacco ties (Lavallée, 2009; Struthers & Hodge, 2004; Wilson & Restoule, 2010);

• Spiritual Guides (Hill, 2009);

• Ancestral knowledge (Benton-Banai, 2010; Hill, 2009; Johnston, 2003; Lawrence, 2004); and

• Elders (Hanohano, 1999; Lavallée, 2009; Simpson, 2000; Stiegelbauer, 1996; Wilson & Restoule, 2010).
Oral transmission of cultural knowledge

Many Aboriginal groups in Canada including Mi’kmaw / Mi’kmaq, Yukon First Nations, Cree, Inuit, Tunliit, Métis, Ojibwe/Ojibway, and Mohawk, rely upon the oral transmission of cultural knowledge, such as creation stories, history, and traditional teachings, from the Elders in their communities (Aporta, 2009; Auger, 2001; Augustine, 2008; Bennett & Rowley, 2004; Chamberlin, 1997; Cruikshank, 1994; 1998; Little Bear, 2004; McLeod, 2007; Monture-Angus, 2002; Paul, 2006; RCAP, 1996; Stewart, Friesen, Keith & Henderson, 2000). Ojibwe oral tradition encompasses two types: (a) narratives that are used to describe everyday events; and (b) those that describe the philosophic underpinnings of the culture (Auger, 2001). The second type of oral narratives is commonly referred to as sacred stories (Hallowell, 1976). Oral traditions are described as: “the means by which knowledge is reproduced, preserved, and conveyed from generation to generation. Oral traditions form the foundation of Aboriginal societies, connecting speaker and listener in communal experience and uniting past and present in memory” (Hulan & Eigenbrod, 2008, p. 7).

Western discourse has historically prioritized written knowledge over the traditional oral transmission of knowledge, especially within academia and law (Alfred, 1999; Chamberlin, 1997). Dr. Castellano (2000) wrote:

Aboriginal knowledge has been under assault for many years. In residential schools and other educational institutions, in the workplace, in social relations, and in political forums, Aboriginal people have been bombarded with the message that what they know from their culture is of no value. Intergenerational transmission of
ancient knowledge has been disrupted, and the damage has not been limited to the loss of what once was known: the process of knowledge creation – that is, the use of cultural resources to refine knowledge in the laboratory of daily living – has also been disrupted. As Aboriginal people reassert their right to practice their cultures in a somewhat more hospitable social environment, they will have to decide how to adapt their traditions into a contemporary environment (p. 25).

Hanson (2009) argued that, “writing and orality do not exclude each other; rather they are complementary. Each method has strengths that depend largely on the situations in which it is used” (Hanson, 2009, p. 1). Increasingly, oral traditions are being acknowledged and recognized as valid methods of knowledge sharing and knowledge creation in the fields of health and medicine, education, and law, including land claim settlements in Canadian Courts of Justice (Alfred, 1999; Bird et al., 2008; Bryant & Clark, 2006; Burrows, 2001; Chamberlin, 1997; Christie, 2004; Gingell, 2010; Goddard, 2002; Hanohano, 1999; Iseke, 2010; Johnston & Johnson, 2002; Neegan, 2005; Riecken, Tanaka & Scott, 2006; Stewart et al., 2000; Whitridge, 2004; Wilson & Wilson, 2002).

The individual interviews used in this study were meant to elicit stories and personal narratives of how Aboriginal former Crown Wards have re-claimed their identities and what role cultural traditions and knowledge played in the way they make meaning of their lives and identities.
Grounded theory

Traditional grounded theory (Glaser & Strauss, 1967; Strauss & Corbin, 1990, 1998) and constructivist grounded theory (Charmaz, 2000, 2005, 2006) were both utilized in the data analysis for this study. Grounded theory was chosen because it enquires into the meaning that is negotiated and understood through social interactions as well as the influence of social structures and processes (Dey, 1999; Jeon, 2004; Starks & Trinidad, 2007). Utilizing grounded theory involved conducting data analysis concurrently with data collection and using emerging findings to alter and enrich subsequent sampling and data collection (Anastas, 2004). Careful and extensive analysis was required to ensure that the theory emerging from the data was credible and meaningful as well as contextually relevant (Drisko, 1997). Constructivist grounded theory recognizes the role of participants in co-constructing a theory derived from the research data (Charmaz, 2000, 2006; Glaser & Strauss, 1967). Constructivist grounded theory is consistent with the research values underpinning Participatory Action Research (PAR) methodologies and is acknowledged as a method suited to the pursuit of social justice (Charmaz, 2000).

This study utilized a combination of Indigenous research methodologies, traditional grounded theory, and constructivist grounded theory in order to understand the potential contribution of an integrated multi-cultural theoretical model. The combination of methodologies employed in this study supports the exploration of the role of cultural identity in the resilient processes and outcomes among Aboriginal youth involved in the Ontario child welfare system. The goal was to develop a culturally relevant, preliminary theory of resilience for Aboriginal children and youth involved in the child welfare system.
Indigenous Research Principles and Ethics Approval

In Canada, Aboriginal Peoples have distinct perspectives and understandings embodied in their lands, cultures, and histories (Ballard, 2012; McLeod, 2007; RCAP, 1996; Ross, 2006). As such, this project has committed to ensuring accurate and informed research concerning heritage, customs, and community. The grounding of this study in Indigenous research methodologies created a sacred space from which knowledge was shared and received through ceremony, respect, authentic engagement, critical reflexivity, reciprocity, relationality, and responsibility (Castellano, 2004; Kovach, 2005; Lavallée, 2009; Meyer, 2008; Pidgeon & Hardy Cox, 2002; Rice, 2005; Wilson, 2008; Wilson & Restoule, 2010). The Canadian Institutes of Health Research (CIHR; 2007) used the concept of sacred space:

To refer to the relationships between the individual and a recognized spiritual entity, the Land, Kinship networks (including all plant and animal life) and Ancestors. This relationship is both spatial (where the individual is inclusive of the family and the community) and temporal (where the present generation is inclusive of past and future generations). In this sacred space, there is an interconnectedness founded in purity, clarity, peace, generosity and responsibility between the recognized spiritual entity, the Land and the Ancestors (p. 16).

As ethics are socially and culturally specific to the values of the people involved in research, there is not one definitive code of research ethics concerning Aboriginal Peoples in Canada:
Ethical codes developed by Aboriginal Peoples recognize the diversity of Aboriginal communities and the primacy of community authority in deciding what matters are appropriate for research, the protocols to be respected, and how resulting knowledge should be distributed (Castellano, 2004, p. 110).

Fortunately, there are several examples of ethical research guidelines aimed at protecting the well-being of Aboriginal Peoples and communities. Some of these guidelines address the ownership, control, access and possession (OCAP) of health data by Aboriginal communities (CIHR, 2007; First Nations Centre, 2007; National Health & Medical Research Council, 2003; Schnarch, 2004), some focus on the use of traditional tobacco in research (Struthers & Hodge, 2004; Wilson & Restoule, 2010), and some provide best practices and protocols when researching with Aboriginal Peoples (Meadows, Lagendyk, Thurston & Eisener, 2003; Pidgeon & Hardy Cox, 2002; Weijer, Goldsand & Emanuel, 1999).

Dr. Castellano (2004) asserted that: “fundamental to the exercise of self-determination is the right of peoples to construct knowledge in accordance with self-determined definitions of what is real and what is valuable” (p. 102). In Canada, “guidelines emphasize participation of Aboriginal groups and communities as full partners in the research enterprise” (p. 108). Throughout each stage of this research project, including the design and identification of potential participants, I worked collaboratively with child welfare agency leaders, boards of directors, and community stakeholders. Research
participants were fully advised of the research process through an informed consent and agreement process.

During the summer of 2012, I met with the Executive Director of Native Child and Family Services of Toronto (NCFST), Mr. Kenn Richard, to explain my research interests and request support for the research project. I received a letter of support from Mr. Richard on September 20, 2012 (Appendix F). An assigned agency advisor, Ms. Anderson, oversaw this research project, and assisted in its development to ensure the community’s best interests were reflected and respected. This allowed the research project to be informed by community stakeholders and to adhere to the community’s cultural protocols. Ms. Anderson had extensive experience, with 30 years working in child welfare, and was also a well-seasoned foster parent, fostering over 100 children and youth (Anderson, 2013). Ms. Anderson reviewed my theoretical and research analyses to understand my theoretical perspectives and traditional cultural teachings. Ms. Anderson and I worked together to develop the participant recruitment flyer, semi-structured interview guide, additional prompting questions, and the inclusion and exclusion criteria.

The University of Toronto’s Research Ethics Board (REB) reviewed the ethical considerations for this study. The proposal was consistent with the goal of the REB to ensure respect for human dignity. The protection of participants was of primary concern to me throughout the entire research process. The REB had concerns about the use of one of our traditional sacred medicines, tobacco, in my research project. It noted the documented health consequences of smoking tobacco; viewed the tobacco as an unhealthy, addictive narcotic; and asked if I could use something else. I submitted a revised version of my Ethics
Protocol Submission Form to the REB along with the following excerpt of a letter further explaining the rationale for maintaining my request to use our traditional tobacco:

Although it is acknowledged in the medical community that smoking tobacco is associated with negative health effects, the ceremonial tobacco used to exchange with others, in this case Elders and participants, is not used for smoking. Sacred tobacco is used to carry our prayers in offering to the Creator by laying the tobacco outside somewhere or under a tree. Sometimes the tobacco is placed into a sacred fire and the smoke carries the prayers to the Creator. When a tobacco tie (a pinch of raw tobacco in a cloth that is tied shut) is given, the receiver may carry the tobacco tie with them as a reminder of the oral contract made. Some people may offer the tobacco by placing it somewhere special. Other people may carry a tobacco tie that was given to them for strength or protection for a specific journey or task. Multiple tobacco ties can be strung together and hung either inside or outside for different purposes. It is important that members of the Ethics Review Board understand the difference between sacred ceremonial and tobacco (naturally grown and not to be smoked as cigarettes) and North American smoking tobacco. There is a sacred ceremony, the Pipe Ceremony, which involves the smoking of tobacco in a Sacred Pipe; however, this Ceremony will not be conducted in this research.

The revised submission was accepted.

Informed consent

Oral informed consent was gained by audio-taping participants reading the Informed Consent and Research Agreement (Appendix G) at the beginning of each individual interview. Oral consent was accepted in this study to avoid creating a paper trail containing
the identifying information of the participants. A copy of the Informed Consent and Research Agreement was provided to each participant. All participants were voluntary adults who were willing to share their stories of resilience from the perspective of being a state-raised ward of the child welfare system.

There was the possibility that some participants might have felt uncomfortable during the interview process. Participants were not pressured to share or discuss any private details of their experiences in child welfare care. They were reminded at various times throughout the interview that there was not a correct answer and that they could decide to not answer any questions that made them feel uncomfortable. Participants were told of the possible risks and benefits of participating and were not coerced to participating and it was stressed that their decision whether to participate in this study was completely voluntary.

Support services were offered to participants who may have felt distressed after the interview; however, no participants reported distress post-interview. In fact, all participants openly discussed the positive emotions elicited during the semi-structured interview and as a result of participation in meaningful research. I also carried a sacred bundle to all interviews to offer cultural ceremony to those who desired that traditional cultural component.

Voluntary withdrawal

The purpose of this research was explained in simple language and participants were asked to give their informed consent. They were told that their participation was voluntary
and they could withdraw from the study at any time. Participants were advised that they could end the individual interview at any time and that their decision to withdraw from the research project would not have any negative impacts on the services they receive and would not be held against them in any way. The decision to withdraw from the research project would not harm participants’ current or future relationships with myself, the University of Toronto, community stakeholders, or the Toronto community. No participants withdrew from the study.

Participants completed their interviews, confirmed their transcription, and confirmed the thematic arrangements. Each participant, with the exception of one that I was not able to reach, validated the written results section. Participants could withdraw from the study by any means possible and available to them including a signed letter of study participation withdrawal, email, call, or text indicating their desire to withdraw.

**Confidentiality**

Confidentiality was very critical and all information provided by the participants was kept private. Participants were assured of confidentiality and anonymity, but were informed of limitations to confidentiality and my duty to report to the appropriate authorities, any suspected child abuse or neglect, or imminent harm to self or others. The informed consent and agreement ensured participants understood their rights and the limits of confidentiality before they decided to participate in the research. Participant names and other identifying information were removed from all field notes, memos, interview transcriptions, and the written results.
Compensation

Participants were not coerced into participating in the study. At the completion of data collection and analysis, a draw was conducted for one $150.00 gift card for the winning participant’s choice of store. The agency advisor and I collaboratively decided that since participants were willing to share their stories without any compensation that we would use a draw for a gift certificate as compensation.

Possession of data

For the duration of this research study, I possessed the qualitative data. The qualitative data will be destroyed seven years after the completion of this research project or once the results are published, whichever comes first. Each participant was given an electronic copy of his or her interview transcription and offered an electronic copy of his or her qualitative audio record. Not one participant requested a copy of his or her own personal audio recording. Participants did not have access to information belonging to other participants in this study. The interview audio recordings and transcriptions were stored on an encrypted USB storage key and filed into a password protected computer. Paper notes were kept in a locked and secured filing cabinet in a private and secure locked office.
Participant Recruitment and Sampling

Open sampling was used to initially recruit research participants from across Ontario. Aboriginal adults who were raised as Crown Wards of the Government of Ontario were recruited for this study. Inclusion criteria required that participants were:

- Aboriginal (Status First Nation, non-Status First Nation, Inuit or Métis);
- Adults (defined for the purposes of this research project as 25 years of age and older);
- Successful (defined for the purposes of this research project as enrolled in school, employed, community volunteer work or leadership, and/or parenting; and
- Former Crown Wards in Ontario.

Crown Ward placements included customary care, kinship care, foster care, group homes, outside placement resources, youth criminal justice facilities, or IRSs. Due to the unique nature of their experiences (Adams, 2002; Carrière, 2005, 2007, 2008, 2010; Richard, 2007; Sinclair, 2004, 2007), state-raised wards who were adopted were excluded from this research. Adults who fit the inclusion criteria were invited to participate in the study.

In keeping with the purpose of grounded theory research to develop a substantive theory based on variability in the sample, participants who challenged existing theories and who were identified as having different coping skills and spiritual practices than previously recruited participants were asked to participate in the study. Possible participants for
recruitment were identified by Ms. Anderson. Participants were continually added to the sample using a constant comparative analysis method until theoretical saturation was reached, when no additional codes were needed to capture the participants’ experiences and meanings (Drisko, 1997). For the remaining process of data collection, theoretical sampling occurred simultaneously with analysis in order to “look for precise information to shed light on the emerging theory” (Charmaz, 2000, p. 519). For example, after the first two interviews I decided to recruit a participant who was placed in an IRS as well as in a CAS placement.

Data collection and analysis occurred simultaneously, guided by the constant comparative method and theoretical sampling (Barbour & Barbour, 2003; Charmaz, 2000; Giske & Artinian, 2007; Wells, 1995). Once the indicators and concepts were confirmed and validated by the first two participants, theoretical sampling, data collection, and analysis occurred simultaneously with constant comparison of the data and member-checking processes. An effort was made to include: male and female participants; a wide range of participant ages; both First Nations Status and non-Status participants; participants from reserves, rural, and urban areas of Ontario; participants who were placed with their siblings and separated from their siblings; and participants with Aboriginal CAS caregivers and non-Aboriginal CAS caregivers. Participants who were not practicing traditional spirituality were also recruited and included in the study for negative-case testing, which will be discussed later in this chapter (Denzin, 1978; Lindesmith, 1952; Manheim & Simon, 1977; Padgett, 1998; Robinson, 1951). Prolonged engagement with the participants allowed me to go back and ask previous interviewees about data that emerged in later interviews.
Theoretical sampling and the constant comparison of the data occurred until saturation was reached and new data fit into the generated codes and concepts already identified by participants.

Since the research questions focused on the resilience of former Crown Wards, a flyer was circulated asking child welfare workers to identify Aboriginal adults who were former Crown Wards and who they considered to be resilient. Resilience was operationalized as full participation in the community, such as employment, education, parenting, or volunteer work. I conducted several pilot interviews with the agency advisor until we were both satisfied that the data collection instrument would achieve the desired results. The agency advisor also assisted with the development and dispersion of the participant recruitment flyer and the recruitment and sampling of research participants.

Research recruitment flyers (Appendix H) were posted at Aboriginal organizations and agencies across the Greater Toronto Area. Child protection workers across Ontario distributed the flyer to former Crown Wards that met the study inclusion criteria. Interested potential participants contacted me directly by telephone or email to express their interest in participating and to gain further knowledge about the research project.

When contacted by potential participants, I followed a written script (Appendix I) to ensure that the study’s inclusion and exclusion criteria were met. The script highlighted the fact that participation in the research project was completely voluntary and refusal to participate would not jeopardize any future services received in the GTA. Participants who expressed an interest in learning more about the research project were read the remainder
of the written script. Participants who indicated a willingness to participate in the study were informed that they would be asked to verbally agree to participate using an informed consent and agreement process administered at the time of the interview. Verbal agreements, rather than written signatures, were chosen by the stakeholders and participants to ensure confidentiality and to limit the number of documents containing identifying information of the participants.

Individuals who confirmed that they would like to be involved were invited to participate in this research project. Following this initial conversation, I emailed the recruitment letter, informed consent, and research questions to potential participants. This provided the time necessary for participants to review the informed consent and research questions prior to the initial interview. Qualitative interviews occurred at a time and location most convenient to each participant. With regards to determining sample size, Morse (2000) asserted that:

Estimating the number of participants in a study required to reach saturation depends on a number of factors, including the quality of the data, the scope of the study, the nature of the topic, the amount of useful information obtained from each participant, the number of interviews per participant, the use of shadowed data, and the qualitative method and study design used […] If data are on target, contain less dross, and are rich and experiential, then fewer participants will be required to reach saturation (pp. 3-4).
Pre-Interview Preparation

Prior to each qualitative interview, I engaged in personal spiritual ceremonies to guide me and my interactions with participants throughout the research process. I engaged in a personal smudging ceremony to cleanse myself and my research papers before each interview. I also prayed to be able to hear, see, smell, speak, feel, and think in a good and loving way. I then prepared my sacred bundle with my sacred items and was ready to meet the participants and conduct the qualitative interviews in a good way – a very important element of conducting ethical research (Castellano, 2004; Debassige, 2010; Hart, 2010).

In order to spiritually, emotionally, psychologically, and physically prepare for each interview I went outside to my cedar bush, held my asemaa (traditional tobacco) in my left hand, and introduced myself with my spirit name in Anishinaabe-mowin (Ojibway language). While holding my asemaa in my left hand, I thanked Gitchie Manitou (Great Spirit; Creator; Benton-Banai, 2010; Johnston, 2008) and the Spirit World (Hill, 2009) for their presence and wisdom and prayed for continued guidance. I concluded my prayer by offering my asemaa to Gitchie Manitou and the Spirit World by respectfully laying my asemaa under my cedar bush. As I conducted the qualitative interviews and data analysis I continued to seek guidance and mentorship from my Elders and advisor at NCFST.
Qualitative Data Collection Instrument

The informed consent, qualitative semi-structured interview guide, and additional prompting questions were collaboratively developed in partnership with NCFST using PAR principles and Indigenous methodologies (Kirkness & Barnhardt, 1991; Park, 1993; Wilson, 2008; Wilson & Restoule & 2010). I conducted several pilot-test interviews using the informed consent and interview guide with a NCFST research advisor to assess the suitability of the interview guide and additional probing questions.

The interview guide (Appendix J) consisted of 16 short answer and open-ended questions and was used to explore the factors that have contributed to the success of Aboriginal adults who were raised as Crown Wards in an Ontario child welfare system placement. Grounded in the Medicine Wheel Theory the Relational Worldview Model, and de-colonizing Indigenous research epistemologies (Tuhiwai Smith, 1999; Wilson, 2008), the semi-structured qualitative interview guide questions were categorized across the four quadrants of the Medicine Wheel with a goal to uncover the contributing factors to resilience and success in each quadrants. Follow up interviews with research participants were also conducted, which allowed me to go back to earlier interviewees to clarify and expand on the data. This, in turn, informed the next set of interviews.
Data Collection

Interviews

This research was grounded in Aboriginal traditional values, epistemologies, and ceremonies, and used qualitative data analysis methods. The collection of qualitative data was based on the Relational Worldview Model and the four quadrants of the Medicine Wheel were used as areas of focus throughout the individual interviews to gather additional information. Data collection strategies included a combination of audio recordings of my reflections immediately following each interview, observations, field notes, and participant feedback and suggestions.

When arriving to meet each participant, I brought my Sacred Bundle and laid out my sacred items, depending on the comfort of each participant. I also created a tobacco tie with my gratitude and prayers and offered the tobacco tie to each participant before engaging in the data collection. Semi-structured interviews with participants provided opportunities to explore the multiple dimensions of the social processes related to the concepts of risk and protective factors, culture, identity, and resilience processes among Aboriginal children and youth in child welfare care (Starks & Trinidad, 2007).

Some of the individual interviews were closed with a smudging ceremony, as desired by participants. The smudging ceremony was intended to take away any negative energy and emotions that may have come up during the discussion and assist participants in moving forward in a good way. An Elder was available to counsel each participant during and after the interviews, should anyone have needed support. Counselling services and
resources (Appendix K) were available to all participants. All of the participants reported feeling comfortable and pleased after the interviews and declined the services offered.

All participants chose to audio record their interviews because it preserved their data verbatim, with less opportunity to lose the full meaning of participants’ responses. The interviews ranged from two to four hours, with one interview lasting seven and a half hours in length. The interviews were conducted in several mutually agreed upon locations including a participant’s place of employment (n=1), participants’ homes (n=3), and Aboriginal community agencies (n=2). One interview took place over the phone.

Data Analysis
Coding

As indicated above, data collection and analysis using grounded theory involved continually coding and comparing new data with already developed codes to generate a conceptual and saturated theory (Glaser, 2001). The following definition of the data analysis process, provided by Morse (1994), informed my understanding of the complexities regarding qualitative data analysis:

Data analysis is a process that requires astute questioning, a relentless search for answers, active observation, and accurate recall. It is a process of piecing together data, of making the invisible obvious, of recognizing the significant from the insignificant, of linking seemingly unrelated facts logically, of fitting categories one with another, and of attributing consequences to antecedents. It is a process of conjecture and verification, of correction and modification, of suggestion and defense. It is a creative process of organizing the data so that the analytic scheme will appear obvious (p. 25).
Multiple coding strategies were used to synthesize and analyze the data including open coding, axial coding, and selective coding, in order to find relevant and meaningful patterns (Creswell, 2007; Strauss & Corbin, 1990). Before coding began, I transcribed each individual interview verbatim. The process of open coding involved reading the interview transcriptions and providing key words and phrases for each line in the margins. These key words and phrases are referred to as indicators (Strauss, 1987; Strauss & Corbin, 1998). I arranged the indicators into categorically aggregated codes (concepts). Once I had identified the concepts and their indicators, I began the process of discrimination and differentiation whereby I examined the concepts for both similarities and differences and arranged them into categories. Categories are “intended to capture not only similitude but also dimensionality among a set of concepts” (LaRossa, 2005, p. 843). The categories were developed in terms of their properties (indicators) and dimensions (Strauss & Corbin, 1990, 1998). During this phase of the coding, I also arrayed the concepts by taking several similar concepts and contemplating how they may be subsumed under a higher level heading, “moving from one level of abstraction to another level of abstraction, while still remaining in the realm of the concepts” (LaRossa, 2005, p. 843).

Next, I engaged in axial coding which involved reviewing the data and collecting new data with the purpose of breaking down the identified categories into subcategories. These subcategories included: (a) causal conditions (what factors caused the core phenomenon; (b) strategies (actions taken in response to the core phenomenon); (c) contextual and intervening conditions (broad and specific situational factors that influence the strategies); and (d) consequences (outcomes from using the strategies) (Creswell, 2007).
Through this axial coding process, I examined the relationships between and among the categories and subcategories in order to formulate themes that captured “patterns of human experience” (Padgett, 1998, p. 83). Axial coding continued until I determined that no new information was emerging and no new properties and dimensions were seen in the data, also known as theoretical saturation (Strauss & Corbin, 1998).

**Methodological Rigor: Establishing Trustworthiness of the Data**

Lincoln and Guba (1985) define rigor as the degree of authenticity and credible interpretations in qualitative research. The concept of trustworthiness is believed to be analogous to the concepts of reliability and validity in quantitative research, and is used to establish and evaluate the credibility of research findings. Due to the ongoing, subjective methodological decisions I faced, peer debriefings and agency supervision were used to establish credibility (Anastas, 2004; Thomas, 2006) and to reduce researcher bias (Padgett, 1998). Audio-recordings provided me with clear and exact qualitative data because the recordings preserved the wording, tone of voice, and other details of conversation, which resulted in rich data for analysis (Giske & Artinian, 2007).

**Inclusion of Elders**

Research undertaken about Aboriginal Peoples should include the guidance and wisdom of an Elder who will work with the researcher at all stages of the research study.
Stiegelbauer (1996) stated that the term *Elder* refers to a person older in age who is a respected keeper of cultural knowledge and traditional ceremonies. He wrote:

> In traditional terms, an Elder is also a specialist in ceremonies, traditional teachings, language, and heritage as it applies to mind, body, and spirit. As each individual is unique in their experience, learning, personality and knowledge of traditional culture, each potentially has something different to offer (Stiegelbauer, 1996, p. 42).

Lavallée (2009) highlighted how Elders are an important part of Aboriginal culture because “they carry the traditional teachings, the ceremonies, and the stories of all our relations. For the research to be based on Aboriginal knowledge, elders need to be included” (p. 27). Dr. Castellano (2000) explained that Elders have an “obligation to consider whether the learner is ready to use knowledge responsibly” (p. 26), when passing on knowledge to others. In addition, they ensure that their teachings encompass “not only the intellectual context but also the emotional quality of the relationship” (p. 27). Stiegelbauer (1996) wrote the following about approaching an Elder with traditional tobacco:

> The concept of approaching an Elder is an expression of this relational element. Approaching an Elder means that someone comes to the Elder and asks a question, or asks for help. This request becomes a kind of contract work through the presentation of tobacco to the Elder and the Elder’s acceptance of that tobacco. The presentation of the tobacco means that the conversation in some way concerns the spirit. This exchange is very important from the Elder’s perspective because it signifies the individual’s willingness to listen and take the help of the Elder seriously. The Elder will continue doing the work necessary until that work is completed (p. 51).
Even in urban environments, Elders are valued and often sought out for their experience and wisdom.

We see a natural process of aging and personal development where, as individuals grow older and accumulate knowledge and skills, they are respected for what they have learned. They are asked to teach others about culture, tradition, and “being a human being” based upon their experiences. This teaching is seen as essential to facilitating a strong sense of cultural identity and healing, especially in urban settings (Stiegelbauer, 1996, p. 37).

The involvement of Elders has been an important component of this research project. In qualitative research, one of the ways that trustworthiness is established is by prolonged engagement with stakeholders (Padgett, 1998). The involvement of Elders in this research project helped to demonstrate trustworthiness and authentic engagement.

**Member-checking**

Consistent with traditional grounded theory (Glaser & Strauss, 1967; Strauss & Corbin, 1990; 1998) and constructivist grounded theory (Charmaz, 2000; 2005; 2006) research methods, interviewees were asked to verify and confirm the accuracy of their interview transcriptions and the initial themes that emerged from the data after each interview. At the first follow-up interview, participants could make any changes to the typed version of their interview transcripts and to the arrangement of main themes. Once the interview transcriptions and main themes confirmed by the participants, the interview audio files were destroyed. Member-checking with interview participants improved the
rigor of this research so that new information could be incorporated into subsequent encounters with new interview participants (Starks & Trinidad, 2007). This process allowed explanations of the phenomena to emerge in order to produce a theory that was grounded in the data.

Once the indicators and concepts were confirmed and validated by the first two participants, theoretical sampling, data collection, and analysis occurred simultaneously with constant comparison of the data and member-checking processes. Selective (theoretical) coding was the process through which I began to “formulate patterns along with their variations” (Strauss & Corbin, 1998, p. 117), specifically the factors associated with resilience processes for Aboriginal former Crown Wards. The process of selective (theoretical) coding provided the way for further theoretical sampling to occur. I determined that a core category was theoretically saturated and centrally relevant to the other categories when no new codes emerged from the data (Strauss & Corbin, 1998).

There were several opportunities for member-checking with participants to establish trustworthiness of the data. Once the initial thematic arrangement was confirmed, the next qualitative interview was conducted and this process was repeated with each new participant. I stayed connected with participants throughout the duration of this research by telephone and email, requesting their feedback and welcoming their suggestions for modifications, changes or deletions.
Prolonged engagement

There was prolonged engagement with the participants and community stakeholders, which increased trustworthiness of the data and helped to “ameliorate the effects of reactivity and respondent bias” (Padgett, 1998, p. 94). Feedback interviews were used with interview participants to determine the accuracy of research codes, thereby adding credibility to the study (Drisko, 1997). This process of member-checking (Lincoln & Guba, 1985) reflected the relationship between the participants, and myself as the researcher such that participants were viewed as expert informants rather than research subjects (Anastas, 2004). Member-checking opportunities had a positive effect on reducing the threat of researcher reactivity, researcher bias, and respondent bias (Padgett, 1998).

Prior to data collection, I had connected with stakeholders through a series of engagements that resulted in demonstrating my trustworthiness and engagement. In 2009, I began to meet with the Executive Directors of Aboriginal child welfare agencies in Ontario to discuss the possibility of conducting community-based research in their child welfare catchment areas. My tobacco tie offering was accepted by the Executive Directors and I was given permission by the agencies to continue with the development of my research project. Over the years, I maintained community engagement through regular telephone calls, emails, and in-person community and agency visits. These engagements strengthened my understanding of the principles and operations driving child welfare practice within a rural First Nations context in Northern Ontario and an urban setting in Southern Ontario. It also gave me the opportunity to spend time with agency staff and community members while familiarizing myself with their child protection practices and values.
Aboriginal Peoples are considered a unique population in Canada due to their sovereignty and the historical exploitation they faced (RCAP, 1996). In the past, researchers would enter Aboriginal communities, sometimes without the knowledge or consent of the community, observe the community members, and release misconstrued research findings without validation from the community (Deloria, 1991). This means that much of the previous research about Aboriginal Peoples did not directly reflect their beliefs, teachings, and knowledge and failed to benefit Aboriginal communities in meaningful ways (Brown & Strega, 2005; Deloria, 1991; Kovach, 2005). Indigenous researcher, Linda Tuhiwai Smith explains:

The ways in which scientific research is implicated in the worst excesses of colonialism remains a powerful remembered history for many of the world’s colonized peoples. It is a history that still offends the deepest sense of our humanity. Just knowing that someone measured our ‘faculties’ by filling the skulls of our ancestors with millet seeds and compared the amount of millet seed to the capacity for mental thought offends our sense of who we are (Thompson, 1859). It galls us that Western researchers and intellectuals can assume to know all that is possible to know of us, on the basis of their brief encounters with some of us. It appals us that the West can desire, extract and claim ownership of our ways of knowing, our imagery, the things we create and produce, and then simultaneously reject the people who created and developed those ideas and seek to deny them further opportunities to be creators of their own culture and own nations. It angers us when practices linked to the last century, and the centuries before that, are still employed to deny the validity of indigenous peoples’ claim to existence, to land and territories, to the right of self-determination, to the survival of our languages and forms of cultural knowledge, to our natural resources and systems for living within our environments […] This collective memory of imperialism has been perpetuated through the ways in which knowledge about indigenous
peoples was collected, classified and then represented in various ways back to the West, and then, through the eyes of the West, back to those who have been colonized (Tuhiwai Smith, 1999, pp. 1-2).

Most recently, an example was publicized regarding the nutritional experiments conducted on Aboriginal children and youth residing in IRSs across Canada. It was in response to these violations that research ethics, principles, protocols, and best practices were created in order to protect Aboriginal communities from research misuse (CIHR, 2007; First Nations Centre, 2007; Meadows, Lagendyk, Thurston & Eisener, 2003; National Health & Medical Research Council, 2003; Pidgeon & Hardy Cox, 2002; Schnarch, 2004; Struthers & Hodge, 2004; Wilson & Restoule, 2010; Weijer, Goldsand & Emanuel, 1999).

As a graduate student, there was an inherent power differential between myself as the researcher and the participants being interviewed. Despite utilizing Indigenous methodologies and PAR principles throughout this study, this power differential was acknowledged throughout this research. It was important to note that I had personal experience with the topic being researched, having been raised as a Crown Ward myself. Tuhiwai Smith (1999) asserts that:

The critical issue with insider research is the constant need for reflexivity. At a general level, insider researchers have to have ways of thinking critically about their processes, their relationships, and the quality and richness of their data and analysis (p. 137).
Reflexivity was built into my research plan through: prolonged community engagement with my agency advisor, participants, community stakeholders, and Elders; the use of cultural protocols; and the authenticity with which I came to this research.

I explored this topic because I was interested in the experiences of other Aboriginal Crown Wards. I did not expect others to have had the same experiences that I did. However, recognizing my personal connection to the subject of study, I utilized several strategies to ensure community oversight of the research throughout the duration of the project. I had an academic supervisor and a committee whose members ensured that the research process remained objective. I had two follow-up meetings with each participant after the initial data was collected. This member-checking process allowed participants to correct the interview transcripts and validate the data analysis. This member-checking process and prolonged engagement with the participants ensured the data analysis was objective (Padgett, 1998).

Having a healthy sense of identity allowed me to share a brief synopsis of my own personal story of being in child welfare care with stakeholders and participants. Within Aboriginal communities, mistrust between the community and researchers is often present for very good reason; however, this does not necessarily mean this needs to be perpetuated moving forward. My story and experiences gave me the credibility to conduct this research. Without this personal experience, mistrust could have prevailed and I might not have had any participants for my study. An essential component of the individual interviews was the brief sharing of my experience before asking participants questions about their own experiences. This type of sharing was culturally appropriate and expected before I was able to ask participants to share their experiences with me.
Throughout the data collection process, I engaged in a self-reflective process of *bracketing* (Caelli, 2001). *Bracketing* involves suspending prior knowledge and assumptions as much as possible, with the goals of attending to the participants’ accounts with an open mind and reducing researcher bias that may stem from previous experiences (Gearing, 2004). These safeguards ensured the research project and process were culturally appropriate for the participants and community stakeholders. As Bentz and Shapiro (1998) suggested, this research design demonstrates a good fit between the context being researched, the research methods utilized, and the worldview of the researcher.

**Triangulation of the data**

The data collected in this study and the thematic codes that emerged were triangulated by rigorously comparing recurrent patterns within the data with existing literature (Drisko, 1997). An audit trail (Lincoln & Guba, 1985) of memos, observations, post-interview reflections, field notes, peer debriefings, and participant feedback were used for this comparison. “In social work research, where findings are ultimately valued for their contributions to policy and practice, rigorous research is also an ethical responsibility” (Myers & Thyer, 1997 as stated in Padgett, 1998, p. 90). The data analysis was presented to each participant for review. This provided opportunities for questions and discussion about the research findings. Once all of the findings had been validated by each participant, the research findings were included in chapter five of this dissertation paper without revealing identifying information of the participants.
Negative case testing

Negative case testing occurs through theoretical sampling and theoretical coding (also known as selective coding), “to verify and assess the applicability” (Berg, 1995, p. 192) of a hypothesis (Denzin, 1978; Goetz & LeCompte, 1984; Lindesmith, 1952; Manheim & Simon, 1977; Padgett, 1998; Robinson, 1951). Negative case testing: “involves searching for and discussing elements of the data that do not support or appear to contradict patterns or explanations that are emerging from the data analysis” (Cohen & Crabtree, 2006: 1). In order to include a negative case analysis that provided evidence against my hypothesis that resilience is associated with having a positive Aboriginal cultural identity and participating in Aboriginal traditional spiritual practices, I sought participants who had a positive identity not grounded in their Aboriginal cultural identity and who were not utilizing Aboriginal cultural practices of spirituality and ceremony.

The research findings include direct quotes by participants; however, no identifying information is included in the analysis. Once the participants confirmed the main themes and written results, they were finalized and shared with NCFST, community stakeholders, Elders, and my dissertation committee members for their review and feedback. Relevant theoretical perspectives were incorporated and triangulated with established theory in order to develop a grounded theory that had emerged from the data (Glaser & Strauss, 1967).
Summary

This methods chapter provided an overview of the purpose and design of this research study. The study utilized a combination of Indigenous and grounded theory research methodologies to understand the concepts of culture and identity, and their roles in building resilience for Aboriginal children and youth. Due to the vulnerability of this population, the ethics process was a protracted one, which also reflected Indigenous research principles. The methods chosen for this study best reflected the worldview of the participants, community and researcher.
Chapter Five: Results

This study was designed to explore the factors that have contributed to the success of Aboriginal adults who were raised as Crown Wards in an Ontario child welfare system placement. Specifically, factors that were examined included cultural identity and spirituality, and how they are associated with the resilience processes of former Aboriginal Crown Wards in Ontario.

Participant Profile

The sample consisted of seven First Nation and Métis adult participants ranging from 27 to 69 years of age. Six of the participants were actively parenting their own children at the time of the interview. Four females and three males participated. There was a range of First Nation and Aboriginal membership including Ojicree, Ojibway/Ojibwe, Delaware, Haudenosaunee Mohawk, Cree, and Métis. Five participants were Status and two were non-Status. All of the participants had completed a grade eight education level and six participants returned to school as adults, completing college diplomas, undergraduate degrees, and master’s degrees. The participants were all employed in the social services sector. One participant was in school and employed, and four participants volunteered in their communities in addition to being employed.
The participant profiles (n=7) are presented in Table 1; however, to maintain participant confidentiality, most of the categories are not numerated.

Table 2.1: Participant Demographic Profile

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>4 female, 3 male</td>
</tr>
<tr>
<td>Age</td>
<td>25-34 years: 1, 35-44 years: 1, 45-54 years: 3, 55-64 years: 1, 65-74 years: 1</td>
</tr>
<tr>
<td>Aboriginal Identity</td>
<td>Ojicree, Ojibway / Ojibwe, Delaware, Pakitikuogan, Haudenosaunee Mohawk, Cree and Métis</td>
</tr>
<tr>
<td>Level of Education</td>
<td>Grade 8, 9, 12 equivalency, BA, BSW, College Diplomas, Undergraduate Degrees, Graduate Degrees</td>
</tr>
<tr>
<td>Community Involvement</td>
<td>Social Services in the areas of Aboriginal culture, addictions and recovery, healing, child welfare and the criminal justice system</td>
</tr>
</tbody>
</table>

Summary of Findings: Thematic Analysis

All of the participants had experienced a lack of cultural continuity and had been impacted by intergenerational trauma through personal and familial experiences with the IRS system and Sixties Scoop. Each participant had experienced abuse or neglect as a child or youth, which led to involvement with child welfare services, removal from their familial home, and subsequent placement with foster care providers in Ontario. There was consensus among the participants that despite the lack of unconditional love from their CAS
caregivers, simple and often random acts of kindness had left a valuable impression in their lives. The participants in this study each had their own unique way of dealing with the stressors and challenges they faced in their daily lives. The most notable challenge in the lives of participants was overcoming past addictions and feeling comfortable with their identities.

Once the historical and childhood experiences of trauma faced by the participants were described, the discussions with participants focused on both positive and negative outcomes they had experienced in their lives. Known outcomes for Aboriginal Peoples include high rates of poverty, fetal alcohol syndrome, involvement with the criminal justice system, addictions, homelessness, and cultural disconnection. Next, interview participants were asked about their definitions of health and success, strategies used to cope with and overcome the challenges and difficulties they faced in their lives, and valuable life lessons they had learned and wanted to share specifically for the purposes of this research.

One of the main strategies for success and overcoming hardships used by the majority of participants was to engage in spiritual practices. The participants shared their unique, personal perceptions about and experiences with their spiritualties. All participants shared that they had little to no opportunity to learn about and connect with their culture while growing up in CAS care. They all found their own ways, as adults, to connect with their cultures. Asked if they had received spirit names and colors, most participants reported that they had not. Given the association between cultural connection and spirituality as components of achieving a healthy and positive identity, participants were asked to discuss the purpose and meaning they had found in each of their lives, their perceptions of the role
of cultural identity in their success, and the role of cultural identity in their purpose and meaning in life. All of the participants in this study discussed the limited opportunities they had while growing up to connect with their culture and traditions until young adulthood and in their more senior years are moving forward in their journeys toward cultural continuity including wholeness, cultural connection, and resilience.

**Theoretical Coding Summary**

The initial thematic analysis reflected the quality and richness of the participant interview data. The data analysis was then shifted in order to identify the relationships between the categories. Once the relationships between the categories were refined, the following overarching core category was established: ‘Transforming Trauma into Triumph’. This core category is comprised of four sub-categories: Intergenerational Trauma & Cultural Continuity; Being a Crown Ward; Negative and Positive Outcomes; and Spirituality, Culture, Identity and Purpose in Life (please see Figure 5.1 for a visual illustration).
Core Category: Transforming Trauma into Triumph

The transmission of cultural knowledge from one generation to the next is conceptualized as cultural continuity. As discussed in Chapter two, this process of knowledge transmission was disrupted through Canadian polices that separated Aboriginal children from their families, communities, and cultures. Such strategies included the IRS System, and the Sixties Scoop. These practices continue today with the disproportionate
involvement of the child welfare system for Aboriginal families. This disruption of cultural continuity is regarded in the literature as intergenerational trauma and describes how poverty, abuse, addictions, and violence are transmitted from one generation to another in response to the colonial techniques of cultural genocide. Each participant had their own personal experience of being impacted by these racist Canadian laws and policies and of experiencing a disruption in cultural continuity.

The disruption, through Canadian policies, of passing on cultural knowledge jeopardized the community’s ability to practice cultural forms of child-rearing including community caretaking of children. Each participant had varying degrees of involvement with traditional cultural forms of caregiving and had unique reasons for entering the child welfare system. The main theme of Transforming Trauma into Triumph was consistent across the participants’ narratives as they shared their traumatic histories and experiences in child welfare care. All of the participants journeyed through negative experiences and used them in particularly meaningful ways in order to contribute to the positive outcomes of others.

This core category is comprised of four sub-categories, all considered aspects of Transforming Trauma into Triumph:

- Intergenerational trauma and cultural continuity;
- Being a Crown Ward in the Ontario child welfare system;
- Negative and positive outcomes; and
- Spirituality, culture, identity and purpose.
Sub-category one: Intergenerational trauma and Cultural Continuity

The themes that emerged under the intergenerational trauma sub-category included:
(a) genocidal laws, policies and practices and (b) suicide and addictions within the Family.

This sub-category illustrates how the participants in this study were impacted by Canadian
genocidal laws, policies, and practices that led to high levels of family separation and
grief, disconnection from culture, and loss of identity. The majority of participants had
lost family members and friends to suicide, addictions, or violence.

Canadian genocidal laws, policies, and practices

All of the participants were impacted by the legacy of the IRS system. Two
participants attended an IRS in Ontario before being transferred into the care of the Ontario
child welfare system. Six participants had immediate family members who had attended an
IRS. One participant described the impact of being separated from her mother at the age of
eight:

And from then on, for the rest of my life, until recently when I dealt
with that, but the rest of my life was like don’t mention the word
mother because my stomach would turn into a knot and I was
choked up all down my throat. I couldn’t bear the word mother
because I had shut it all out from that experience. That was a huge
disconnect, it really affected me a lot in my life and the thing about
it is you don’t know it. You don’t know how much it affects you.
Another participant had a biological parent who was adopted into a non-Aboriginal family during the Sixties Scoop. Consequently, she did not begin learning about her Aboriginal culture until her adulthood and explained:

My mother was removed at the age of two from her Reserve and therefore, didn’t know much about being a First Nations individual. She was taken during the adoption sweeps from the rez and placed into a half white half Arabic household.

_Suicide and addictions within the family_

All of the participants had lost one or more family members to suicide, addiction, or violence. The majority of the participants had lost family members, including siblings and parents, to drug and alcohol addictions. The following three participants described their loss:

I lost my whole family to alcohol. They didn’t use any other drugs. They drank alcohol to the point of deadness. You see my interpretation is that alcohol the way they did it, is suicide. A very slow and self-destructive suicide. No hanging or anything like that.

My mother was a drug addict. That was her religion, drugs. I don’t want to speak ill of the dead and I would never say that I hate my mother because I didn’t have a strong relationship with my mother, the strength of the relationship I had with my mother, was one more out of desperation because we lived in squalor. Even though there were times in my life that were good and my mother was holding it together but most of the time she was just wacked out on something or whatever and it was just mayhem, you know?
Alcoholism runs in my family on both sides so I am exceptionally careful to recognize my limits and boundaries. My mother was murdered by her second husband. They were both alcoholics.

Participants reported using different coping skills as youth who were experiencing loss and grief due to suicide, addictions, poor mental health, and violence. In many cases, the death of a loved one propelled participants to give back to their communities as adults by working in the social services sector, assisting people who shared similar struggles. The participants in this study experienced varying degrees of intergenerational trauma and had all witnessed substance abuse and addictions in their families as children. Another impact of intergenerational trauma is the disproportionate numbers of Aboriginal children in the child welfare system today, which leads to the next sub-category: Being a Crown Ward in the Ontario Child Welfare System.

**Sub-category two: Being a Crown Ward in the Ontario child welfare system**

There were multiple themes that emerged under the Crown Ward sub-category. These included: (a) reasons for entering child welfare care; (b) culture of child welfare caregiver and proximity of child welfare placement to community of origin; (c) contact with siblings, families, and communities while in child welfare care; (d) experiences of unconditional love while in child welfare care; (e) experiences of abuse and neglect while in child welfare care; and (f) degree of opportunities to connect to culture while in child welfare care.
This sub-category focused on the experiences of participants during their placements in child welfare care. Each participant had a unique story about the reasons for their involvement with the child welfare system and their experiences with their caregivers. The culture of child welfare caregivers and the proximity of placements to home communities became important themes for many participants. These were viewed by participants as factors impacting the amount of contact they were able to have with their siblings, families, and communities. Although most of the participants did not experience unconditional love during their time in child welfare care, many of them remembered simple acts of kindness that had a positive impact in their lives. All of the participants highlighted the lack of opportunities provided to them by their child welfare caregivers to connect with their cultures in positive and meaningful ways.

**Reasons for entering child welfare care**

Reasons for entering the child welfare system were different for each participant. Several participants had transferred from an IRS to the child welfare system. One participant entered child welfare due to parental death. Poverty was one of the reasons for entering child welfare care for the majority of participants. One participant who was in foster care from birth, and met his biological mother and uncle at 14 years of age, explained:

That is when I found out that I wasn’t adopted. That’s the reason why she could find me ‘cause I was only a foster kid and the records were available to her. She told me that the reason she gave me up was ‘cause she couldn’t afford to keep me but my mother was only 15 years old when she gave birth to me and was too young. She also
didn’t want me to be raised in the same alcoholic situation that she was raised in.

Some of the participants entered child welfare care because of a combination of poverty, physical abuse, neglect, and parental mental illness. Participants described the following:

When I was a kid she stabbed me in the eye with a fork. I don’t know if that was intentional or an accident. Like if you see pictures of me, my left eye is always kind of weak and half closed and I believe it was because of that time when I got a fork in the eye. I had a big patch on my eye for a long, long time. I didn’t have a strong relationship with my mother. The strength of the relationship I had with my mother was one out of desperation.

I was pulled out of school at age nine because there were too many CAS calls about me showing up without underwear and socks or a jacket or food or bruises or just kind of being really malnourished. So I was pulled out of school and then I was locked up in a basement by my mom where I was only fed peanut butter and bread for about four and a half years. Yeah, there was a lot of calls made like that. They had said that we were sexually abused and physically abused. So we would make these statements and then the CAS would come and it would be denied and then we would get pulled out of that school and go to another school and then another call would come in and so that just kept happening for about seven years until we were finally pulled out and then we discovered not too long, about four and a half years later.
Another participant was apprehended and placed in her grandmother’s care. She described her relationship and contact with her biological mother during that placement:

When I was younger my grandmother was taking care of me. She couldn’t protect me anymore. I was becoming a woman. I developed early. In my head I was wondering why and how. They used to kick me out to go sleep. She was always sending me off to sleep at the neighbour’s or to babysit. I was staying at these white homes and people were taking care of me for free. I would go home to my grandmother’s during the day.

The majority of participants were living in impoverished and unsafe environments prior to their involvement with the child welfare system. Some participants were involved on and off with CAS from a young age but were not made Crown Wards until adolescence. All participants experienced various forms of abuse including physical, sexual, emotional, psychological, and spiritual abuse, as well as neglect.

_Proximity of placements to home community and culture of child welfare caregivers_

Out of a total of approximately 50 child welfare placements among the participants, only two placements were with Aboriginal caregivers. Having an Aboriginal child welfare caregiver was considered both a risk and protective factor depending on the personality and characteristics of the caregiver. For the two participants who experienced a placement with an Aboriginal caregiver, they did not feel that this placement protected them from experiencing abuse in care, nor did it promote or ensure an increased connection to culture.
while in child welfare care. One participant described her placement with an Aboriginal family:

There was a huge amount of emotional and psychological abuse whereby I was ridiculed and reduced as an Aboriginal woman due to my fair skin. While there were no alcohol issues, this dysfunctional Native family had a lot of shame based behaviours resulting in ridiculing me daily due to my fair skin. They saw me as a person who would benefit in the white world and saw themselves as being handicapped and ridiculed due to their darker skin. Interestingly, when I was in the white world I was humiliated from the other sides because non-native people were relentless in questioning my culture due to my long black hair, dark brown eyes and high cheek bones. I could only respond with “I am Indian”, and they could only respond saying they knew an Indian once while they pulled away showing no interest in befriending me any further.

However, not having an Aboriginal caregiver was perceived by many of the participants as a risk factor negatively affecting their ability to connect with their culture while growing up in child welfare care:

So I got put into a non-Native, but heavily Christian foster home – Pentecostal – that went to church three times a week. Their demonstration of love was involving me in the church and I identified as Native in the church but it wasn’t really noticed, even though I didn’t say I was a Christian or anything like that because I wasn’t raised a Christian. They denied me any connection to my community and culture despite my requests in counseling and foster care. It was just sort of my experience until I left the foster home.
The majority of participants shared traumatic childhood experiences of racism and racialized abuse from their child welfare caregivers. The following participant described his placement in a predominately Caucasian community:

They used to always speak very highly of their Irish roots which always made me feel like the odd duck in the pond. Being raised predominately of colour in a predominately white town. I felt like a fly in a bowl of milk that was caught in a bowl of milk. Everybody is trying to pick me out and blame me for their problems, their shortcomings, and defects. Sure let’s blame the colored guy.

Although they had different placement distances from their home communities, all participants considered distance from their communities as a factor related to resilience. The majority of participants were placed within approximately 25-30 km from their communities of origin. These participants shared the advantages of living close to their home communities, which mostly pertained to their ability to maintain contact with their siblings and families. Some participants were placed as far as 420-536 km from their communities of origin. These participants felt extremely vulnerable and isolated from siblings, extended family members, and their home communities. One participant described the impact of family separation further:

My relationship with my mother completely deteriorated after I left the residential school because I mistakenly blamed her for placing me in the school. The teachers in the school told me that I was placed there because my mother didn’t want to take care of me. They replaced my mother with Christian teachings in the songs like, “Jesus loves me this I know”, which was comforting considering the
emotional trauma and grief I was feeling then. The loss of my mother made it impossible for me to truthfully ever feeling love again resulting in multiple marriages and neglectful parenting.

Contact with siblings, family, and community

All of the participants had between two and seven siblings. The majority of participants’ siblings were also taken into the care of the Ontario child welfare system; however, only two participants were placed with one of their siblings for one placement. Three participants did not meet their biological parents and siblings until they were in their teenage years, and a sibling of one participant was adopted by another family.

Some participants had regular access to their siblings every three months or on holidays, while other participants had to advocate for visits. One participant would often run away from foster homes to be with his mother and siblings who were still in the home. One participant believed that although he was separated from his siblings, his placement in his home community provided him opportunities to remain connected to his younger brother:

My younger brother is more like a son. When I was about 19 or 20 years old, I became a provisional foster parent for him because he was in and out of foster homes and wouldn’t go to school and stuff like that and I basically told CAS that if he came to be with me that he would go to school and do well. And he did. We are the most connected out of all the siblings, he and I, but it’s a strange connection because I am his brother but also I am like his dad.
Several of the participants’ biological parents had passed away before the participants reached adulthood and, consequently, those participants never had opportunities to form relationships with them once they exited the child welfare system.

Although a couple of participants had placements with Aboriginal child welfare caregivers, not one participant reported having a child welfare caregiver who supported their connection to their home communities and culture. Participants perceived this, conjoined with the absence of opportunities to participate in cultural spiritual ceremonies, to be a factor leading to a lack of identity, being culturally insecure and unknowledgeable, and developing addictions to drugs or alcohol. One participant who remembered their Spirit Name and traditional teachings passed down from their grandmother, experienced this as a protective factor later in life during parenthood.

Closer proximity of child welfare placements to participants’ home communities was intrinsically related with participants’ ability to connect with their siblings, especially if they were separated during involvement with the child welfare system.

*Unconditional love*

The results of this research confirm that according to the Aboriginal youth in child welfare care, having at least one person to love them unconditionally while growing up would have made all of the difference and contributed to their resilience. One participant stated that Aboriginal children and youth: “have to experience unconditional love and have
knowledge of the importance of it. I believe, a sense of unconditional love, the power of unconditional love, and love without condition”. Not one participant felt they had received consistent unconditional love in their life while growing up in care.

Rather, in most of the placements, child welfare caregivers were seen as emotionally unavailable and, consequently, participants felt emotionally abandoned by their caregivers and emotionally numb. One participant explained:

There were no hugs or anything like that. Not that kind of love. I don’t know how to explain it. I always wanted that love where you get hugged and kissed and told that you’re good or whatever, but that wasn’t the way it was.

Not having someone in their lives to unconditionally love or care for them in a supportive and nurturing way was identified by participants as the most detrimental risk factor hindering resilience. Although none of the participants reported having anyone who loved them unconditionally while in care, some participants highlighted the workers who came into their lives for varying periods of time that had positive influences on them:

She was a group home worker, she had a huge impact on me. She was like a sister and I loved her. She helped me to calm down and she helped me to refine my patience and things like that because I didn’t have patience or money or anything. I didn’t care. She helped me to change some of those things. So I started to be a little more caring and sensitive to others and stuff like that.

My social worker for CAS was pivotal in my transition and ability to thrive. I was an exceptionally troubled girl, having grown up in
a household filled with violence, addiction, and levels of neglect. When I was placed in a group home, I was given a social worker who was patient, kind, and understood the dynamic of working with a teenager who had seen the effects of alcoholism and had lived them having been born with FASD [Fetal Alcohol Syndrome]. My social worker would take me to lunch once a week, to parks to sit and talk and to her house for canine therapy.

I always try to throw in a word of encouragement or make them feel special ‘cause I know I had those opportunities where somebody reached out to me and loved me or made me feel human because they were talking to me.

Although not one participant received unconditional love from their primary child welfare caregivers, many participants identified that simple acts of kindness and quality time spent with others, such as their workers, demonstrated caring.

**Experiences of abuse and neglect in child welfare care**

The majority of participants continued to experience various forms of abuse and neglect at the hands of their child welfare caregivers. Participants reflected that the very system that removed them from their families and homes in order to protect them from abuse, was, in fact, the same system that facilitated further abuse to be perpetrated against them. One participant discussed the psychological and emotional abuse, as well as humiliation he experienced at the hands of his foster parents:

The most shameful that I recall, when I was a kid I was a bed wetter. Me and my sister were placed with these old people that were like
70 years old. These people were so backwards. I pissed the bed every day and the mother, she would make me wear diapers at the dinner table, no clothes, just diapers, no shirt, no pants. I was seven or eight years old and she was just trying to humiliate me or something, I didn’t get wacked around. I am sure anyone who thought about doing that knew that I would take a stick to them and fight back. So they wanted to I am sure. I never got abused in the sense, maybe I am just not, you know when you are a kid and you are used to recklessness, you get used to certain things and so abuse I kind of, I learned to live with abuse.

Another participant experienced psychological, spiritual, emotional, and verbal abuse, living in constant fear of reprisal if he spoke about his foster father’s addiction to alcohol:

I do remember that I had good parents with good ethics and good morals. Even though it was religious-based, I grew up within half a block of the Catholic Church and their friends were priests and nuns and everything like that. So there was a good kind of structure and nobody knew that behind closed doors my dad had a drinking problem. He was an alcoholic and very abusive internally within the walls of the home. He was always belittling me which killed my self-esteem, made me feel like a piece of shit and when he was drunk he would always threaten to send me back to the children’s aid without my mother’s knowledge and he would say, “you can go back to that grey house”, where Wards of children’s aid were taken from birth and lived. I always had that fear every time I would drive by this grey house. I always had fears as a kid of being sent there because I heard bad things about it. It wasn’t the place you wanted to be sent to. It was something like what people would describe as a reform school. If you don’t behave you are going to be sent to reform school. Well for me as a kid, it was you’re going to be sent back to this grey house where nobody wants these kids. They are unwanted, nobody wants them. That is why they are there. He always threatened or held over my head if I didn’t behave or if I mentioned his drinking, his drinking behaviours, that was always held over my head.
This next participant shared how he, his brother, and other children endured physical, psychological, spiritual, emotional, and verbal abuse while in foster care:

Myself and my brother went to a foster home. They were a strong Baptist family and the father was a hard-working man. He quit school in Grade Five and just was at work all the time. He was a hardworking and Christian man. He didn’t say much. He wasn’t able to speak the way we are talking here or even just to visit, just to share what’s going on in our world. But he was a dictator, opinionated and told us what to do. Better seen than heard. So I was there from age nine to eighteen and I always talk about this experience with my brother. He was two years older than myself but like I say, he was the one who was outspoken. He was more worldly than I, he was more expressive in experimenting with alcohol or drugs which led to his death but I always pictured this very vividly that the foster mother would not just beat us up but she would beat up her own kids. She would use objects. I recall, I was twelve and her son was ten. She was very verbally and physically abusive not just to me and my brother, but to her own kids as well.

The following participant described her experience while in child welfare care as neglectful of her identity and need for healing:

You know, I wanted to feel what a real relationship is like because I’ve never had one before. I have never had a healthy relationship before so I asked if I could at least have a foster home that is going to treat me with love. So I got put into a non-Native, but heavily Christian foster home, Pentecostal, that went to church three times a week and their demonstration of love was involving me in the church and I identified as Native in the church. Even though I didn’t say I was a Christian or anything like that because I wasn’t raised a Christian. It was just sort of my experience until I was 17 and then my foster parents said that soon enough they won’t get paid for me so they would have to detach from me, so as soon as I heard that I moved out on my own.
There seemed to be two emerging themes among the participants: 1) the abuse that continued to traumatize them during their placements in child welfare care, and 2) the detrimental impact of not having opportunities to connect with their siblings, parents and communities while in child welfare care.

*Opportunities to connect with culture while in child welfare care*

Some participants had early childhood memories of their parents and grandparents, prior to entering the child welfare system, who had passed down traditional ways and ceremonies. This is described in the following two quotes:

She raised me from birth until I went into care. So the traditional teachings, I always get confused because I always think about our ceremonies, that’s what I think about is Indian culture…I haven’t really studied, it’s just kind of what I know. I remember my grandmother teaching me and telling me stories and I am just starting to remember them and she told me I couldn’t talk about these things, whatever she was teaching me. So her teachings were how to skin a beaver, teaching me stories, how to pick moss, using it as diapers, so I did all that stuff so when I had my first child I went back to the reserve and tried to raise them traditionally. What I knew was traditional and our culture.

It’s like now we have traditions and these things but in those days it was outlawed so you didn’t have the right and my ancestors, they didn’t have that either, but the way they lived – you had an experience of living as a Native person. The moon and the sky and the weather, all these things mattered. And you had this part that was part of you. My mother and her sisters needed some medicine
so they went into the woods and they picked certain plants and brought them back and boiled them and used those for medicinal purposes, so those were the kinds of traditions. It’s also like a knowingness, a lot of this stuff is intuition, sensitivity, and perception. The verbal language my mother spoke was English but she understood her language because her parents spoke their traditional language but she didn’t speak it and then there is that social force that says that the language is going to cause your children harm. We’ve already suffered a lot and we are going to lose our children. So there is a lot of weight against having them honour their language or their tongue or stuff like that.

This next participant discussed his early childhood experiences of being taken to a Friendship Centre, previously called the Indian Centre, by his mother. The following quote portrays his experiences navigating his Aboriginal identity with a fair complexion:

I participated in some of the cultural events, the dancing and things like that but I was also considered *zaunagush* [Englishman]. I mean I would be there with all these Aboriginal kids and I would be this big tall long haired white guy so I had a really hard time identifying with Native people, with Aboriginals and they had a hard time identifying me as an Aboriginal and the only one who really sort of made my Aboriginal background real was my mother and my grandmother because she was a Christian but she was also Native. She wasn’t a traditional person but she told stories. Native culture is an oral tradition and she was always telling stories of everything from residential school to whatever. She was always telling stories so I had a strong sense of my roots through my grandmother but not through any others.
All participants discussed a lack of cultural awareness when placed with their child welfare caregivers:

I didn’t have any exposure, like it wasn’t until I was in high school when I read about my Métis ancestor being assassinated for treason so that was pretty much the only Native exposure I got until I was in college. So sometimes I feel half my foot is out and half my foot is in because I am also part Scottish too but also because of the colour of my skin. I have brown hair and slightly tanned skin but it doesn’t mean that I don’t look White or people don’t see me as Native. So it’s more like how I identify with myself and also not having a family even though my family is Native.

No participants had a child welfare caregiver who helped them to understand or form connections with their Indigenous cultures and communities:

My CAS caregivers didn’t help me to understand my culture. There is a substantial lack of cultural awareness in [mid-size city in Ontario]. It wasn’t until I moved to Toronto when I was 19 years old that I became affiliated with agencies that cultivated a cultural learning base.

Many of the participants had a limited connection to their home communities. Some participants reported no opportunities to connect while in child welfare care, as the following participant described:

I have none. I think it’s very important for me to establish this identity of who I really am which has really caused me to be feeling insecure even though I was always secure in my physical abilities.
I played all-star hockey. I’ve excelled at all sports. I always did my whole life, in martial arts, in the military.

Some participants reconnected with their home community as adults. However, many sibling relationships were negatively impacted by long-term separation and trust issues. All of the participants experienced obstacles and socio-environmental factors that made them particularly vulnerable to risk during childhood and adolescence.

Sub-category three: Negative and positive outcomes

The outcomes for children growing up in the child welfare system have been quite damning, and Aboriginal Crown Wards face additional challenges coping with the impacts of intergenerational trauma, disconnection from culture, and identity confusion, which leads to this section: ‘Negative and Positive Outcomes’. Many themes emerged under the negative and positive outcomes sub-category. These included: (a) involvement with the criminal justice system, (b) addictions, (c) homelessness, (d) definitions of health, (e) definitions of success, (f) overcoming challenges and facing difficulties, and (g) life lessons.

This sub-category demonstrates the unique and complex interplay between negative and positive outcomes for each of the participants who was an Aboriginal Crown Ward in the Ontario child welfare system. Negative outcomes experienced by many of the participants included domestic violence, involvement with the criminal justice system, addictions, and homelessness. Despite these negative outcomes, the participants also experienced positive outcomes such as achieving health and success, the ability to overcome
challenges and difficulties in their lives, and the important life lessons that they carry with them today.

*Involvement with criminal justice system*

The majority of participants had previous involvement with the law, including incarceration. The following participant described how re-connecting to his culture while in prison had a positive impact in his life:

The last time the Judge sentenced me I said, “Your Honour, you are not sentencing me, you are saving me from my own fucking destruction”. So he said, “You sound like you’re the type of person who needs a program at the Ontario Correctional Centre”, and I went there for alcohol addiction and violence. Because the last charge I had was assault – I almost killed a man. I almost beat him to death because of something he said that was derogatory against my skin colour. At the Ontario Correctional Centre I saw a psychologist and took Fairness Awareness, Conflict Resolution, Anger Management, and every course I could take. I was the President of the AA in there. While I was there I had the opportunity to be introduced to the Native Sons. There was an Elder that used to come in and we used to do some smudging. That is where I learned how to smudge, offer tobacco and ask questions about my culture but he only came in once a month so there wasn’t really very much time to gain a lot of knowledge and I even gave up. I didn’t want any more of this crap and when they released me I still had two years of probation, which I adhered to. They didn’t sentence me last time, they saved me from my own destruction because I would have ended up killing somebody or killing myself because I just gave up. I had totally given up. I was so violent in nature. Today, I am able to control that anger. I don’t want to go down that road anymore. It’s a dead end road.
The majority of participants described their involvement with the law as often due to their rage, violence, low self-esteem, and/or addictions.

**Addictions**

The majority of participants had experienced addictions from an early age, including alcohol, substance abuse, food, and tobacco. The following two quotes capture reflections on these addictions:

I am an addict of all sorts. I am in AA because I want to be sober, but I also did all sorts of drugs so my husband and I always dabbled in drugs and sold drugs. We sold weed and I struggled with, how should I say – my husband went to residential school and was sexually abused by one of his house parents and he is damaged just like I am. But I was a functioning alcoholic. I did everything behind closed doors.

That was my main thing – my struggle with substance abuse was huge. It was devastating. It brought me to the point of suicide ideation and it came to the point where I was going to kill myself.

The majority of participants discussed how overcoming their addictions was a way of also breaking the cycle of addictions with which they had grown up with in their families.
The following participant reflects on the impact his foster father’s struggle with addictions had on his own trajectory:

The very thing I disliked about him, I became. I bestowed that upon my own self. The alcoholism. The non-caring. The drug addiction. I used the same method he did to deal with my inadequacies, shortcomings, and character defects. He had muscular dystrophy and he felt insecure and inadequate to not be able to provide enough for his family, so that is the way he dealt with his inadequacies. I only learned what I learned. The acorn does not fall far from the tree, does it? Well he scripted in onto himself and he passed on that inscription and dysfunctionality to me. I became exactly the very thing I hated about my [foster] father.

Not all addictions are to drugs or alcohol and some participants found comfort in overeating, developing food addictions, as shared by the following participant:

I would say I struggled with alcohol. It’s in my mind I struggle with alcohol but I’ve never had an addiction. An addiction is a very relative word. But you know what I am addicted to? Food. Because it’s this addictive, compulsive thing. I will come home. I’ve worked really hard. I’ve given a lot of myself and there is nobody here and I’m by myself and I will eat and I will eat when I shouldn’t eat. I’m already full and I’m eating. That is the same thing. It’s just that it’s safer and I guess I have chosen it to be safer. I couldn’t possibly become an alcoholic because I’ve had some negative experiences watching people drink too much which were my ancestors.

Individuals described being addicted to one or multiple things including drugs, alcohol, food, prescription pills, and gambling. For many participants, additions contributed to homelessness. Each of these participants demonstrated resilience given their experiences
of intergenerational trauma and involvement in the child welfare system. Each participant found ways to overcome their addiction.

**Homelessness**

The majority of participants experienced homelessness in their past with only a few accessing a shelter during their times of homelessness. For many of the participants, their addictions were greatly associated with their experiences of homelessness:

I lived on the streets for three years. I ate out of garbages and soup kitchens. When I moved I had nobody. I had left and couldn’t stay in the city anymore. It was way up North, there was nothing, no hope or encouragement to accomplish anything in life. There was just alcoholism and drug addictions. I was doing the same damn thing as all the rest of the people. I was so ashamed for doing that so I had to get out of that abyss so I had to leave. Sometimes it brought me to living in laundry mats, under stairwells, on the streets, and in churches.

Many participants shared that their addictions were powerful and had taken control of their lives, dictating where they lived, how they lived, and even choosing homelessness over shelter, as the following participant portrays:

I didn’t go to shelters. I was homeless. I would go to my mother’s place or sleep on the streets or whatever. I wouldn’t go to a shelter but I was homeless because I was a drug addict.
As described during the interviews, all participants had been deeply impacted by intergenerational trauma. Many participants who had witnessed substance abuse in their biological and foster families at an early age also experienced their own addictions later in life. Homelessness was one of the many negative consequences of having addictions for most of the participants.

**Definitions of health**

In order to understand resilience in the context of child welfare involvement for Aboriginal families, it was important to ask participants about their perceptions of health. Good health and wellness are considered essential factors in resilience processes. The majority of participants included spirituality as a significant component of health. Participants shared their ideas about what it means to be a healthy person. Each participant was unique in how he or she applied the concept of health in his or her own life. This next participant described being healthy as being a good person:

I think being healthy would be, for me, not resorting to drinking if I am stressed or anything like that. Not trying to play the victim. I have a lot of flashbacks so throughout the day I have a lot of inner dialogue which has turned verbal where I am putting myself down or stressing out about experiences. So for me to be healthy would be for me to be able to be confident that I am a good person.
The following participant identified spirituality, self-actualization, having a healthy identity, and positive goals as important contributors to health:

Well defining health is subjective. To me being healthy means that you know first of all that there is a higher power. Ultimately I think it’s glorious and extremely powerful and life affirming if you know Christ but that is way out there. That is kind of, to me that is the Holy Grail. To come to know the Christ – the true God, or Jesus, the hippy guy I talk about, to know him is the ultimate. Ultimately, being healthy means having a relationship with Christ, but in the interim, on the road to that, being on that road is healthy, just being on that road toward him is being healthy. And that is to be fully integrated in a sense that you are aware of whom you are, where you come from, what your goals are, and that your goals are benevolent and good and seeking life and not death.

Many of the participants emphasized balance among the spiritual, mental, emotional, and physical realms of their health. One participant stated:

I want to be healthy spiritually, mentally, and emotionally. Physically, I am struggling right now. I kind of turn to food as my comfort in unhealthy ways so spiritually, mentally, physically, emotionally I try to be healthy in a balanced way. I always try to think of everything. To me, I keep it simple. It’s what feels good and feels right. I can’t lie to myself because it doesn’t feel good so that is what I kind go by.
Several participants acknowledged the importance of physical health but also highlighted the benefits of freedom, peace, and not having stress:

Being healthy means freedom. Being free from stress. Freedom to live my life. That would be healthy because I can live. I am physically healthy. That would be peace and freedom would be healthy. That is a tall order. And peace of mind too.

Many participants emphasized the importance of having positive thoughts in order to influence their bodies, minds, and spirits in a healthy manner:

It’s a harmonious application of health and body and mind. Of good thoughts and not allowing negative garbage things in my life anymore that are going to cause me sick thoughts, destructive thoughts. Destructive in nature towards myself both physically and mentally. And in a spiritual sense too. I believe spirituality is an intangible thing.

Good health was considered to be a higher level of connectivity and balance among the physical, mental, emotional, and spiritual components of one’s self as described in this next quote:

Being healthy has multiple meanings. It’s easy to maintain a physical level of health but if our mental, emotional and spiritual parts aren’t connected, we lack a wholeness of being healthy.
Many participants incorporated multiple aspects of health including physical, spiritual, emotional, and mental health. Each participant looked within themselves to explain their own perceptions of health. This led to discussions with participants about their definitions of success.

*Definitions of success*

The participants shared similar definitions of success. One common theme among participants was that success is really about being who you truly are in an honest, authentic, genuine, and transparent manner, and loving and accepting yourself so that you can accept and love others. Being at peace with oneself and overcoming adversity without being unhappy was an important element of this theme. The following participant described how he aimed to be a role-model for his daughter and how knowledge was helping him achieve this goal:

> Actions speak louder than words. You have to be the walking example and that is what I want for my daughter today. She knows that Dad was no angel and I don’t pretend to be anything but what I was. But what I was, was what I was. What I am is what I am. What I will be I don’t know yet. I have dreams and aspirations of what I want to be and a chief aim in life of what I want to achieve and wishes in life and I started to round up the knowledge of how to obtain it. How to turn that key so that I can walk through the door of success and knowledge is that. Knowledge gives you the ability to do that. To seek out those people that have that knowledge.
This next participant emphasized learning patience and compassion through parenting and employment:

Becoming a parent taught me patience. Working with a client base who suffer from high levels of addiction, homelessness, trauma, and mental health has taught me both patience and has increased my natural compassion levels. Being in care taught me that our circumstances do not dictate our outcomes. I made it a mission while in care to become more than my family thought I could be. I succeeded.

When asked about their definitions of success, many of the participants focused on their feelings of freedom to live a new life that was not dictated by past experiences and moving forward from experiences in positive ways. This was described in the following four quotes:

Success from my perspective would be to live this long. Success means that I do not have to relive my past childhood experiences. Success means happiness and freedom to be able to explore the newness in life as opposed to being suppressed.

Success is the ability to look at your progression through life and feel, at the very least, satisfied with what you have done through what you’ve been given.

Success is being able to overcome adversity to survive the challenges that life brings without being unhappy. As long as I am not harming myself I am successful in my day.
Friendliness – people who are kind to me help me succeed. Succeeding is also surviving.

All of the participants emphasized the importance of never losing sight of the end goal but remembering that the journey progressing towards self-actualization is a significant one. One participant shared:

Success to me means self-actualization. Because you know what? I was born here and here I am actualizing along. You know what stops you from growing or actualizing? It’s your blocks, that’s all. And how big the blocks are, they are just bigger or more challenging and you just have to nip at them all the more along the way but the growth out if that is usually for a reason. I remember going into my therapist’s and he says, “it doesn’t always have to be painful” and I said, “but there is no growth whenever there is no pain”. Out of the things where I have suffered is where I come out feeling enlightened.

Although not one of the participants mentioned their education when discussing what success meant to them, each participant had become educated, employed, and involved in the social service sector in a role he or she felt was especially meaningful. When discussing the concept of success, relativity became an important theme across participants as they reflected not only on their own lives, but the lives of those around them.

One of the participants observed while working in the criminal justice system that although many negative stereotypes were applied to returning inmates, he found that many successes were often overlooked. For example, the fact that a person was returning to prison was often viewed as a failure; however, if that person was able to be successful in the
community for a longer period of time than his previous release from prison, that was a success and demonstrated progress. He shared:

I will be working with an inmate who used to come to jail three times per year for petty shit but because they have been working with people who are encouraging them on a different level and their growing in their humanity and understanding of what it means to be a good person. They are only coming back to jail once every two years. The officer, all they hear is the fact that they see the guy back in jail. They say, “Ah, that guy is a piece of shit. Look he’s back in jail again”. My thing is hold on now, that guy has not been here in two years and now he is back. Before he was here three times a year, so for me that person is on their way to success, I think. I see that as being successful.

Participants also highlighted the importance of being authentic, transparent, and honest, which was similar to their definitions of health that included being free and comfortable to be oneself:

I think generally a person that is successful is a person who is able to find their authenticity, who is able to be authentic and transparent and be totally transparent. It’s not about their job, it’s not about their whatever. It’s about a person who can be honest and transparent, so to me that is success because they can’t be those things without being loving and all those other things we talked about. It’s more about the journey than the end goal.

Many participants’ definitions of success changed over time. Some participants previously believed that success was marked by money, vehicles, owning a home, and
taking sunny destination vacations until they realized that success was actually not based upon material wealth. This participant further explained:

I always struggle with myself because I used to think success was, a few years ago when I was working at that same place and making really good money. I thought that was success, having freedom of money, home, car and to go on our vacations every year to hot places. I thought that was success until I got knocked on my butt by my higher power. I would say, things happen for a reason.

Over time, the following participant realized that success was about being at peace with oneself, loving oneself, being able to be honest, and doing what is right:

I think success means to be, I have not yet reached it, but I want to be at peace with myself and love myself and I am not quite there. So success to me I think, I just want to be. It’s quite simple, I think. I just want to be as honest as I can be, always try to do what’s right and trying to love myself. Accepting others without trying to control them. I have issues with that and I try to be true to myself and not back down from what I feel is good or right. I tend to do that, I want to please somebody else so I kind of struggle with success because I think I don’t make as much money as I used to and money kind of sticks out in my head because we were really poor. We didn’t have TV, electricity, flush toilets, food, nice clothes or toys, or a balloon or car. We never had that growing up. We never had Christmas or Christmas presents. It was always the town feeling sorry for us and giving us stuff so where is success? Success I think is I haven’t quit. I have always struggled that I am not good enough because I am not educated and I always struggle with that.
The majority of participants identified moving forward in life as an important element of success. This participant emphasized success as the ability to overcome fears and not focus on material wealth:

So success to me means overcoming my fears and how to move forward, to always move forward. It’s a simple one, not successful in terms of material things anymore and I have stripped those things away. I don’t have much anymore.

Overcoming fears and moving forward in life was an important part of resilience among participants. Success was not found in monetary gain but in achieving happiness with oneself. The following participant found success by identifying his purpose in life, setting and achieving goals that create happiness, and living comfortably within his own skin:

Success is achieving my chief aim in life. By achieving that happiness and finding your sole purpose about what makes you happy in life and going after that. It’s not about monetary value or gain but it’s about – did I achieve my self-aim of doing something I am happy at. All successful people have failures along the way but you can’t be distracted or derailed. You have to continue on the path of your chief aim and hold onto it like a pit bull and never let go. Don’t forget. Yes, you might have to change your plans once or twice or three times along the journey. That is fine but that is part of the process and the discovery of who I am as a person, as an Aboriginal person. The ability to look inside oneself, not for what would be, could be, should be or anything but the reality only lies in what is, the truth and the truth will set you free spiritually, financially, and psychologically. Then you can live within your own skin and feel comfortable. You can go to bed every night and when you lay your head down, you feel okay. You can realize I’m okay now. I’ve always been okay.
Participants’ definitions of success included having goals; achieving goals; being an honest, authentic, and genuine person; and overcoming fears. For all of the participants, success was considered subjective and relative to one’s unique life circumstances.

*Overcoming challenges and facing difficulties: Strategies promoting resilience*

Participants had many strategies to successfully cope with the multiple and complex struggles they each faced during their lives. These strategies included the ability to reach out for help, turning to positive literature such as self-help books, seeking knowledge about one’s past, and moving forward with one’s life. One participant renewed her life through sobriety, trusting friends, prayer, and self-care:

I reach out. I try not to isolate myself and I reach out to people, ask for help when I need help, talk about it with somebody that I trust. I don’t have a lot of friends. I have a few really good friends and prayer, self-care. Making sure I do the right things, as sad as I get I try not to reach for drugs or alcohol and I haven’t. I have never gone back but yeah like in sobriety, I have had a divorce, got fired from of a job of 18 years, I ended another relationship this past year, sold my home and since I lost my job of 18 years, I have taken only positions that I have wanted. I read my AA books every single day. I have my half hour every single morning before I go to work. A half hour is my time talking and reading. I guess they call it meditation and prayer. So that is what helps me. I don’t know, I always say my simple little prayer. When I am in crisis, I think about reaching out to someone and if I don’t have that – I will find a counsellor.
As stated by this next participant, taking time out of her day to meditate helped her gain the mental focus and attention required to be successful in her academic studies:

One of the things that helped me through was this weekend course I took on meditation in a Buddhist Temple. The problem I was having was that while I was in school I had a lot of information that I had to comprehend but when I would go to the library my brain would be all scattered and all this stuff was going on inside me. I couldn’t comprehend the information when my mind was busy with survival matters so with the meditation I learned how to let go and have an empty brain and when you have an empty brain you can actually read, internalize and comprehend stuff.

Many participants emphasized the importance of seeking knowledge, people, or programs in order to change the cycles of violence, addictions, and poverty that they had experienced in their lives. Several participants described how they took responsibility and purposefully worked to change their negative patterns:

I talk to people who know the programs. I research knowledge and self-improvement because at the end of the day it’s up to me to improve myself. At the end of the day it’s up to you to be responsible and do it for yourself. Nobody is going to do it for you. Do it for yourself. I read self-improvement books and read for knowledge and that keeps me in tune. And like I said, the more you imprint it in your mind by the things you think about and the things that you do imprint. You didn’t learn your bad behaviours overnight. It was because of repetitive doing that it became you. Care for your thoughts because your thoughts become words. Care for your words because your words becomes actions. Care for your actions because your actions become your character. Care for your character because it’s you. So how do you change? By doing the
reverse. Change your thinking. Change what you do. Stop the bad habits of thought. Stop the bad habits of actions that have been killing you and preventing you from being the person you want to be. Nobody intentionally wants to be bad or to think negative.

I talk to my grandson. I tell him – I want you to love everybody, no matter if they’re fat, skinny, black, brown, or yellow. My grandson says to me, ‘I know Kokem [grandmother], because it means we are all the same inside’. I try to teach him. I tell you, if you ever have a grandchild, they are more special than your own children because I can do better as a grandmother than I did as a parent.

Many participants shared their experiences of forgiving the abusers in their lives and finding ways to move forward from past traumas and emotional pain. The following participant discussed the importance of forgiveness as he moved forward on his healing journey:

Well I was sexually abused as a foster kid from my oldest foster brother and he doesn’t remember. His idea is that everybody is born gay. I will tell you one thing, I have learned to forgive him because I can no longer hang on to that crap inside of me – it was eating me away. In the end, he has to answer to himself. He doesn’t have to answer to me. So I don’t try to hound him and get the truth from him, it would be fruitless in nature. I know the truth. I’ve dealt with the things that have caused me to be the way I am and I have changed it because that is my responsibility. That is where I am today and I can say that I have taken a really big leap. It’s given me the ability to see past the ignorance of people sometimes and tolerance has taught me patience. It’s easy to blame other people and places but it’s harder to admit your own defects, character flaws and shortcomings, and to correct them.
The participants discussed a variety of successful strategies for overcoming the challenges they each faced in their lives. All of the participants demonstrated resilience and had important lessons to share that they had learned along their journeys.

Several participants mentioned their spiritual beliefs and practices as a source of strength and knowledge in their lives. The following participant captured a unique blend of Christianity and Aboriginal cultural ceremonies:

I turn to my devotional life. I read the scriptures a lot less than I used to but I still read the scriptures and oddly a lot of help comes to me through interacting with these guys I work with. A lot of it does because I get confirmation on a lot of things I’m working on in my own life and thinking about and getting confirmed a lot. Just God for me is very interactive and present everywhere and always and so God is able to speak to me through others and through certain circumstances and whatnot but I would have to say that the number one way that I survive are through reading the scriptures….There are a lot of awesome Aboriginal thinkers out there who are believers and yet they are hitting the drum, dancing, singing, doing the pow wow thing but they are believers and despite that everyone around them at the pow wow is just doing whatever or doing it for their own reasons, they are banging the drum to Christ. They are banging the drum for different reasons because they found a different reality but they are living it out through their culture.

The participants each found their own unique blend of traditional cultural ceremonies and mainstream services to support them as they overcame adversity.
Life lessons

Participants shared the life lessons they had learned and found to be helpful. Many participants noted that they learned what they did not want to be from those who abused them in childhood. The following participant stated:

Choice and consequence. Cause and effect. Growing up in an addicted, abusive household taught me valuable lessons on how I didn’t wish to live in adulthood.

Many participants reflected on their experiences facing racism within mainstream agencies and services, and how cultural teachings were helpful. This was described by one participant:

As a bi-racial member in an Aboriginal position, I receive some animosity from some community members at which time I remind them of the Medicine Wheel teachings and the Four Colours. In mainstream settings, it becomes a challenge to break down misinformation when someone finds out that I am Native. I tend to educate people on the Residential Schooling System and the Child Scoops which has led to vicarious trauma suffered by many First Nations individuals and I have noticed that through this information I impart, there becomes a better understanding as to why Natives have such a horrible stereotype.

The majority of participants emphasized the importance of being an authentic and honest person. The following participant pointed out the importance of unconditional love, as well:
The number one lesson is unconditional love. That is our teaching. And people throw that around a lot. Unconditional love. When you really break it down, what is unconditional love? To love somebody unconditionally, that is the key to many things. And surrender is very important. Humility is very important. Truth is very important. Honesty, authenticity, it’s very important to be authentic. When you have surrender, unconditional love, humility, truth, you have integration, full integration. I don’t have rules that I live by per say, maybe you could say those are rules but those are just commitments, principles, things I have committed to. I think probably the biggest one is unconditional love and it almost encapsulates all of them. Unconditional love. In a way it does. Loving at all is a hard thing because I don’t think that we are necessarily hard wired to love, although we are hard wired to need it, to want it, and to give it but I don’t think we are hard wired to be able to love, until we find the meaning and purpose of life, then we can start giving out love. But even that, that is another principle that is probably more central to my understanding, less identified, and that is all of us who have anything to give to others in terms of support, having a helping or supportive role, that we’re all essentially wounded somehow anyway. So we are all kind of as one theologian once put it, we are all wounded healers.

Another life lesson was from a participant’s biological mother who taught her that not only was she born special but that every person is born special in their own way:

My mother, when I was young, I suspect she took good care of me. I remember she made a lot of mistakes no question; however, she had love, like she was nurturing. She was loving. She thought that I was special so I think that kind of grounded me in the sense that I always believed her. All my life she told me that I was special, she told me because that was our culture. When you have something different about you like your feet or your nose was too big or whatever it was that people were concerned about, there was a positive side that meant that you were special in some way so I always believed that I was special and it is sort of like I really believe it from a core level.
The following participant found important life lessons through making meaningful changes in his life:

I just couldn’t continue to have the pity parties, feel the poor me, poor me. I don’t want any more heroin or pills in my veins. I had to take control of the situation. I believe in this – say today that if you do what you always did, you’re going to get what you always got and so, if you don’t like what you’ve always got, quit doing what you always did ‘cause nothing will change. I had to change my thinking, my friends, and my environment because my thinking was just stuck in the stinking thinking and I had to change it.

A common theme among participants was their emphasis on life’s journey rather than the final destination, as demonstrated in the following quote:

It’s more about the journey than the end goal. Never losing sight of that end goal but it’s about the journey and not the end goal so much.

Another common theme was being honest and authentic with oneself and participants emphasized progress rather than perfection, as described by this next participant’s quote:

Being honest with myself; that is so important to me because it is really easy to lie – it is. I kind of feel good about it – being honest and truthful to myself. I am not perfect. I am nowhere near but another thing I try to live by is progress, not perfection and that is what helps me. I am my own worst enemy because I judge myself harshly and I have to remember progress – not perfection. As long as I keep moving forward, I might not do it perfectly.
Many participants felt that reconnecting to their spirits, to who they really are when driven by purpose and meaning, held important life lessons. Despite experiencing significant traumas as well as negative outcomes, including addictions and homelessness, the participants all found meaningful and successful strategies for facing difficulties and overcoming the challenges that they had experienced in their lives. All of the participants shared the life lessons they found to be helpful.

Sub-category four: Spirituality, culture, identity, and purpose in life

The themes that emerged under the spirituality, culture, identity, and purpose sub-category included: (a) spiritual practices, (b) access to cultural centres and services, (c) purpose and meaning in life, (d) relationship between cultural identity and health and success, and (e) relationship between cultural identity and purpose in life.

This sub-category highlights the spiritual practices of participants, including available opportunities to connect with their culture, such as access to cultural centres and services, which the participants utilized in their daily routines. As the majority of participants described, re-connecting with their cultures and identity, and having a purpose in life, has played an important role in their lives.
**Spiritual practices**

Based on the premise that there are multiple pathways to resilience for Aboriginal youth, one of the focal points of theoretical sampling was including participants with differing spiritual practices. All of the participants considered themselves to be spiritual beings; however, the modalities of their spirituality differed. The following participant described her belief in a “higher power” which was learned as an adult in an Alcoholics Anonymous (AA) support program:

Mine is my higher power, that’s my first. I have to believe in that more than anything and to me it’s God. I call him God, Creator, God. I am not a Christian. I don’t go to church and the sad part is that I learned all this in AA, so that is finally where I found something that kind of helps me and I’ve been searching for something my whole life. I don’t know if you get that but it seems like I’m searching and searching and in AA I found something where I don’t get too confused. One thing I like that caught my eye was take what you like and leave the rest and this is every religion and every belief and I do respect peoples beliefs, I don’t judge. My help has been my prayer. I always pray. I’ve tried the church thing and became a Christian for a while. I tried different churches. I never found a spiritual Native teacher, like a traditional cultural teacher. I really want that.

Although several participants found AA helpful in their life journeys, the following participant self-identified as a Believer in Christ and spiritual director. This participant used nature, animals, birds, Biblical scriptures, and prayer as sources of knowledge, guidance
and connection to God. This participant contrasted Western psychology as working from the outside with God who works from the inside. He stated:

I studied how Christ relates to Aboriginal culture. There are a consortium of thinkers out there talking about what Christ means to humanity and what Christ means to Aboriginal people and all of them are Aboriginals. They get together every year at the World Gathering of Indigenous People. They are Christian Aboriginals from all over the world. They do the same things that Aboriginal people do at a pow-wow like dancing and drumming, it’s just they are doing it in a Christ-centered way with Christology in mind. They would be worshipping the Great Spirit but in their mind the Great Spirit is Jesus Christ. So it’s very authentic worship but it’s just done in a culturally sensitive way. I see Christ as a cosmic Native in a sense but at the same time he is not Native – he is non-cultural but at the same time he kind of stands on the side of culture but at the same time it’s because of Christ and God’s creation that we have culture at all. Christ to me is much more inclusive than he is exclusive and he has been drastically misunderstood by many Christians. In my eyes, Jesus is just a hippy guy and the hippy movement back in the sixties, peace, love and happiness, except for the drugs. They were definitely a catalyst to the dark side and not to enlightenment at all. [...] For me that eagle. I saw that eagle and went home. God had to be speaking to me, and I go home and sure enough, for that very day for that very moment, there was God. Some people may say that is cosmic coincidence but that is no coincidence at all. For me, that is confirmation so that’s the power and impact it has on my life. Wow, I don’t think there is any psychologist that can swing that, I don’t think that can happen. They may bring you some good moments or great insights but God can truly make a difference, make things change in your life, and that is the difference. Not messing around with theories or whatever, God goes straight to the heart.
This next participant felt so afraid because of the Christian teachings from IRS that she was compelled to carry the Bible with her at all times, fearing she would be struck down dead or a horrific accident would occur if she did not. Through learning about the teachings of the circle of life and her connection to Mother Earth, this participant realized that many people have different beliefs:

There is no right or wrong, or beginning or end – just life’s processing for us to learn and become whole and complete as people. There is love and joy generated by understanding ourselves so that we can understand others. I guess the good thing about it is I have a very loving grandmother. And the sad thing is that I forgot how wonderful my mother was. You go to residential school and they tell you that the reason you are there is because you are bad and your mother doesn’t want you. And you believe all these things because you have nobody else to turn to except for this church that says, “Jesus loves you”, and I was glad about that. Today, my spiritual belief is I would say I rely a lot on Mother Earth. Sounds kind of corny but that’s the way it is because all of our energy comes from the Earth and so you could say there is a Creator and I’m sure there is a Creator who created this cause I don’t know enough about the world so let’s assume there is a Creator so therefore, I trust in that. But all my life, from as far back as I can remember, if I am stuck on which path to go, for me it has to be connected to the Earth. That is how we come to be who we are. So I don’t hop onto those ideas about God sitting in the sky making rules for me to live by. […] I have spiritual ways of getting rid of my anger like doing a Smudge or connecting to the Earth and learning more and understanding more. That’s about my spirituality. Then you go around in a circle like every year, you are like a coil. You go higher and higher and higher because you gain more and more knowledge so it’s a constant ongoing thing.
Many participants emphasized that they were spiritual beings, whether their spirituality was expressed through a particular faith or through Mother Earth and Creation. One participant noted:

I lie on the ground and let the energy flow. I just lay with my head on the ground on my stomach in the sun because the sun comes through your body and just heals you and it’s like an energy that flows with the Earth and you and your body and your pain – it goes away. I swear every bit of pain in that moment and time, when you stand up then it’s not the same anymore. That’s the beauty – some of the things you can do. They alter your mind and then you actually do feel better.

Some participants made it very clear that they denounced a belief in religion and its associated dogmas:

Well I don’t believe in religion because religion to me, tends to hold a monopoly on how to believe and if you don’t believe in this particular way then there is something wrong with you and I got news for those people – there is nothing wrong with me, I am just fine. Who is to tell me what to believe? Nobody knows what I’ve learned, seen and done since that day I’ve been born. To come to believe in anything, to me it’s a personal, spiritual relationship with this intangible being. That I know life existed, I’m not that arrogant. I know life existed before I was here and it will exist after I’m gone. I’m that insignificant but I’m worth something and I believe in spirituality and that personal relationship with the God of my own understanding.
Although some participants denounce dogmatic religions, they still find meaning in the cultural teachings and ceremonial practices. Many participants engaged with mainstream medical practitioners as well as traditional healers, Elders, and ceremonies, as described in the following quotes:

I go to cultural centres any time I desire. I believe in universal spirituality. I do not subscribe to dogmatic religions. I smudge daily and do thank Creator daily. I do seek out the assistance of Western medicine practitioners but I also have a wonderful healer and Elder that I speak to. I also use our traditional medicines, mainly cedar, quite frequently.

I am ceremonious monthly with Grandmother Moon. I am thankful for the Creator, I smudge. I pray when I remember. I tend to have my own honourings, honour the moon and stuff like that. I try to avoid drinking because I know that with spirituality, it is a bad thing, especially when you are supposed to be a leader. I use both traditional and mainstream medicines. I smudge and attend ceremonies. I spend time in nature when I am stressed. I also use meditation and attend sweat lodges.

Many of the participants would seek traditional knowledge keepers and Elders, as well as mainstream medical practitioners on an as-needed basis. Spirituality was at the forefront of their everyday lives as they were involved in traditional ways including the sacred medicines and smudging ceremony, offering of tobacco, praying to the Creator, sweat lodges, and accessing cultural centres:

Life is spiritual, whatever is out there, and to pray every day – to put down tobacco every day and ask for that spiritual help.
Each participant had their own unique understanding of spirituality and how this manifested in their daily routines. Although there was variance in the spiritual practices and preferences among the participants, each participant found meaning and strength in his or her spirituality.

**Access to cultural centres and services**

Although all of the participants in this study had limited opportunities to participate in cultural or spiritual ceremonies, such as the vision quest, during their time in child welfare care, each participant found meaningful ways to connect with their cultures after exiting care. All of the participants expressed an interest in learning more about their culture and had already begun their individual and unique journeys of cultural discovery and identity re-development with the integration of new information. One participant described:

There was very little in the way of cultural supports. Upon moving to Toronto and going to college as an Extended Care Maintenance (ECM), I was placed into contact with agencies that were First Nations based. I started volunteering at Anishnawbe Health Toronto. By my last year of college, that summer, I was volunteering upwards of 60 hours per week. I was given many great opportunities to immerse myself in the culture through traditional agencies like Anishnawbe Health Toronto, Council Fire and Native Child and Family Services of Toronto. Through this, I was able to secure employment at Native Men’s Residence upon graduation from college. It was through the initial agency that I learned about who I was and what path I wanted to embark on.
The majority of participants had not experienced a cultural birthing or naming ceremony in their communities of origin; however, some of the participants sought out and received their spirit names through Elders as adults: “My Spirit Name is my guide for my life. My colours guide my visions”. Only one participant remembered the spirit name given by her grandmother when she was very young:

I am not familiar with the traditional teachings. I know my friend in Toronto tells me about the traditional teachings that she is learning and I always say I wish I could learn that stuff but I haven’t found somebody to teach me the cultural teachings in that way. I’ve always had an Indian name that my Grandma gave me.

Many participants were involved in their local Aboriginal community centres or Indian Friendship Centres, where they accessed traditional language classes, traditional teachings and Elders. The following participant described the support he received as he reconnected to his culture:

I go down to the local Aboriginal cultural centre. It’s helped me to really get in touch with my Aboriginal roots and to not feel so unassured about who I am as an Aboriginal person. They are helping me get in touch and I’m learning a lot of knowledge. Knowledge to me is discovery and that is why I embark and I read a lot of things today that are knowledge. I believe today that knowledge is power. Especially with regards to my thoughts – those are the type of thoughts that I want in my head so that they are auto-suggested in my behavior, they come out in my behavior, they come out in my application of how I approach life and look at life and look at other people too.
Other participants were able to break down racist stereotypes that they had previously held about Aboriginal Peoples through their involvement with cultural centres:

I struggled with anxiety until I was in my late twenties. I would have these anxiety attacks and my whole body would go numb and I would fall down wherever I was. I would feel like I was going to die. It was this Native counsellor at the community centre and I thought I would not be able to trust her. I didn’t trust my own people and that is where I realized that she had taught me something that way because I was always raised to believe, even my family, we didn’t have pride in our culture and I was not proud of that. At home, with all the drinking, she never said bad things about my Uncles, Aunts, and Mom. What way was the right way? Fear of churches and police? I still kind of have those issues.

Each participant discussed his or her own personal relationships with God, Creator, and Mother Earth. The following participant described his relationship with God and his Native culture:

The only way that I reach back to my Aboriginal heritage is through symbolic things like an eagle or hawk. If I see an Eagle, it’s been my experience eagles or hawks, usually hawks, because eagles are hard to come by in the course of a day, always carries big medicine not only in a Christian way but in a Native way as well – the two are the same to me. It makes me aware that God has something to say. But the eagle, both in the Bible and in Native culture is big medicine. It signifies something majestic and strong, and good things. It’s just a positive confirmation of things.
Although the participants had limited access to their cultures while growing up in child welfare care, all of the participants expressed an interest in learning more about them as adults. In this sample, participants had varying degrees of personal connection to their cultures.

**Purpose and meaning in life**

The meaning and purpose of life was a key theme in discussions about resilience. Many participants questioned how a person is able to have a purpose if they don’t even know who they are. One participant shared the following about growing up in care:

I felt lost in a sea of questions about my purpose in life. I mean the salient question for me ever since I was conscious was why am I here? What is this thing? And that was it and so that question was depressing in a sense because I thought there was no answer to it, number one, and number two, I couldn’t find an answer to it. That there was no answer to it and I always thought that a person’s sense of meaning in life was subjective and in that sense there wasn’t any objective reality…so I was always searching and always open but messed up about the whole thing like I was weird, like all I tried to do was think about what was going on. I couldn’t concentrate in school because of that question, I couldn’t concentrate at work because of that question. I couldn’t have a relationship because of that question…I had to find meaning in life and it alluded me everywhere I went and I did a lot of things in my life, most of it bad but a sense that there was great meaning and great purpose in life but that I didn’t know what it was…I believe that is what drives us – the quest for meaning and purpose.
All of the participants felt strongly about the importance of having a purpose in life and as adults, they all knew their purpose. However, there was a diversity of experiences during childhood and adolescence related to the concepts of meaning and purpose in life.

Several participants expressed how every person has gifts and that understanding individual and unique gifts is vital to knowing one’s purpose in life. The majority of participants knew from a young age that their purpose had to do with helping others. The following participant wanted to be a social worker from a young age:

My social worker interviewed me for CBC Radio. She asked me what I wanted to be when I grow up and I said that I wanted to be a social worker [laughing]. So funny. I never did go to school for social work but here you don’t even have to be a social worker to do social work. I always wondered what my purpose is cause I always feel less than because I never went to school, no education, no diploma, no degree, no nothing. So I kind of struggle with that but I feel my purpose in life is quite simple…I’m meant to quietly sit when somebody comes, I just touch somebody’s life or help somebody.

Some of the participants described how their sense of purpose began at a young age and was strengthened in adulthood:

I was always helping people and leading. I feel that that was my purpose subconsciously. Today, my purpose is to survive and make a difference in my own capacity.

My purpose was to assist others. I helped facilitate a youth group for those just coming into care or youth who wished to leave care
upon their 16th birthday – when they refuse Crown Ward ship. I am a well-known member of the community who has been gifted with an ability to work with people whom have fallen through society’s cracks.

While some participants continued on the path of their original purposes in life, several participants’ sense of purpose changed over time. This is described by one participant:

In care – I think because I was getting meals I was just happy to be alive – no real purpose but independence. Actually, my purpose in life was to not be like my family. That was my main purpose – not to be a perpetrator and to learn as much as I could to not be the way that I was raised and to stand up for myself and to be validated too. I think that was a huge purpose of my healing. After I turned 17, my purpose started to change. I finished my child and youth worker diploma because I wanted to help kids and youth in a different way other than working in the system. Today, I think my role is to make change in the world and more so how things are done in order to protect the well-being of children and then families and then communities. Like it started out, my purpose in life was to help kids and then help youth and then families and now it’s broadened to the community level.

Regardless of whether participants’ purpose in life changed over time or remained the same, purpose and meaning in life were intrinsically connected to all of the participants’ connection to culture, identity development, positive life changes, and resilience.
Relationship between cultural identity and health and success

For the majority of participants, re-connection with family and culture was an important factor in identity development and resilience. One participant stated:

I think it’s really important that we keep our culture. What helped me to succeed is the connection with my family all the time and being able to go back to the rez and keeping that contact helped me. It’s become more connected as I’ve got older. I’ve come to realize how much I love who I am and accept myself and love my people. I never loved my people before because I always wanted to be White. I don’t think that way anymore.

Many of the participants reported a limited connection to their home communities. This lack of community connection was considered a risk factor resulting in feelings of isolation, lack of identity, and a sense of not belonging:

I’ve had a hard life. I’ve had an identity crisis my whole life. I have two different last names and not really having a family – a biological family that I was raised with. My whole life there has always been that identity crisis that has got me in problems with the law and got me in problems with substance abuse, drugs and alcohol and taken me down paths of behavior that I wasn’t proud of but that is my past. I have rectified the problem and taken measures into my own hands. I did the appropriate things that I needed to do. I went to AA programs, NA [Narcotics Anonymous] programs, and I cleaned up my life. I took psychology courses and talked to people. I got rid of the things that were making me emotionally constipated and got it all out of me so today I can live within my own skin. I like who I am today. I have taken self-responsibility for my emotions and sought out help where I needed to, when I couldn’t do it on my own. I found the keys of knowledge pertaining to why I was feeling the way I was feeling, why I was thinking the way I was thinking. Why did I continue to abuse myself through substance abuse and today I don’t need to do that.
The majority of participants expressed feeling connected to their culture as adults. One participant was beginning a journey of cultural discovery and stated:

I don’t feel that connected to my culture and today it is all new knowledge to me and I am just embarking into this new life of self-discovery because I always felt that I didn’t have an identity…There still are questions about where I fit in. I still haven’t found my place totally yet, but I’m on the journey of discovery and its feeling better and more comfortable living within my own skin to say, “I am Native” today, and it’s okay to say that without feeling ashamed or not quite too sure who the hell I am, especially by people that have known they were Native all their life. They are quite comfortable in it, where I haven’t felt that comfort but I’m still seeking that comfort today.

All of the participants expressed the need for healthy Elders and the difficulties associated with having limited access to Elders available for mentorship, guidance and cultural teachings. The following participant discusses her desire to learn more from Elders:

I always feel kind of disconnected, I guess. I don’t know if disconnected is the right word. I feel as if I never quite learned enough I guess. I want to listen to the stories. I would love to learn from the Elders.
Another participant stated that although she felt connected to her First Nation community, she wanted to learn more about her culture:

My prayer, my spirituality, I always kind of feel guilty because I am First Nation. I should really learn my culture and I did find somebody who was starting to teach me but he passed away last year...He was the Elder for the organization. He would always sit and I would ask him questions...I finally met somebody and he passed away.

Only one participant referenced the ability to speak their own Aboriginal language.

She was the only participant who could fluently speak her traditional language:

I am always trying to love myself more and accept myself for who I am. I know that as a First Nation person, I’m very proud that I speak the language. I feel so blessed because of that. I didn’t get to pass that onto my kids, but that part of me I am so glad that I have that. I don’t know what culture means but I know that I am very proud of what I am as a Native woman.

Other participants were able to remember their family members speaking their traditional languages but were never taught the language themselves:

My grandparents, for instance, wouldn’t teach me the traditional language even though they could speak it. In the house they would always speak it. I would tell them I wanted to learn because when a neighbor would come over, they would automatically speak it but around me, they were always speaking English and they told me it was because it would make my life easier if I could learn to only speak English. They saw the traditional language as being detrimental to me, so I only learned a few words.
Many participants expressed how getting involved with their culture impacted their identities and self-esteem by promoting a sense of belonging, being valued, and reconnection to family and heritage:

My cultural identity gives me a sense of belonging internally and externally (with others), which makes me feel less alone. It gives me an understanding of the abuse I have endured and it gives me an understanding of my history.

Knowledge of my cultural connection was a reminder that I had once been valued. It was a memory of my inner strength, but since it was unvalued by mainstream society where I was forced to survive, in reality my lived experience was that it negatively impacted my success in the past. My life changed and I became more solid as a Native person working with Native families for the past eight years.

Many of the participants were still trying to find a place to belong within both their Native cultures and the mainstream culture, as described in the following three participants’ quotes:

My cultural identity has been more of a hindrance than a ladder to success. Mainstream organizations still carry some level of bigotry when faced with knowledge that I am a Native woman whereas Native organizations will more often than not, question if I am a suitable candidate for employment based on being bi-racial.

I was beginning to feel unable to compete in mainstream jobs. I felt suicidal and I connected to a psychologist that helped me to reconnect to my emotions and to begin to value my family and heritage again. I then attended university and earned a combined
honours BA in Art and English. My cultural identity could not feel stabilized in White society. In my life’s journey I kept trying to find a place that I could fit.

Well I know that I’m Aboriginal. I guess I apply the philosophy that I am not prejudiced to anybody else because of that identity crisis I did have. It was more about being a human being and being part of human race. So it’s hard for me to grasp that I am Aboriginal. I am not sure about it. There are still questions about where I fit in too. I still haven’t totally found my place yet but I’m on the journey of self-discovery and its feeling better and more comfortable living within my own skin.

Resolving issues around cultural identity provided many participants with opportunities to become more comfortable with who they are as Aboriginal Peoples, as described in the following quote:

Just the fact that I think the culture is telling me who I really am. That there is no reason to be ashamed of that. It gave me the ability to live within my own skin a little bit more comfortable without having emotional constipation. I’m not saying there is a right way to be or anything like that but I can’t be anything other than what I am and I am okay with that today. I am okay with that.

This next participant was unique in describing how his cultural identity had impacted his success:

My identity impacted my success. Okay, well it all goes back to authenticity and transparency. You know, the fact that I have been able to identify the issues in my life, overcome so many things
through God’s help and that is how I see it. I have come to a place where I am not happy but content to be a believer and an Aboriginal person. I guess that’s part of my identity but that is not all of my identity. At one time it was not a factor in my thinking, now that’s become my conscious factor and so the knowledge of my identity and the fact that I’m transparent. I couldn’t be successful if I wasn’t able to be transparent. I couldn’t be successful if I didn’t know who I was. Until you come to some understanding of who you are and what it means and you know why you are here, to the best of your subjective ability, you can’t be successful, you can’t go forward. I don’t think anyway.

Although re-connection to family and culture was generally regarded as a positive experience, some participants had mixed emotions as evidenced by the following:

When I was 14 years old, my mom came looking for me and that is the exact same time that I met my mother’s uncle. It was fate. It was meant to be. Now all of a sudden I had an identity. I started to feel an identity but there was always this guilty feeling about my foster family. I had only ever known my foster brothers and sisters, my foster mom and dad all my life that I was betraying them too. It was like, “whom do I please emotionally? Who do my allegiances of loyalty tie to emotionally?” There was always this guilt trip, feeling guilty and having people make me feel guilty because I always wanted to know where I came from and when that opportunity presented itself and I agreed – I felt guilty about seeing my mother but then my foster mom only let me see her once a month so it wasn’t really enough to constitute a relationship.
The following participant shared how her cultural traditions respect the human spirit and value authenticity, which has guided her in her spirituality and the achievement of an authentic identity:

My spirituality is everything to my peace of mind. My culture, it’s like you can’t question that. It just is what it is. So who I am is my culture. I remember my ancestors were not perfect in any way, shape or form. There was a lot of damage. There was a lot of humiliation from the White people. In my culture, there was some kind of honouring or respect that they had for the human spirit that I don’t see strong in other places so in that sense, it holds me true to who I am. If I can’t be who I am than what is the purpose?

The majority of participants have found that their cultural identity impacted their health and success in their everyday lives. Each participant demonstrated resilience in finding their own personal connections to health and success.

*Relationship between cultural identity and purpose in life*

Each participant struggled in some area of their lives until they found a place in the world where they felt they belonged and had a purpose in life:

You cannot fulfill your purpose in life without a sense of who you really are like fully, you have to know who you are. To me, I speculate that this is subjective. What I think I believe, for example, I have no right to make statements about anything really. Spiritually, on a spiritual level, if I don’t know who I am spiritually and the only way that I can know who I am and what I am experiencing – I have to know. I have to be fully aware of everything that integrates into who I am.
I always felt that my purpose was healing and my identity is everything about healing. Like my identity – who I am, where I’ve been, how I exist as in the world today as an adult, what I’ve done, what I’ve chosen to do, has everything to do with what my purpose started out as. It’s a funny thing. It’s almost like its electromagnetic and something is pulling you in this direction. It’s not that it’s not your choice, it may be my choice but determined somewhere else.

I think that was a huge purpose of my healing. Today, I do have a purpose – to make a difference in the experiences of those who are harmed, particularly First Nations who seem to experience this for generations. Identity makes you feel like you belong. Purpose is what you do with your belonging.

All of the participants discussed their achievement of a sense of inner peace when they spoke about their purpose and identity. When speaking about purpose and identity participants revealed the significance of being comfortable and confident with who they were, as described by the following participant:

The purpose of identity is to feel comfortable. To have confidence. It doesn’t matter who you are or what you are, you can be anything you want to be.

Some participants found that their cultural identity had helped them in forming their purpose in life and their choices to give back to their communities. The following participant used her cultural teachings as a Haudenosaunee [Mohawk] woman to work with her clients:
Many lack the basic understanding of why the female species is imperative to the continuation of any culture and I have been able to give them the water teachings, as well as being able to explain how before colonization, the women of the tribes (aunties, mothers, grandmothers) were the care providers – the homemakers and the child-rearers – as well as the protectors of the water which is one of our most important lessons in helping shape a warrior.

Participants emphasized “giving back” to their communities by sharing what they had learned through their own lives and by being a good human being. They discussed the importance of being authentic while helping others. One participant described her experience of working with Aboriginal youth involved in the child welfare system and advocating for their involvement in the development of child welfare law:

There were a couple opportunities where I was able to empower the youth voices through some of the stuff I did outside my role, like getting youth engaged to talk to the Minister of Aboriginal Affairs, getting the young people to go to pow wows and starting the very first set of ceremony activities through the agency for the young people.

Participants found deep meaning and purpose in using their experiences and life lessons to give back to their communities as well as those facing similar life challenges.

Some participants were still in a process of cultural identity development, while others had found peace with their identities. Active practices of spirituality and accessing cultural centres and services were viewed by the participants as successful strategies for
overcoming challenges and obstacles often experienced by Aboriginal children and youth in child welfare care. Demonstrating health, success and resilience, all of the participants found meaning and purpose in life, through giving back to their communities in positive and meaningful ways, which they believed contributed to their development of healthy sense of identities.

All of the participants were employed or volunteering in the social service sector, with a goal of giving back to their communities and helping disadvantaged peoples who struggle with addictions, mental health, poverty, and involvement with the criminal justice system. The majority of the participants expressed that their most important goal was “being me”. Some participants had achieved this and some participants were still working on finding their true identity. For many of the participants, this involved learning about their past and culture and returning to their true spirit. Relying on spiritual practices in times of trouble and celebration was a prominent themes among the majority of participants as they discussed their strategies for facing and overcoming challenges they faced in life. As these participants have indicated, one’s of life’s greatest lessons comes from finding and loving yourself in this life’s journey.

Summary

The data presented in this chapter revealed the core category of Transforming Trauma into Triumph. From this, four sub-categories: Intergenerational Trauma and Cultural Continuity; Being a Crown Ward in the Ontario Child Welfare System; Negative
and Positive Outcomes; and Spirituality, Culture, Identity and Purpose in Life were identified as factors impacting the resilience processes of former Aboriginal Crown Wards. The individual qualitative interviews in this study demonstrated a diversity in patterns of resilience among Aboriginal adults who were former Crown Wards of the Ontario government. It is common for this type of discussion to be a cathartic experience for participants, as they reflected on their experiences of cultural identification. Although it could not be guaranteed that participating in this research would be a positive experience, the interviews were held in a respectful environment of sharing and learning. Each participant reflected on his or her life and the important insight they had to contribute to this research project. Participants were appreciative of the opportunity to participate in this study and felt that the findings would contribute to a better understanding of resilience and identity for Aboriginal children and youth in the child welfare system. In the next chapter, these findings will be discussed within the context of the theoretical and research literature before presenting an integrated bi-cultural model for use with Aboriginal children and youth involved in the child welfare system.
Chapter Six: Discussion

This chapter includes an integrated discussion of theory, research, and this study’s findings in order to set the groundwork for the presentation of a new bi-cultural model of identity development and resilience for Aboriginal children and youth. Based on the findings of this study, a multi-cultural integrated theoretical model is proposed that includes spirituality as a factor in the development of resilience.

Transforming Trauma into Triumph

The purpose of this study was to explore the processes of resilience and identity development among Aboriginal former Crown Wards in the Ontario child welfare system. Participants provided their definitions of health and success, and what they perceived the role of culture and identity to be in their personal processes of resilience. This research utilized a blend of Indigenous and Western research methods in order to develop a culturally relevant model of resilience for Aboriginal children and youth. All of the participants had personal experiences with the Ontario child welfare system and had experienced processes and outcomes of resilience on their journeys of “Transforming Trauma into Triumph”. This became the overarching theme and consisted of the following four subthemes: Intergenerational Trauma and Cultural Continuity; Being a Crown Ward; Negative and Positive Outcomes; and Spirituality, Culture, Identity, and Purpose. These findings provide
understanding about the concepts of identity, culture, spirituality, and resilience from the perspectives of Aboriginal former Crown Wards.

The following discussion explores the overarching theme of “Transforming Trauma into Triumph” within the context of the research findings and contextualizes the study results within the literature. The theme of “Transforming Trauma into Triumph” was interwoven across each of the four sub-themes and helped to explain both the intergenerational loss of culture and identity over time, and the revitalization of culture among participants who were actively seeking out cultural teachings, Elders, and role models. These themes are consistent with findings in the theoretical and research literature, emphasizing the importance of culture and a positive identity for the development of resilience.

**Intergenerational Trauma and Cultural Continuity**

The historical and long-standing impacts of intergenerational trauma have been well documented in the literature (Archibald, 2006; Brave Heart-Jordan, 1995; Brave Heart, 2003; Cantrell, Roberts, & Barnes, 2013; Gagne, 1998; Grant, 1996; Locust, 2000; Menzies, 2006; Milloy, 2006; Quinn, 2007; Trocmé et al., 2004). Cultural dislocation, a direct result of colonization practices including the IRS system, the Sixties Scoop, and provincial child welfare agencies, has widespread impacts including high numbers of addictions, suicide, and violence (Hudson & McKenzie, 1981; Ing, 1991; Lee, 1992; RCAP, 1996; Richardson & Nelson, 2007; Rudin & Quinn, 2012).
Acculturation stress, which can be defined as failing to acquire and value one’s Aboriginal values and identity while also failing to identify with the cultural values of the larger society, as well as marginalization, have been identified as risk factors for Aboriginal youth suicide (Johnson & Tomren, 1999). Adolescents with suicidal ideation and behaviour tend to have a less developed sense of cultural identity and continuity (Chandler, 1994; 2000; Chandler & Lalonde, 2008). Research suggests that well-developed cultural identities, including traditions and language, lead to social integration rather than social isolation (Stalikas & Gavaki, 1995), indicating the need for further research using bi-cultural theories of identity development and resilience for Aboriginal children and youth.

It is difficult to fully understand the long-term implications for youth raised in a non-Aboriginal family without an appreciation of Aboriginal history, culture, and politics (Yeo, 2003). Kendall discussed these implications when he stated that: “[t]he most obvious effect of separation is shame or denial of an Aboriginal identity. Because of childhood conditioning Aboriginal adults may be ashamed of their dark skin, avoid other Aborigines, and then attempt to fit into white society” (Kendall, 1994, p. 19). This effect is also known in the literature as Split Feather Syndrome (Locust, 2000). The findings of this research demonstrate that cultural identity is complex and sometimes complicated by internalized racism and a desire to fit in with mainstream society.

The impacts of intergenerational trauma and the legacy of the IRS system in Canada emerged as prevalent themes among the participants in this study. Each participant had been uniquely impacted by his or her own experiences of intergenerational trauma, including the loss of family members to addictions, suicide, and violence. Many authors and researchers
in the area of Aboriginal identity development also emphasize the pattern of assimilative laws, policies, and regulations that continue to jeopardize the development of cultural identity (Baskin, 2007; Peroff, 1997; Simard, 2009; Weaver, 1996 & 1998). While some participants themselves had attended an IRS, other participants were children of IRS survivors or individuals taken during the Sixties Scoop.

For Aboriginal youth in Canada, intense acculturation pressures create unique challenges during the transition to adulthood such as the need to define oneself (Wenger-Nabigon, 2010). As indicated by the findings of this research, Aboriginal youth often struggle to negotiate between their culture-of-origin and the wider Canadian community in the quest to establish a positive identity. This process of identity development is further complicated for Aboriginal children and youth because, to a certain extent, they are not in control of their own identities, as the Indian Act governs who is eligible for Indian Status. It has been suggested in the literature that educating all youth about Canada’s colonial history and relationship with Aboriginal communities can help youth to confront their feelings and beliefs (Wekerle et al., 2007).

McCormick stated: “First Nations people have now recognized the overwhelming need to be reconnected and to reclaim that which was taken, and are now acting to reconnect and strengthen those bonds” (McCormick, 1997, p. 178). There is an Aboriginal reclamation of traditional belief systems, practices, languages, and cultures in order to overcome personal experiences and problems (LaFramboise, Trimble, & Mohatt, 1990).

The loss of family members to addictions, suicide, and violence was embedded in each participant’s life journey. Despite these lived experiences of intergenerational trauma,
each participant demonstrated resilience finding ways to use these experiences to better deliver cultural healing services to Aboriginal Peoples.

Well known effects of Canadian genocidal policies, such as the IRS system and the Sixties Scoop, include intergenerational trauma and high rates of poverty, addictions, homelessness, and involvement in the criminal justice system. This directly relates to the disproportionate number of Aboriginal children and youth in the Ontario child welfare system today. All of these factors have interrupted the ability of Aboriginal communities, families, and individual to pass on cultural knowledge and traditions in positive and meaningful ways to subsequent generations.

Varying degrees of intergenerational trauma were experienced by the participants. All of the participants had been exposed to addictions and violence in their families as children. They had all also been removed from their families and placed in child welfare care. The over-representation of Aboriginal children and youth in the child welfare system is another impact of intergenerational trauma experienced by Aboriginal families today.

Being a Crown Ward

While being a Crown Ward was a common factor among the participants, each participant had his or her own unique narrative about being in child welfare care. Although participants had multiple reasons for coming into the care of child welfare authorities, their primary reason for entering the child welfare system was poverty - that is, their parents’ inability to provide the necessities of life for a child. Some participants discussed
intergenerational trauma factors that led to their involvement in the child welfare system. This is reflected in the OACAS (2010a) Child Welfare Report that reports that the highest proportion of children (63%) are admitted into child welfare care for the classification reason of neglect, including food insecurity, substandard housing, overcrowding, and poor water quality (Best Start Resource Centre, 2012).

Although some participants expressed a desire to have Aboriginal child welfare caregivers, two participants who had placements with Aboriginal caregivers reported that this did not protect them from experiencing further abuse while in the child welfare system, nor did it promote or ensure increased opportunities to connect with their cultures. Nevertheless, many participants felt negatively impacted by not having an Aboriginal caregiver and attributed this to their low levels of opportunities to connect with their cultures. Regardless of whether they were placed with Aboriginal caregivers, the majority of participants experienced childhood trauma directly related to racism and racialized abuse by their child welfare caregivers. Several participants discussed the resentment they faced from Aboriginal Peoples for being non-Status, fair-skinned, or mixed blood, or for adopting mainstream values and beliefs.

For participants in this study, close proximity of their child welfare placement to their home community was perceived as a protective factor that enabled them to keep in contact with their siblings and families. The importance of having regular contact with siblings was a critical protective factor for six of the seven participants. Being close to siblings was viewed by participants as a necessary and crucial protective factor in order to maintain family relationships and a sense of belonging. In the literature, contact with
siblings is seen as extremely important, providing opportunities for siblings to have shared experiences, such as attending each other’s celebrations, exchanging pictures, and having regular, predictable visits (OnLAC Council, 2008; Unrau, Seita, & Putney, 2008). This research study reveals that connection to siblings, families, communities, and culture were protective mechanisms that interrupted participants’ negative life trajectories. Consistent with the literature on protective mechanisms that mitigate risk (Garmezy, 1990; Garmezy, Masten, & Tellegen, 1984; Rutter, 1987; Werner, & Smith, 1982; Zimmerman, Ramirez-Valles, & Maton, 1999), this research illustrates that maintaining relationships with siblings after family separation and connection to culture contributed to participants’ healthy growth and development.

Although not one child welfare placement provided an environment in which participants felt a sense of unconditional love from their child welfare caregivers, many participants spoke about the importance of having just one positive role model that could be trusted. Whether participants had experienced this in their own child welfare placement or somewhere else in their lives, having a caring and trusted adult was seen as promoting resilience processes for Aboriginal children and youth in the child welfare system. This is consistent with findings from a study in which former child welfare recipients had “recollections of nurturing or caring adults who seemed to anchor a positive memory and provide a source of strength” (Unrau et al., 2008, p. 1261). The benefits of a child’s trusting relationship with an adult was also emphasized by Bronfenbrenner and his ecological approach:
In order to develop – intellectually, emotionally, social, and morally – a child requires participation in progressively more complex reciprocal activity, on a regular basis over an extended period in the child’s life, with one or more persons with whom the child develops a strong, mutual, irrational, emotional attachment and who is committed to the child’s well-being and development, preferably for life (Bronfenbrenner, 1991, p.2).

This finding is consistent with the findings of other researchers who found that for children and youth, a positive relationship with a trusted adult was a critical ingredient for the development of positive and healthy outcomes (Filbert & Flynn, 2010; Garmezy, 1985; Greeson, Usher, & Grinstein-Weiss, 2010; Jacobs & Everall, 2009; Luthar, Cicchetti, & Becker, 2000; Masten, 2007; Rutter, 1987; Werner & Smith, 2001).

Research has suggested that young adults are more likely than youth to have achieved a healthy cultural identity because they are more likely to have had opportunities to explore their cultural heritage (Phinney, 1992). This was also true for the participants of this research as they were better able to achieve a healthy identity once they had access to spiritual and ceremonial cultural knowledge and practices. Unfortunately, Aboriginal communities have reported that, for Aboriginal children in child welfare care, an integration of culture in their lives is not apparent (OnLAC Council, 2008). The majority of participants were actively seeking cultural knowledge and participation in cultural traditional practices and all participants had spiritual practices that were intrinsically connected with their processes of resilience.
Negative and Positive Outcomes

Each participant demonstrated a unique and complex interplay between negative and positive outcomes. Poor outcomes for former foster care children are well documented in the literature and include homelessness, addictions, early pregnancies, low education and employment levels, mental health issues, and involvement with the criminal justice system. Each participant had experienced negative outcomes. However, they all found ways to overcome their struggles and achieve positive outcomes as well. Each participant was actively involved in working towards not only improving their own lives, but positively impacting others with similar life experiences.

The findings of this study contribute to a more culturally embedded model of resilience among Aboriginal children and youth. Consensus in the literature, and among the participants in this study, suggests that the study of healthy functioning and development must be conducted with sensitivity to the context and culture of those being studied (Apfel & Simon, 2000; Atwool, 2006; Boyden & Mann, 2005; Burton, Allison, & Obeidallah, 1995; De Antoni & Koller, 2000; Felsman, 1989; Kleven & Roca, 1999; Lerner & Benson, 2003; Luthar, 2003; Rutter, 2005; Ungar, 2001, 2006: Werner & Smith, 1982). Wyman concluded, “in our efforts to investigate resilience trajectories - and in our efforts to promote them - we should remain attentive to the fact that processes beneficial to children in one context may be neutral, or even deleterious, in another” (Wyman, 2004, p. 314).

All of the participants demonstrated resilience despite their past experiences in care as well as their struggles with addictions, homelessness, and criminal involvement with the
The participants all had their own unique responses to the psychosocial risks and adversities in their lives, which is consistent with the literature (Hunter & Chandler, 1999; Rutter, 1999). However, the common narrative of the participants highlights re-connection with culture, having a positive identity, and spirituality as significant factors in their resilience processes. Many indicators of health were identified by the participants including spiritual, emotional, physical and mental balance and harmony. The majority of participants took active steps to change their lifestyles, and to have positive thoughts and a positive outlook on life.

Success was most often viewed by participants as being authentic and honest, as well as accepting and loving oneself. Many participants explained how one must love oneself before he or she can love another. The participants also discussed how their perceptions of success had changed over time as they self-actualized and became more confident in their identities. One prominent theme among participants was the importance of having goals and working towards achieving those goals. Having goals, determination, personal expectations for success and positive attitudes regarding the future have all been associated in the literature with fewer risky behaviours and better outcomes for young adults (Aronowitz, 2005; DuBois & Silverthorn, 2005; Lane, Bopp, Bopp, & Brown, 2004; Robbins & Bryan, 2004; Somers & Gizzi, 2001). Consistent with the literature, for the participants in this study, a healthy identity was associated with having a sense of meaning and purpose in life (McAdams, 1996; Steinhauer, 1991).

Each participant identified strategies they had used to successfully cope with and mitigate the challenges they each faced in their lives. Successful strategies included
reaching out for help, seeking knowledge and wisdom, meditating, taking responsibility, and engaging in forgiveness, healing, and spiritual practices.

**Spirituality, Culture, Identity and Purpose in Life**

The traditional Aboriginal concept of “spirit” is analogous to Western notions of “identity” as defined in the psychology literature. An individual’s “spirit” represents identity and, therefore, receiving a spirit name as a child may be an important protective factor in the resilience processes of Aboriginal children and youth. This, in turn, may guide wholistic identity development into adulthood. When “spirit” is understood in this manner, it follows that the stages of “spiritual development” may not reflect the concepts and values outlined in the Western theories of identity development and formation (Benton-Banai, 2010; Lane, Bopp, Bopp, & Brown, 2004).

Over the course of a child’s development through adolescence and into young adulthood, it increasingly becomes the responsibility of the youth to determine the deeper meanings associated with his or her spirit name and to live up to qualities esteemed by the community. It is through a spirit name and Clan that youth learn their responsibilities to others in the community, as well as their spiritual connection to other people, animals, plants, and spirits (Johnston, 2003; Lane et al., 2004). Consequently, spirituality is an intrinsic component of identity development for Aboriginal youth.

Spirituality was seen as a foundation for identity among the participants in this study. In the literature, living the culture through interactions with one’s community is
important for the development of a healthy cultural identity and spirit (Yeo, 2003). The participants in this study shared that it is through these community-based relationships that youth gain supportive networks and spiritual connection to all relations. As demonstrated by the current findings, an Aboriginal identity is developed when one is spiritually connected to one’s community and maintaining the traditional ties. With regards to identity and ancestral pride, spirituality is described as in the literature as “the drums that thunder in my blood” (Locust, 2000, p. 12).

Spirituality is fundamental and traditionally surrounds the concept of interconnectedness to all living things and to all of our relations. If these cultural values are taught, cherished, and nurtured, youth develop natural resilience grounded in a healthy and respectful cultural identity (HeavyRunner & Morris, 1997). Zimmerman, Ramirez-Valles and Maton (1999) argued that a strong sense of cultural identity (spirit) and cultural continuity act in combination with high self-esteem as protective factors against youth suicide (Chandler & Lalonde, 2008). This was evidenced by the participants’ spiritual practices and connection to culture as paramount to their positive identity development and resilience.

The findings of this research demonstrate that spirituality functions as a protective factor in youth and is therefore included in the proposed model of resilience for Aboriginal child and youth development. There is a growing interest in the concept of resilience and this study contributes to the current understanding of the cultural and contextual factors that influence healthy growth and development for Aboriginal children and youth living in child welfare care. The results of this research suggest that cultural identity encompasses an
understanding of where we came from, where we are today, and where we are going. Thus, having a cultural identity is a source of strength. Emphasizing that although differences exist across different Indigenous Nations, spirituality, child-rearing, and extended family involvement are considered some of the many shared core values, beliefs, and behaviours that have been linked to resilience (Heavy Runner & Morris, 1997). The current findings demonstrate that while each participant had his or her own personal understanding and experience of spirituality, culture and identity were fluid and dynamic concepts that emerged in the context of their lives.

Over 150 years of assimilative laws and policies have resulted in varying levels of connection to culture and Aboriginal identities. “For some, traditional culture remains strong. For others, it barely exists, leaving a gap in identity that people may be looking to fill” (Best Start Resource Centre, 2012, p. 34). It is important to remember that not all Aboriginal Peoples will want to participate in traditional cultural programming and ceremonies and this decision must be both respected and understood within the context of colonization.

The literature on identity development has historically documented the negative and harmful consequences of cultural dislocation, such as emotional problems, that interfere with the development of a healthy identity (Elkind, 1970). Research suggests that a sense of belonging and meaning in life are important contributions to achieving a healthy “ethnic identity” (Phinney, 1989). This study suggests that having a positive identity, purpose and meaning in life, spiritual practice, and a sense of belonging and connection to culture are critical ingredients to the development of a healthy identity and resilience.
The results of this research study describe how the development of a healthy identity is achieved by participants through a process of identity development and formation inclusive of connection to culture, traditional and cultural knowledge, and participation in cultural and spiritual practices. This is also reflected in the empirical literature examining cultural identification among Aboriginal children and youth involved in the child welfare system, which illustrates the pervasive search for identity and the importance of reconstructing the self with the integration of new knowledge (Carrière, 2007; Locust, 2000; Robinson, 2000).

Caregiving styles that do not pressure youth to adopt a singular ethnic identity but rather encourage youth to explore identity and culture, are associated with an increased likelihood of youth achieving a positive ethnic self-concept (Rosenthal & Feldman, 1992). A common theme of all the participants was the importance of their spiritual practices to their health and positive identity. Another common theme that emerged in this study was the acceptance of simultaneous multiple identities. The spiritual practice of each participant had a unique blend of Aboriginal and mainstream practices that were utilized by participants in a variety of ways to achieve a positive identity and maintain health and balance in their own lives.

While the processes of resilience for Aboriginal former Crown Wards involved various interplays of risk and protective factors unique to each participant, resilience was contextually and culturally bound for all of the participants. Past research on resilience clearly demonstrates that developmental outcomes depend upon the interaction of risk and protective factors, and that higher numbers of cumulative risks are more likely to cause
adverse outcomes (Atwood, 2006; Garmezy, 1990; Garmezy, Masten & Tellegen, 1984; Werner & Smith, 1982; Zimmerman, Ramirez-Valles and Maton, 1999). However, the results of this study illustrate how spiritual practices and having a purpose in life are intrinsically connected to identity development and processes of resilience for the participants despite their high levels of accumulated adverse experiences and low level of protective factors while growing up.

The development of a cultural identity had a positive impact on the majority of the participants. These participants discussed how increased cultural knowledge and cultural connection provided a reminder of their value as human spirits. Maintaining a healthy balance across the four quadrants of the Medicine Wheel (spiritual, physical, emotional, and mental) was an important goal for the majority of the participants. The notion of being comfortable and living within one’s own skin was consistently expressed. Some of the participants felt that their cultural identities as Aboriginal Peoples at times hindered their success throughout their lives, due to racism of their child welfare caregivers. All of the participants agreed that it is important to accept all of one’s identities, as many people have differing identities simultaneously. This is consistent with past research findings (Henrikson & Trusty, 2002; Peavy, 1995; Phinney, 1992; Rosenthal & Feldman, 1992). For example, one could be a believer in Christ and also participate in Aboriginal spiritual practices. The findings of this study demonstrate the complex interplay between culture and context within the participants’ negotiation with self. A necessary next step to a better understanding of resilience among Aboriginal youth involved in the child welfare system is acknowledging the roles culture and context play in identity formation.
Understanding the roles of culture, identity, and spirituality in resilience processes is crucial in looking at Aboriginal youth in the child welfare system. Participants consistently reported that spirituality and culture played significant roles in their self-awareness, sense of purpose, and ability to form a positive identity. In the literature, the loss of cultural identity and spiritual disconnection is linked to heightened risk for the following: stress related disorders, substance misuse, and suicide (Carrière, 2007, 2010; Chandler & Lalonde, 2004; Dell & Lyons, 2007; Wardman, Khan, & el-Guebaly, 2002). The participants in this study associated their loss of culture and identities with the impacts of the historical legacy of separation and disconnection from Aboriginal knowledge and community. As such, this is reflected in the proposed integrated theoretical model that includes cultural identity and spirituality as factors in resilience processes for Aboriginal children and youth.

The findings of this research contribute to the most recent understanding of resilience across different contexts and cultures. Namely, that resilience reflects not only an individual’s capacity to access the resources available to them, but also the environment’s capacity to provide those resources (Ungar et al., 2007). In addition, identities are contextually and culturally embedded in processes of resilience for the participants in this study. Despite the documented importance of culture, spirituality, and having a positive and healthy identity, the prevalent mainstream psychological theories fail to include spirituality as a factor in identity development and resilience processes. In contrast, spirituality, identity and culture are foundational to the proposed multi-cultural integrated theoretical model.
Based on the current findings, resilience is understood within the contextual environment of developing youth because successful negotiation of adverse conditions and circumstances is not limited to a single explanation from within or outside of an individual. Context is differentiated from culture as context refers to the social, temporal, and geographic location in which culture is manifested (Ungar et al., 2007). A common strengths-based, cultural, traditional teaching, that everyone has gifts that make them unique and special, was reflected during the participant interviews in this study. Strengths-based approaches (Egeland, Carlson, & Stroufe, 1993), such as the integrated theoretical model proposed in this chapter, are developmental and process-oriented, aimed at identifying and revealing internal strengths and resources (resiliencies) that exist within an individual, family, or group.

When their strengths were emphasized, the innate resiliencies of the participants were enabled, assisting them in their attempts to overcome adversity. In the strengths paradigm, all individuals, families, and groups possess abilities and inner resources that allow them to effectively cope with challenges. By reinforcing their strengths youth are better able to cope with challenging life situations. This is a significant factor in the application of the proposed model using a strengths-based approach to resilience for Aboriginal children and youth.

The findings of this study support the proposed multi-cultural theoretical model, which positions culture as a necessary component of positive identity development and an important outcome for Aboriginal children and youth. Aboriginal children and youth learn their culture and language primarily through their family, community, and Elder
involvement (Auger, 2001; Canadian Council on Learning, 2009; Rae, 2006; UNICEF, 2009; UN News Centre, 2004). The loss of culture and identity had many negative consequences for the participants in this study and their communities. The importance of reconnection with culture and traditions is evident in the interviews held with participants. Each respondent felt that his or her connection to culture and spirituality as an adult was of vital importance in their processes of resilience, having purpose and meaning in life, and identity development. This is reflected in the literature that describes how some cultures, such as African-American and Jewish, view reconnecting to their past customs and traditions as important for the restoration of cultural pride among their people (Comaroff, 1985; Greene, 2002; Harvey & Hill, 2004; Suedfeld, Soriano, McMurtry, Patterson, Weiszbeck, & Krell, 2005).

Development of a New Integrated Theoretical Model

Using the foundational concepts of the Medicine Wheel, traditional teachings, and Relational World View, as well as key concepts of resilience theories, a new multi-cultural integrated theoretical model is proposed based on the findings of this study. First, a review of key constructs is presented.

Medicine Wheel and Traditional Teachings

In the Aboriginal context, the Medicine Wheel is used to teach about the roles
and responsibilities of community members over the developmental life span (Johnston, 2003; Jourdain, 2010). Each quadrant of the Medicine Wheel represents a developmental period accompanied by the cultural traditional teachings regarding the roles and responsibilities at each stage, as demonstrated in Figure 6.1.

![Figure 6.1: Life Cycle Teachings within the Sacred Four Directions](image)

*Abinodjiwin,* (childhood) rests in the East (*Waabinong*) quadrant of the Medicine Wheel and signifies the springtime, “where we begin our journey as human beings coming from the spirit world into the physical world” (Pitawanakwat, 2006, p. 3). It is also considered to be a developmental period of identity, trust, and making connections within the community (Jourdain, 2010). However, as demonstrated in the findings of this study, many participants had few opportunities to make connections with their
communities while growing up in child welfare care.

*Oshkinigiwin* (youthhood) rests in the South (*Zhaawanong*) quadrant of the Medicine Wheel and signifies summertime. Adolescence is considered to be a time of searching and asking questions such as, “Who am I?” and “Where do I come from?” (Pitawanakwat, 2006, p. 4). The findings of this study demonstrate that the search for identity and belonging began in childhood for the majority of the participants. The Southern quadrant emphasizes the importance of taking care of one’s spirit through the maintenance of balance among the four quadrants of the self (physical, mental, emotional, and spiritual). This quest for balance was expressed and demonstrated by all of the participants. Without direction and spiritual nurturance during childhood, many succumb to the dangers and distractions around them when faced with adversity (Pitawanakwat, 2006). This developmental period focuses on relationships with the self, family, and community and “is a place where values and identity are learned” (Wenger-Nabigon, 2010, p. 146).

*Nitawigiwin* (adulthood) is located in the West (*Epangishmok*) quadrant of the Medicine Wheel and signifies the berry stage, a time of harvest and death. “As we move through adulthood, death and loss become more and more visible. In the light of death, it is important that we accept that constant change is here with us” (Pitawanakwat, 2006, p. 5). Loss, death, and unresolved grief were prevalent themes among all of the participants in this study.

*Kitisiwin* (elderhood) rests in the North (*Kiiwedinong*) quadrant of the Medicine Wheel and signifies a period of rest, reflection, and wisdom. This is where we honour the
Elders, Pipe Carriers, Lodge Keepers, and our Sacred Ceremonies, as they provide us with the teachings about our traditional ways (Pitwanakwat, 2006).

From these Medicine Wheel and cultural teachings, and from the findings of this study, we have knowledge of what traits and characteristics are admirable qualities for a community member to possess. “Medicine Wheel teachings support development that maintains positive adaptation to a natural world, and can provide a description of contemporary human developmental theory from the perspective of traditional Aboriginal knowledge” (Wenger-Nabigon, 2010, p. 139).

Based on the Medicine Wheel teachings, which are grounded in the four Sacred Directions, we also have knowledge of the positive outcomes that are goals over the developmental life cycle; from Infancy beginning in the East, moving towards Elderhood in the North. From these teachings and the study’s current findings, activities and resources that are known to contribute to desired positive outcomes can be put in place for Aboriginal families involved in the child welfare system.

The strengths of being connected to families and communities were consistently discussed by the participants. The cultural teachings of the Medicine Wheel inform us that in order for balance to occur among the four quadrants, the interaction between risk and strength must be considered. There are strengths and risks in all four quadrants of the Medicine Wheel. Strengths and risks exist simultaneously in all quadrants, in each person’s life, and there is a specific focus on achieving and maintaining balance among the four quadrants of the Medicine Wheel.
Honouring the negative aspects of and emotions in our lives is important in the development of wisdom (Nabigon, 2006). Balance among the four quadrants of the Medicine Wheel is comparable to the Western concept of health and wellness. The findings of this study reflect the teachings of the Medicine Wheel. Physical, mental, emotional, and spiritual domains were impacted by the life experiences of the participants. Through the processes of resilience, the participants found balance and healing in each quadrant.

**Proposed Integrated Multi-Cultural Theoretical Model of Resilience**

Building on the theories described above and the study findings, the proposed multi-cultural theoretical model defines resilience as an interactive, fluid process between the individual environment and context (Figure 6.2). In this proposed model, resilience is seen as a process shaped by an emerging identity that forms through the interactions between the developing individual, and the supports and hazards in the environment. The model is a visual of four concentric circles, each of a different color, to illustrate how the concept of each circle is different from and embedded within each other. The innermost circle, Spirit/Identity, is embedded in resilience as a process, which includes volition, internal will, and visions. Resilience is embedded in the environment and culture, which is further embedded in the larger surrounding political and governmental context.

The arrows demonstrate that resilience is a bi-directional process that mediates between the spirit/identity and the environment, culture, and context. The arrows are bi-directional to illustrate the influence of resilience processes on the spirit/identity and the
environment, culture, and context. Resilience is an on-going process that provides the experiences and opportunities to develop healthy, positive identities that, in turn, enable further resilience to develop. The aim is to constantly demonstrate resilience over the lifespan in order to achieve outcomes such as balance, health, and harmony among the four quadrants of the self.
Figure 6.3 provides further detail about the conceptualization of identity using the Medicine Wheel Teachings. It locates an individual identity as “spirit”. The healthy identity becomes
a balance of spiritual, emotional, mental, and physical health. Our journey on Earth begins in the East with the development of Spirit during childhood, focusing on dreams, practices, teachings, and symbols. We move clockwise to the South during adolescence where the focus is on emotional development and wellness. The model then progresses to the West in adulthood where the focus is on physical development, nutrition, and health status. Elderhood rests in the mental quadrant in the North, where the focus is on cognitive awareness, including thinking processes, knowledge, judgment, and imparting wisdom. Additionally, incorporating concepts from the Relational Worldview Model, this theoretical model includes context, such as history, politics, and government (Cross, 1995b).

*Figure 6.3: Components of Spirit*
There was a strong belief among all of the participants in this study that using volition (one’s internal will) to nourish spiritual, physical, emotional, and mental health was essential in moving forward towards their visions and goals. Each participant demonstrated his or her capacity to grow and change by harnessing his or her their internal will to change actions and attitudes in order to achieve health and balance.

Figure 6.4: Volition (Lane. Bopp, Bopp, & Brown, 2004, p. 15)
Volition is included in the spirit identity domain, which includes spiritual, emotional, physical, and mental capacities. It is seen as a vitally important process as it enables a person to access resources available to them in their environment, a key in resilience processes. Lane, Bopp, Bopp, and Brown (2004), described the process of volition as a magnet that pulls the individual towards their visions (Figure 6.4). In a traditional Aboriginal context, a child may have a vision of becoming a Fire Keeper and will move towards that goal. This vision does not translate well, or at all, in mainstream culture and becomes obsolete contextually and culturally without the guidance of Elders and other cultural role models. When youth are taken out of their Aboriginal context, they face limited opportunities to engage with role models, including Elders, and meaningful activities fostering vision attainment. The prevalent need for Elders, positive cultural role models, and cultural teachers was apparent in the findings of this research. Achieving an identity not only involves actively participating with volition, internal will, and determination but also requires that youth have a vision for their future enriched by the community-at-large. Increasing access to Elders and positive cultural role models and teachers for children and youth should be a priority for child welfare agencies working with Aboriginal families in Ontario.

**Summary**

To gain a richer understanding of the cultural and contextual coping skills employed by Aboriginal children and youth who were formerly Crown Wards of the Ontario government, this dissertation study utilized a combination of traditional grounded theory,
constructivist grounded theory, an Aboriginal Relational Worldview Model, and Medicine Wheel teachings. These chosen theoretical frameworks best supported the exploration of risk and protective factors, such as cultural identity and spirituality, associated with resilience for Aboriginal youth involved in the Ontario child welfare system. Semi-structured interviews were used to explore the factors that contributed to the processes of resilience for Aboriginal adults who were raised as Crown Wards in an Ontario child welfare system placement. Once the data were synthesized, a theory was built around the core category and subcategories that explained resilience processes for these participants (Starks & Trinidad, 2007).

In keeping with the purpose of grounded theory research, to develop a substantive theory based on variability in the sample, participants who challenged existing theories, and who were identified as having unique coping skills other than the previously recruited participants, were asked to participate in the study. The goal of this constructivist grounded theory analysis was to develop a theory that explains the circumstances that led former Aboriginal youth involved in child welfare to seek cultural knowledge and traditions, and to feel that reclaiming their cultural identities was important. “A constructivist grounded theory recognizes the interactive nature of both data collection and analysis, resolves recent criticisms of the method, and reconciles positivist assumptions and postmodernist critiques” (Charmaz, 2000, p. 522). Given that there are multiple pathways to resilience, a constructionist approach promotes the inclusion of multiple voices and views of lived experience. Identifying the contextual meaning of resilience among Aboriginal adults who
were formerly involved in the Ontario child welfare system helped to develop a new theoretical model that is sensitive to the experiences of Aboriginal youth.

Experiences related to cultural identification helped to develop this new bi-cultural theoretical model of identity development and resilience that was contextualized and grounded in the data. It was expected that once this theory was identified, it would be investigated with both qualitative and quantitative tools. This research identified various pathways that Aboriginal children and youth in child welfare travelled, thereby contributing to a more comprehensive understanding of resilience. The findings also enhance the capacity within social work practice to provide access to health-promoting resources in culturally relevant ways for Aboriginal families involved in the child welfare system.
Chapter Seven

Summary of Major Findings

This dissertation examined the complex interplay between culture, context, community, and the individual. Knowledge of this interplay was presented as a necessary step to better understanding resilience among Aboriginal youth involved in the child welfare system. Semi-structured participant interviews were used to explore the factors that have contributed to the processes of resilience for Aboriginal adults who were Crown Wards in the Ontario child welfare system.

Grounded in the Medicine Wheel theory (Margot & McKenzie, 2006; Nabigon & Mawhiney, 1996), Relational Worldview Model (Cross, 1997), and Indigenous epistemologies, the interview guide questions were categorized across the four quadrants of the Medicine Wheel with a goal of uncovering the contributing factors to resilience and success in each of the following areas: Spirit, Body, Heart, and Mind. This approach was utilized in combination with grounded theory to help develop knowledge and theories that are sensitive to the experiences and culture of Aboriginal youth (Burton, Allison, & Obeidallah, 1995).

Under one overarching theme, “Transforming Trauma into Triumph”, the following four sub-themes emerged from the qualitative interviews: Intergenerational Trauma and Cultural Continuity; Being a Crown Ward; Negative and Positive Outcomes; and Spirituality, Culture, Identity and Purpose in Life. Participants also made suggestions and
recommendations to support the resilience of Aboriginal children and youth involved in child welfare care.

Identifying modes of cultural connection can help child welfare interventions focus on building cultural identity as a means of promoting resilience. The findings from this qualitative research suggest that the following are critical ingredients to the development of a healthy identity and resiliency processes for Aboriginal children and youth: (a) having identity, purpose, and meaning in life; (b) employing spiritual practices; and (C) having a sense of belonging and connection to culture.

This research identified the various pathways that Aboriginal youth in child welfare travelled, thereby contributing to a more comprehensive understanding of resilience. Experiences related to cultural identification helped to develop a bi-cultural theory of identity development and resilience that was contextualized and grounded in the data. It was expected that once this theory was identified, it would be later investigated with both qualitative and quantitative tools. The findings of this dissertation study support the inclusion of spirituality in theories of identity development and models of resilience for Aboriginal children and youth in child welfare care.

**Administrative Data**

Currently, there are no available longitudinal data in Ontario that can measure whether child welfare services are effective in supporting the well-being and developmental growth of Aboriginal children (Ball, 2008; Blackstock, Brown & Bennett, 2007;
Blackstock, Prakash, Loxley, & Wien, 2005; Cross, et al., 2011). In Ontario, collecting data on length of time in care and placement type for Aboriginal children does not provide adequate information on the quality of care received and the outcomes associated with this care. Comparing disparities between Aboriginal and non-Aboriginal children in the child welfare system neglects to account for the indicators and outcomes that are culturally relevant to Aboriginal families and communities. Longitudinal outcome data for Aboriginal children in-care can be compared with data for Aboriginal children who are not in-care, such as the Aboriginal Children’s Survey, for a more accurate comparison.

Although little is known about outcomes for Aboriginal children in child welfare, there are many indications that most systems to prevent and address child abuse are failing Indigenous children. This is due to these systems focusing primarily on mediating risk at the level of the family and failing to address societal factors, such as poverty, poor housing, discrimination, and dislocation, which have the most significant impact on the child maltreatment experienced by Indigenous children (Rae, 2006). Improved outcomes for Aboriginal children and youth in child welfare care may lead to decreased costs associated with adult dependence on financial social assistance and incarceration, resulting in economic savings.

Research documenting the developmental, cultural, and long-term outcomes for Aboriginal children and youth involved in the child welfare system is lacking (Anderson & Smylie, 2009; Assembly of First Nations Health and Social Secretariat, 2006; BC Association of Aboriginal Friendship Centres, 2010; Beaucage, 2011; Marks, Cargo, & Daniel, 2006; Quinn & Thomson, 2012; Smylie & Anderson, 2006). However, there are
initiatives in Canada and the United States to develop Indigenous outcome measurement frameworks in the fields of education, health, and child welfare (BC Ministry for Child and Family Development, 2011; Canadian Council on Learning, 2009; Cross et al., 2011).

Limitations

This study has a number of limitations that must be considered when interpreting the results. First, participation in this study retrospective, and included only Aboriginal Peoples who were former Crown Wards in the Ontario child welfare system and were not adopted. Study participants met one or more of the following study criteria (employment, school, volunteering, or parenting) and were older than 25 years of age. The findings cannot be generalized to the larger population and must be interpreted within the specific context of this study. This research was a retrospective design in which adults were reflecting on back at how the experience of being in child welfare care shaped their lives and therefore caution must be used when extrapolating these experiences to children in child welfare today.

Furthermore, this study was the first of its kind. There was not a research methodology text to guide the methodological development of this study, particularly with respect to the blending of Indigenous and Western research methods. Therefore, my attempt to integrate the Aboriginal Relational Worldview Model and Medicine Wheel teachings with a constructivist grounded theory approach may be developed further. Steps could be
taken to develop guidelines that assist researchers in data collection and analysis utilizing both Aboriginal and Western research methodologies.

Next Steps: Promising Culturally Appropriate Approaches to Child Welfare

There are some promising solutions to conflicts between Aboriginal families and child welfare agencies. Aboriginal Legal Services of Toronto provides, through their Giiwedin Anang Council, an Aboriginal Alternative Dispute Resolution process that is recognized under the Child and Family Services Act (1990). Giiwedin Anang is a community council made up of volunteer community members and Elders trained to resolve child welfare matters involving CASs, First Nation Bands, and families through the use of traditional Talking Circles. Traditional Healer, Jake Ago Neh, named the program Giiwedin Anang (Anishinabe-mowin for North Star):

Jake explained that traditionally if a person was lost at night, alone and in the dark, all that the person had to do was find the Big Dipper and from there the North Star. After finding the North Star, the person is no longer lost (Walsh, 2015, p.1)

The Giiwedin Anang Council, funded by MCYS, provides a space to allow parents, children, extended family, child welfare authorities, and others with concerns for a child’s future to develop a plan to meet the needs of the child. Talking Circles are sacred and allow
all parties to have a voice in a culturally relevant way. The program works with Aboriginal families who have had their children apprehended by child welfare agencies. My role and responsibility as a Ninoshe, or “Auntie”, was to ensure the interests of the children remain first and foremost in my heart and mind while helping to provide a sense of direction during the Talking Circles. Through the use of First Nation traditional methods and Aboriginal community members, the Giiwedin Anang Council has successfully negotiated agreements between CASs and First Nation families.

The Healthy Relationships – Dreams from Growing Children program is a traditional parenting program for Aboriginal families mandated by child welfare agencies to attend a parenting course. It is a ten-week program with two sessions per week that allows those in the Giiwedin Anang program, and others, the opportunity to learn and develop better communication and coping skills, allowing them to be better parents. This program is based on traditional Aboriginal cultural teachings and practices and is led by an Elder and Auntie from the Aboriginal community.

Implications for Social Work Practice with Aboriginal Families

Participants were asked to discuss the types of experiences that hinder resilience and the supports and services that promote success and resilience among Aboriginal Crown Wards. Their responses have been categorized across the four quadrants of the Medicine Wheel. Presented within an Aboriginal Relational Worldview Model, the following
conditions were identified by the participants as necessary to support resilience among Aboriginal children and youth involved in the child welfare system:

**Spiritual** – Cultural pride, cultural teachers and Elders, spirituality and spiritual ceremonies, fasting, vision quest, cultural identity, purpose, healing, connections with community and knowing one’s roots, and unconditional love, were identified as promoting resilience.

**Physical/Environment** – Funding for education; increased services and resources in rural areas; close proximity of placement to home community; placement with siblings; contact with parents, siblings, and community; peer Crown Ward support groups; funding, services, supports to keep families together; and agreements between CASs and First Nation communities were common themes of physical and environmental factors associated with physical and environmental resilience.

**Mental** – Knowledge of oppression and cultural genocide; understanding one’s past, history, and the impact of colonization; knowledge of extended care maintenance and the supports available to Crown Wards; and knowledge of culture and traditions were seen as imperative for mental health. Racism and internalized racism were perceived by participants as hindrances to mental health.

**Emotional** – Educational encouragement, support, motivation, and inspiration; a feeling of value and worth; unconditional love; nurturing; hope and healing; and feeling important were identified as necessary for emotional health. Emotional abandonment and anger were viewed as hindrances to emotional resilience.
These factors can be provided by individual workers, community agencies, and communities. Change in any of the four quadrants will have a ripple effect on the other quadrants. Providing supports in all quadrants will have the most benefit for Aboriginal children and youth.

Children removed from their communities are at greater risk of remaining in out-of-home care with a lower likelihood of family reunification (Knott & Barber, 2005). This, in turn, decreases their access to culturally relevant community-based knowledge, traditions, and services. Research suggests that in-home support and services are more effective than child apprehension when the child can safely remain in the home (Bennett et al., 2005; Borg, 2004; Connors & Maidman, 2001; McKenzie & Flette, 2003; UNICEF, 2009). Customary Care provides Aboriginal families with child protection services that are in-line with the community’s customary traditions of child welfare, such as spiritual teachings, community support, and prevention services (Beaucage, 2011; Cantrell, Roberts, & Barnes, 2013; Ferris, Simard, Simard, & Ramdatt, 2005; McKenzie, Bennett, Kennedy, Balla, & Lamirande, 2009; OACAS, 2011b). “An underlying principle of customary care is that the responsibility for the care and safety of children is a collective responsibility that extends beyond the immediate and extended family to the community as a whole” (Cantrell, Roberts, & Barnes, 2013, p. 18).
Recommendations for Future Research

The experiences of Aboriginal children in child welfare care is a fundamental, yet understudied, area of research in social work, evidenced by the lack of research on Aboriginal youth involved in the child welfare system. This study provides an initial exploration into resilience for Aboriginal youth involved in child welfare. Community connection, sense of belonging, and identity are of paramount importance when examining the protective factors available to Aboriginal youth involved in the child welfare system. Research must expand to address culturally-based measures of resilience, especially for Aboriginal youth involved in child welfare. Further investigation into the resilience processes of Aboriginal youth in child welfare care should include the concepts of spirituality, identity, and culture.

Research raises questions about the ability of Aboriginal youth who do not live in self-governed communities with strong protective cultural continuity, such as Aboriginal youth involved in mainstream child welfare care, to become, or remain resilient (Fleming & Ledogar, 2008). Culture, tradition, and identity provide the foundation necessary for Aboriginal youth involved in various social and public services to develop resilience. The fostering of stronger cultural awareness and connection provides meaningful solutions to the challenges encountered by these youth. Aboriginal scholars in Canada encourage further research in order to examine the complex relationship between community resilience and maltreatment involving Aboriginal children (Trocmé, Knoke, & Blackstock, 2004).
Researching the ways in which culture and spiritual development contribute to resilience among youth is strongly encouraged in the theoretical and research literature (Richardson, 2002); however, outcome measures and data are lacking for Aboriginal families involved with child welfare in Ontario. Although it is less clear how Aboriginal outcomes will be operationalized, the model proposed as a result of this dissertation presents a framework to begin including culturally relevant outcome measures. With such research, child protection workers will be better able to incorporate developmentally sensitive cultural considerations in their decision-making processes with Aboriginal children and youth receiving child welfare services.

Research is needed to inform and guide services designed to assist Aboriginal children and youth involved in juvenile justice, education and health, and provide social work practitioners with a variety of tools for supporting the development of resilience. This proposed model provides the opportunity for future theoretical development and research, and may impact existing and emerging practices and policies aimed at promoting resilience. In this dissertation important questions are raised for future research regarding the mechanisms that Aboriginal youth employ in adverse circumstances. Further research is required to enhance the knowledge base determining best practices and policies.
Importance of Cultural Continuity and Reconciliation

Cultural continuity and the ability of First Nation families to transmit cultural knowledge and traditions onto future generations are important issues to be addressed in the reconciliation process in Ontario and across Canada. Supporting the transmission of cultural knowledge and traditions across generations of First Nation communities, families, and individuals is consistent with national and international efforts to increase awareness of historical relations between Canadians and First Nation Peoples and to foster cultural pride in Aboriginal children and youth in Canada. HeavyRunner and Morris (1997) argue that if Aboriginal cultural values and beliefs are taught, cherished, nurtured and respected by educators, social service providers and other workers, youth develop natural resilience that is grounded in a healthy and respectful cultural identity. Likewise, American social work educator, Hilary Weaver claims, “social workers must understand the atrocities of the Indigenous holocaust in country and the unresolved pain associated with it” (Weaver, 2000, p. 221), which clearly implicates Canada as well (Baskin, 2006).

Kasser (2002) stated that if Aboriginal traditions are embraced by individuals and communities, their knowledge provides unique resources that allow for resilience processes to occur. Research demonstrates that the consequences of poverty and emotionally unsupportive environments extend into adulthood. These studies elucidate the need for early attention to the well-being of at-risk youth who are in the care of the child welfare system, particularly those exposed to poverty (de Boer, Rothwell, & Lee, 2013; Werner, 2009). Further research in the area of Aboriginal identity development must include an examination of the underlying processes involved in developing spiritual connections to
their environment in order to better understand the spiritual developmental needs of the Aboriginal children and youth.

Aboriginal approaches to alternative dispute resolution (ADR) in the child welfare system aims to minimize the need for court involvement by supporting the provision of more strengths-based, inclusive, and collaborative approaches to resolving child protection disputes. Aboriginal Alternative Dispute Resolution (AADR) is increasingly utilized by child welfare agencies serving Aboriginal families. This process may be useful in developing kinship and customary care agreements between Aboriginal community members and CASs. The primary goal of AADR is to use traditional methods for Aboriginal family reconciliation and reunification while collaborating with child welfare systems. Most AADR processes are held in a traditional circle manner, although this process can be customized for each family.

CASs are mandated to consider the use of ADR prior to the commencement of a child protection hearing and at any time during a hearing (MCYS, 2013). According to MCYS (2013), success in the Ontario child welfare system will be measured by increased compliance with the Child and Family Services Act (1990). This will result in more Formal Customary Care Agreements (FCCA) and fewer Temporary Care Agreements (TCA) and court-ordered care. This shift indicates the need to recruit FCCA homes. Currently, there are insufficient FCCA homes for a variety of reasons. The legislative, economic, and social barriers First Nation families face during the SAFE home assessment process should be removed to allow for more culturally safe assessment measures (Beaucage, 2011; CPSCW, 2012).
FCCAs remain the most viable alternative to more intrusive court-ordered interventions when Aboriginal children require out-of-home placements (Cantrell, Roberts, & Barnes, 2013). Aboriginal Legal Services of Toronto’s Giiwedín Anang Council impartially facilitates dispute resolution using First Nation traditional methods and have successfully negotiated agreements between CASs and First Nation families. The Giiwedín Anang Council is “a guiding light for families who seek direction through the child welfare system” (Walsh, 2014).

In communities where Elders have meaningful community roles and are given respect for their experience and wisdom, suicide rates among Aboriginal seniors are almost nonexistent (Chandler, 2000). This is in contrast to the increasing national suicide rate of senior Aboriginal citizens (RCAP, 1995; Thira, 2005), and of Aboriginal youth in communities experiencing abject poverty such as Attiwapiskat. Elders also have an important role to play in the lives of Aboriginal youth, particularly for those who have been placed outside of their home communities or with non-Aboriginal caregivers, by helping them to retain a positive sense of cultural identity (Beaucage, 2011; Cantrell, Roberts, & Barnes, 2013).

Traditional Aboriginal parenting programs for Aboriginal parents involved in the child welfare system, such as the Dreams from Growing Children program, provide a culturally safe environment to learn skills that promote healthy relationships and healthy parenting. Elders and Aunties are essential to ADR processes and traditional parenting programs for Aboriginal families involved in child welfare. They are also instrumental in supporting the healthy identity development and resilience of Aboriginal children and
Research demonstrates that spirituality functions as a protective factor in youth (Benson, Roehlkepartain, & Rude, 2003; Bridges & Moore, 2002; Kerestes & Youniss, 2003). Therefore, it was included in the proposed model of resilience for Aboriginal youth development. While there is growing interest in the concept of resilience, less attention is paid to the cultural and contextual factors that influence healthy growth and development (Ungar et al., 2007).

There is an Aboriginal reclamation of traditional belief systems, practices, languages, and cultures in order to overcome personal experiences and problems (LaFramboise, Trimble, & Mohatt, 1990). Many Aboriginal communities are taking active steps to find children lost in the child welfare system, to care for these children, and to rekindle cultural identity for these children (Lafrance & Bastien, 2007; Quinn & Saini, 2012). With the goals of healing, reconciliation, and cultural restoration, it is imperative that child welfare agencies support the development of positive cultural identities, spiritualties, and processes of resilience for Aboriginal children, youth, and their families.
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Appendix List

Appendix A – Importance of Spirit Name

Appendix B – Importance of Clan

Appendix C – Importance of Sacred Bundle

Appendix D – Placement Type Comparisons among Ontario Aboriginal CASs

Appendix E – Importance of Traditional Tobacco

Appendix F – Letter of Support from Native Child and Family Services of Toronto

Appendix G – Informed Consent and Participant Research Agreement

Appendix H – Participant Recruitment Flyer

Appendix I – Telephone Script and Invitation to Participate

Appendix J – Qualitative Semi-Structured Interview Guide

Appendix K – Greater Toronto Area Counseling Services and Resource List
Appendix A: Importance of Spirit Name

Anishnawbe Health Toronto (2000d) provides useful information about the importance of having a Spirit Name:

Everything in Creation has a name. The trees, animals, plants, fish, water and air all have names. When we receive our spirit name, we know who we are in Creation. We are able to identify ourselves when we communicate with the spirit of each thing in Creation.

A Spirit name is important for a good beginning, strong prayers and the good life. A Spirit name is important for personal protection against sickness and disease.

When you have your spirit name, which may be referred to as your Indian name or simply your name, your communication with the spirit world is strengthened. When the spirits that we talk to and have been given to us hear our name, they see everything about us. They see our life, our future and who we are, and when we offer tobacco to them, they can guide us.

Elders and Healers say that when your spirit comes to this world, your name and your colours follow you to the spirit door. It is said that our spirit name is the name we had before coming to this world. Spirit names are said to be ancient and some of these names are the names of our ancestors.

Your spirit name is said to be fifty percent of your healing and balance because, with it, you know who you are, you know where you belong, you know where you are going and you know where you came from.

Before the arrival of the newcomers, Native people had a way of getting their name. This varied from Nation to Nation. Today, there are communities where the traditional ceremonies for the naming of babies are still held as they were for thousands of years. […]

It is never too late to get your spirit name and colours. The spirits wait for you to come to them for a name. The Traditional people recognize that because of what has happened in our communities historically, many of us don’t know the teachings and they will wait for us to come to them.
Appendix B: Importance of Clan

Anishnawbe Health Toronto (2000a) states that oral traditions are important because we learn and are taught through the traditional stories:

An Anishnawbe teaching on the clan system is an example of this…

A long time ago, before humans inhabited this world, it is said that the clans were already here. Before the humans arrived, the animals, fish and birds were told by the Creator that humans were coming and that these humans wouldn’t have anything and would be pitiful. So each of the animals, fish and birds said, “We will take care of them and show them how to live in harmony with all of Creation. We will sacrifice ourselves as food so they won’t starve and we will supply them with our skins so they will be warm. We will teach them what medicines and ceremonies to use to heal themselves.”

These clans are still with Native people today.

Your clan is with you from the day you are born. It is said that your clan walks with you and looks after you. Your clan takes care of you so that you don’t have to go through life without help and protection. The spirit of your clan is for you to use because you are a member of that clan; you always offer tobacco when you ask your clan for help.

The Mohawks’ family-oriented culture is based on the clan structure. Within the clan structure of the Six Nations, the clan is passed down through the women. Among the Anishnawbe, the children of the family are their father’s clan.

The clans of a Nation are often the animals and other creatures that inhabit the region. In the Great Lakes area the wolf, bear, turtle and deer are common clans. The Anishnawbe say that their clans may be almost any animal, fish or bird. Some of the clans of the Six Nations are the Turtle, Bear, Wolf, Rock, Snipe, Pipe of Peace and the Heron.

Within a clan there may be many different types of an animal, bird or fish. For example, the turtle clan can include different types of turtles, such as snapping turtles and painted turtles.
Each clan has its own duties and responsibilities. You can consult your elder clan members for the teachings of your clans.

Among the Anishnawbe, the Crane clan, for example, is involved in leadership and the sharing of knowledge, particularly the teachings. Their role is one of leadership because the cranes were instrumental in establishing the clan system for the Anishnawbe. It is said that the cranes have a loud voice that can be heard for miles. When the crane gives a teaching, it can be heard far away in other parts of the world; people listen and learn when a crane teaches.

The Eagle clan represents the family unit; both parents protect and bring food to the eaglets. The eagle also teaches about respect, hunting, being a warrior and being in balance with the environment.

The Bear clan are like the guardians of the communities. They are also the protectors and carriers of the medicines.

If knowledge of your clan is lost to your family and if your search through family, church, treaty, band or school records does not reveal this information, you can offer tobacco and make the request to know what your clan is to a spiritual person who has the ability to find out what clan is watching out for you.
Appendix C: Importance of Sacred Bundles

Anishnawbe Health Toronto (2000c) describes the importance of Sacred Bundles and their purposes in our traditional way of life:

Many First Nations people who follow their traditional teachings will have sacred items to help and guide them.

A sacred bundle can consist of one or more sacred items. It can be the little tobacco pouch that someone wears around their neck or it can be the items that the spirits have given to a person to carry for the people.

You may have a personal bundle that you have built with items you have gathered and that you take care of. This bundle is sacred to you. It contains items that help you in your personal development; it contains items that you use in ceremonies. Maybe your parents or your grandparents or an Elder gave you something to help you on your path. All of the contents of your bundle relate to you.

Your personal bundle may include medicines, your drum, a bowl, a rock, your colours, a feather, a staff, a rattle and your pipe. You may also carry a clan marker, something that represents your clan, such as a bear claw if you are of the Bear clan. Tobacco is always first in your bundle. These items remind us of the beauty of Creation.

The bundles for the people are used for healing and ceremonies. It is said that these bundles contain things that the Nations need to survive. The Healers who carry the medicine bundles say they do not own these bundles. They say that our people’s understanding is that we do not own anything, not even our physical body which is given back to the earth when we die. They carry these items as gifts for the people. The Healers who take care of these bundles have been chosen by the spirits to carry on the teachings, the work and the responsibilities that come with these bundles.

When we carry sacred items, we carry them with the recognition that everything in Creation has spirit, including the animals and plants, the rocks, the water, the moon and the stars. Even one feather of a bird has a spirit. When we carry a feather in our bundle and use it for our personal
prayers and ceremony, we are calling on the spirit of that bird for help and guidance.

A pipe can be a Grandmother or a Grandfather. Usually when women carry it, it is referred to as a Grandmother; when men carry it, it is called a Grandfather.

The pipe itself represents the woman and the man, the bowl representing the woman, the stem, the man. The pipe was given to Native people as a way of communicating with the Creator; a direct link is formed. When the pipe is smoked or touched, people are putting their thoughts and prayers into it.

The drum is the heartbeat of our people; it’s the heartbeat of life. We live the first nine months of our lives within our mothers and we listen to the heartbeat; it sets the pattern of existence.

There are various types of drumsticks. Some people refer to the drumstick as being part of the Thunderbirds. Other teachings say the drumstick is the arm of the Great Spirit who gives us a heartbeat.

It is said that before the Creator made everyone, the universe was in darkness and the only sound was the shound that a shaker makes, the shaking of seeds in the gourd.

The spirits are drawn in when many people use their shakers as they sing a song.

The eagle is one of the ones who is closest to the Creator because he can fly so high and he spoke for the people.

In the old ways, if you did something remarkable for your people you had the right to an eagle feather. If a warrior proved himself in battle, facing an enemy, he received a feather.

Today, the greatest enemy Native people face is alcohol and drugs. If you are in battle with one of these, you are in a battle for your life. When you overcome alcohol or drugs, you have won that battle and you become a warrior.

You earn an eagle feather and you have to live by it. It is a high honour to receive an eagle feather.
Appendix D: Placement Type Comparisons among Ontario Aboriginal CASs

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<th>Average # of children in care</th>
<th>Average # of children in customary care</th>
<th>Average # of children in kinship care</th>
<th>Average # of crown wards with access</th>
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*The figures in this table were taken from the Ministry of Child and Family Services 2010-2011 Quarterly Report (MCYS, 2011).*
Appendix E: Importance of Traditional Tobacco

Anishnawbe Health Toronto (2000b) details the importance of traditional tobacco in our traditional way of life and ceremonies:

Tobacco is the first plant that Creator gave to Native people. It is the main activator of the plant spirits […] Traditional people say that tobacco is always first. It is used an offering for everything and in every ceremony. “Always through tobacco,” the saying goes.

Traditional tobacco was given to us so that we can communicate with the spirit world. It opens up the door to allow that communication to take place. When we make an offering of tobacco, we communicate our thoughts and feelings through the tobacco as we pray for ourselves, our family, relatives and others.

Tobacco has a special relationship to other plants: it is said to be the main activator of all the plant spirits. It is like they key to the ignition of a car. When you use it, all things begin to happen. Tobacco is always offered before picking medicines. When you offer tobacco to a plant and explain why you are there, that plant will let all the plants in the area know why you are coming to pick them.

When you seek the help and advice of an Elder, Healer or Medicine Person, and give your offering of tobacco, they know that a request may be made as tobacco is sacred.

We express our gratitude for the help the spirits give us through our offering of tobacco. It is put down as an offering of thanks to the First Family, the natural world, after a fast. Traditional people make an offering of tobacco each day when the sun comes up.

Traditional tobacco is still grown in some communities. For example, the Mohawk people use a traditional tobacco that they grow themselves and that is very sacred to them.
Appendix F: Letter of Support from Native Child and Family Services of Toronto

Native Child and Family Services of Toronto

September 20, 2012

Factor-Inwentash Faculty of Social Work
246 Bloor St. W.
Toronto ON M5S 1A1

Dear Ashley:

Native Child and Family Services of Toronto is pleased to collaborate with you and the Factor-Inwentash Faculty of Social Work at the University of Toronto on your dissertation research project entitled, “An Exploration of the Factors Contributing to Resilience for Aboriginal Crown Wards of the Ontario Government”. This research is consistent with the goals of Native Child and Family Services of Toronto—to better the lives and outcomes of Aboriginal children involved with the child welfare system.

Thank you for accepting this letter of support and agreement to participate in this research project, Appendix A.

Sincerely,

Kenn Richard, MSW
Executive Director

cc: Jim Langstaff, Interim Child Welfare Manager, NCFST
    Landy Anderson, Resource Supervisor, NCFST
Appendix G: Informed Consent and Participant Research Agreement

Introduction to the Research Study and Researcher:
Hello! My name is Ashley Quinn, Marten clan, and I live in Mississauga, Ontario. I was raised as a crown ward of the state in the Peel Region (Mississauga, Brampton and Caledon) and it is my life experiences in mainstream child welfare care as an Anishinaabekwe that has led me to this research. I slipped through the cracks of the child welfare system when I was 16 and transferred out of care unnoticed when my son was born. I have raised my son, now 13 years old, on my own and in receiving my education have been able to reconnect with my past, culture and who I really am. Through my education, I was also able to reflect on my own life experiences and the impact of being separated from my family, culture and community. It is for this reason that I am compelled to conduct research in the community, including investigating how cultural practices and strong communities might demonstrate, through numbers (quantitative) and words (qualitative), that what we do culturally really does matter to children and youth.

We are here together today because you are being asked to participate in a research study. Before you give your consent to voluntarily participate in this study, it is important that you understand your rights by participating in this study and that you ask as many questions as necessary to be sure that you understand what you will be asked to do, and that you agree. I am currently a student at the University of Toronto in the social work program and I am fulfilling a requirement of the PhD program by completing this research. I am not a paid employee of the University of Toronto or the Ministry of Child and Youth Services.

Purpose of the Study:
The purpose of this study is to explore the factors contributing to resilience Aboriginal adults who were state-raised in the child welfare system. As a crown ward, I did not experience my culture until my mid-twenties. I am curious about how access to cultural experiences and resources have impacted Aboriginal youth involved in child welfare and if outcomes differ depending on their access to their community and culture. I would like to speak with you about your perceptions of Aboriginal success (defining positive outcomes) and how cultural identity impacts success for Aboriginal youth. It is important to speak directly with state-raised wards as they have valuable insight to offer about their experiences in child welfare care. Within the life circle, we are all teachers and learners.
Description of the Study:

The individual interview will take approximately 1 hour and a half, and will focus on the research questions aimed at uncovering the factors that have contributed to your success; however you have defined that for yourself. Following our interview, you will have two opportunities to review my work to ensure that it accurately reflects the information you provided in the interview. The first follow-up meeting is for you to review the word for word transcription of the interview to check for accuracy and omissions. The second follow-up meeting will be for you to review the written analysis from the interviews for accuracy and corrections/modifications.

Risks or Discomforts:

I would like you to know that you do not have to share or discuss any other personal and private details of your experiences in child welfare care. We are having this interview to learn about success and well-being for Aboriginal youth in-care and how cultural identity impacts that success. You may feel discomfort when trying to explain how you define success, so it is important that you all understand that there are no right or wrong answers and you can decide to not answer any question that makes you feel uncomfortable. You can refuse to answer any questions that are not comfortable with by simply passing on that question.

You can leave the interview at any time and can withdraw your participation up to two weeks after our follow-up meeting by informing me by any means available and possible to the participants, including text, phone, in writing or in person. If you do choose to drop out or withdraw from the project, your decision will not have any negative impacts from the agency or the services it provides, and will not be held against you in any way. You are free to leave the interview at any time. If you choose to withdraw from the research project, your decision will not harm your current or future relationships with myself as the researcher, the University of Toronto, Native Child and Family Services of Toronto or the community. The data collected for participants who decide to not participate in this research project will be erased immediately and will not be included in the analysis.

We can close the interview with a cleansing smudging ceremony or any other activity chosen by the participant. The closing cleansing ceremony will take away any negative energy and emotions that may have come up during the interview and will help us to move forward in a good way. Should anyone need support or wants to talk about their feelings or continue talking after the interview has finished, participants will be provided with community resource contacts.
Benefits of the Study:

The opinions of state-raised wards are very important. This research aims to explore the factors contributing to resilience and success, and to identify culturally meaningful outcomes for Aboriginal youth. This research will be used for program improvement, publication and as a reference point for further research.

Confidentiality:

Confidentiality is very important and all of the information you provide will be kept confidential. The only limit to protecting your confidentiality is the researcher’s duty to report. This means that the researcher must report any reported child abuse or neglect, suspicion of child abuse or neglect or imminent harm to self or others. Your informed consent and agreement will be audiotaped and all participants will be given a copy of this research agreement that has been read out loud at the beginning of the interview. The interview will be audiotaped and will be stored on an encrypted USB storage key and filed into a password protected computer at the Faculty of Social Work, University of Toronto. Any paper notes will be kept in a locked and secured filing cabinet in a secure locked office at the Faculty of Social Work, University of Toronto. The interview conversation will be typed out word for word, arranged into main themes, and then presented to the participants at the next follow-up meeting. At this second meeting, you as participants can make any changes to the typed version of the discussion and to the arrangement of main themes. The audio records will be destroyed immediately upon verification by participants. Once the interview discussion transcription and main themes have been confirmed and corrected as needed by the participants, the results will be written and shared with Native Child and Family Services of Toronto. The results will not have identifying information, such as the report will not contain any names. Any email communication between you and researcher will be stored in a separate folder in the researcher’s password protected University of Toronto email account. All email communication will be destroyed at the completion of the study. The interview transcriptions and electronic data will be destroyed by the Research Office of the Faculty of Social Work, University of Toronto seven years after the data collection or when the results are published, whichever comes first. Results will be published in academic journals and presented at conferences. The information could also be published in local newspapers at the community and agency’s request.

The analysis may include direct quotes from participants, you can choose a fake name if you prefer, and absolutely no identifying information will be included in the analysis. You
will have the opportunity to make any changes to the typed version of the discussion and to the arrangement of main themes at the second follow-up meeting.

Incentives to Participants:

Participants will be able to discuss the ways in which their success was realized as Aboriginal adults who were state raised by the child welfare system. Participants will have the opportunity to voice their opinion about the meaningful services that they had received from a children’s aid society.

Cost and/or Compensation for Participants:

Participants will be compensated for their time by being entered into a draw to win a $100 gift certificate of your choice.

Voluntary Nature of Participation

Participation in this study is voluntary. Your choice of whether or not to participate will not influence your current or future relations with Native Child and Family Services of Toronto, the University of Toronto, the Ministry of Child and Youth Services, or this researcher. If you decide to participate, you are free to withdraw your consent and to stop your participation at any time without penalty, up to two weeks after our second follow-up meeting to review the interview transcription and initial thematic analysis. During the interview discussion, you can skip any question or stop participating altogether, if you wish, for any reason.

After the second follow-up meeting, if you choose to withdraw the information you provided, please contact me within two weeks to do so, by any means available to you.

Questions about the Study:

If you have any questions about the research now, please ask. If you have questions later about the research, you may contact:

The Principal Investigator: Ashley Quinn

If you have questions regarding your rights as a participant in this study, you may contact the Office of Research Ethics, University of Toronto.
Agreement:

Your oral agreement indicates that you have been read the information in this agreement and have had a chance to ask any questions you may have about the study. Your oral agreement indicates that you agree to be in the study and have been told that you can change your mind and withdraw your consent to participate at any time. You have been given a copy of this agreement. You have been told that by agreeing to participate, you are not giving up any of your legal rights.

Today you are participating in an individual interview and an Elder is available to you immediately after this interview as requested by participants. The Elder is not biased and is not here for personal gain. As a member of the community, the Elder will also be available in the community following the interview with a long-term commitment to the agency and community. They are not boastful, nor arrogant. Elders are not paid employees but are honoured for their time in traditional ways. Elders have a very specific role within the community that directs them to share their knowledge, experience and wisdom with those who request their assistance and demonstrate a desire to learn more. Teaching and mentoring others are the traditional responsibilities of an Elder.

Beginning with introductions, I will then ask you the research questions before we move onto any closing statements. I will have my bundle with me during the interview. In my bundle is water, stones, tobacco and other medicines. The stones are our grandfathers and grandmothers. They have witnessed all of history and give us strength and help us to come back into a balanced state. Holding the stones also helps people to share. Water also helps us if we become upset because it helps to ground us. If we are grieving or remembering trauma, the water helps us to come back to the centre of our being. It is cleansing. Smudge helps to cleanse too. A cloth with tobacco inside will be given to you so you can hold the tobacco cloth tie as you share and listen. The tobacco cloth tie helps to stay connected in the present and to relieve any trauma and negativity.

The interview can be closed with a smudging ceremony as desired by participants. Smudging allows any negative energy to be cleansed away, any negative feelings that may have emerged during the interview.
Appendix H: Participant Recruitment Flyer

- Are you active in your community such as going to school/employed full-time, volunteering or parenting?
- Are 25 years of age or older?
- Are you Aboriginal (Métis, Inuit, Status, non-Status, First Nation)?
- Were you raised in child welfare care (kinship, customary, foster, group home, justice facility) and not adopted?

Participants are needed for research in exploring the factors contributing to success and resilience, specifically for Aboriginal adults who were state-raised by the Ontario government.

As a participant in this study, you would be asked to complete an individual interview. Your participation would involve one (1) session, each of which is approximately one hour.

In appreciation for your time, you will be entered into a draw for a 1 in 12 chance of winning a $100 gift certificate.

For more information about this study, or to volunteer for this study, please contact:

Ashley Quinn

This study has been reviewed by, and received ethics clearance through, the Office of Research Ethics, University of Toronto.
Appendix I: Telephone Script and Invitation to Participate

Hello! My name is Ashley Quinn, Marten clan, and I live in Mississauga, Ontario. I was raised as a crown ward of the state in the Peel Region (Mississauga, Brampton and Caledon) and it is my life experiences in mainstream child welfare care as an Anishinaabe Kwe that has led me to this research. I slipped through the cracks of the child welfare system when I was 16 and transferred out of care unnoticed when my son was born. I have raised my son, now 13 years old, on my own and in receiving my education have been able to reconnect with my past, culture and who I really am. Through my education, I was also able to reflect on my own life experiences and the impact of being separated from my family, culture and community. It is for this reason that I am compelled to conduct research in the community, including investigating how cultural practices and strong communities might demonstrate, through numbers (quantitative) and words (qualitative), that what we do culturally really does matter to children and youth.

The purpose of this study is to explore the factors contributing to resilience for Aboriginal adults who were state-raised in the child welfare system. As a crown ward, I did not experience my culture until my mid-twenties. I am curious about how cultural experiences and cultural identity have impacted Aboriginal youth involved in child welfare and if outcomes differ depending on their access to their community and culture. I would like to speak with you about your perceptions of success (defining positive outcomes) and how access to cultural experiences and resources have different impacts. It is important to speak directly with state-raised wards as they have valuable insight to offer about their experiences in child welfare care. Within the life circle, we are all teachers and learners.

Before we go on, I need to ask you a couple of questions to make sure that you qualify for the study.

1. Were you a state-raised ward of the Ontario government? (Foster, Group, Residential School)
2. Were you ever adopted?
3. Are you over the age of 25?
4. Do you consider yourself Aboriginal? (Métis, Inuit, non-Status, Status, First Nation)
5. Are you active in the community such as going to school or employed full-time, volunteering or parenting?

*Only participants who answer yes to questions 1, 3, 4 and 5, and no to question 2 will be read the remainder of the script and extended an invitation to participate in the research project.
Participants will be compensated for their time spent in the interview by being entered into a draw with a 1 in 12 chance of winning a $100 gift certificate of your choice. The interview should take no longer than approximately an hour.

Participation in this study is voluntary. Your choice of whether or not to participate will not influence your current or future relations with Native Child and Family Services of Toronto, the University of Toronto, the Ministry of Child and Youth Services, or this researcher. If you decide to participate, you are free to withdraw your consent and to stop your participation at any time without penalty, up to two weeks after our second follow-up meeting to review the interview transcription and initial thematic analysis. During the interview discussion, you can skip any question or stop participating altogether, if you wish, for any reason.

Following our interview, you will have two opportunities to review my work to ensure that it accurately reflects the information you provided in the interview. The first follow-up meeting is for you to review the word for word transcription of the interview to check for accuracy and omissions. The second follow-up meeting will be for you to review the written analysis from the interviews for accuracy and corrections/modifications. After the second follow-up meeting, if you choose to withdraw the information you provided, please contact me within two weeks to do so, by any means available to you.

If you have any questions about the research now, please ask. If you have questions later about the research, you may contact:

The Principal Investigator: Ashley Quinn

If you have questions regarding your rights as a participant in this study, you may contact the Office of Research Ethics, University of Toronto.

Before you give your consent to voluntarily participate in this study, it is important that you understand your rights by participating in this study and that you ask as many questions as necessary to be sure that you understand what you will be asked to do, and that you agree. I am currently a student at the University of Toronto in the social work program and I am fulfilling a requirement of the PhD program by completing this research. I am not a paid employee of the University of Toronto or the Ministry of Child and Youth Services.

Is this something that you would like to participate in?

If NO: Thank you for your interest in the study. Take good care 😊
If YES: Great. When would be a good time for you to meet? Do you prefer a specific location? If not, I have some suggestions of where we could meet. When we meet in person, I will go through the informed consent process and research agreement in greater detail and will request your oral agreement to participate before we begin our interview.

Would you like me to call you for a gentle reminder before our interview?

If yes: What number is best to reach you on?

Thank you very much for your time and I look forward to meeting you on [fill in exact interview date and time].
Appendix J: Qualitative Semi-Structured Interview Guide

Pseudonym:

Age:

Gender:

Aboriginal Type:

Highest grade level education achieved:

Age at time of removal:

Identity (Spirit)

1. Were you given a spirit name? When?
2. Do you feel connected to your culture?
3. How did your caregivers help you form a cultural attachment to your community?

Environment (Physical Context and Body)

4. How many child welfare placements did you live in?
5. How far away were you placed from your home community?
6. Were any of your placements with Aboriginal parents or other Aboriginal children?

Relationships (Social / Emotional and Heart)

7. Were any of your siblings in child welfare and if so, were they placed with you?
8. When you were in care – how often did you see your biological parents/siblings?
9. Do you access cultural centres like the friendship centre?

Wisdom (Mental and Mind)

10. What are you using to survive (mainstream medicine, traditional medicine)?
11. What are the life lessons that helped you succeed?
12. Can you share a story about how you have managed to overcome challenges you face personally, in your family, or outside your home in your community?
Appendix K: Greater Toronto Area Counseling Services and Resource List

Native Child and Family Services of Toronto

- Toronto Aboriginal Care Team (TACT) for addictions and mental health services 647.258.0336 (Mon-Fri: 10-6) 30 College Street, Toronto M5G 1K2. Leave a message if no one is available when you call. All messages are returned with 24 hours. You can call or walk in to the office, but we ask that you not come in person if you are under the influence of drugs or alcohol, for the sake of other clients. If you are under the influence and need to speak to someone, call us and we will arrange to meet you nearby.

Anishnawbe Health Services of Toronto

- 24/7 Mental Health Crisis Management Service 416-360-0486
- 225 Queen Street East Location 416-360-0486
- 179 Gerrard Street East Location 416-920-2605
- 22 Vaughan Road Location 416-657-0379
- Toronto Aboriginal Crisis Intervention Team 416-531-7127

Residential School Survivor Hotline 1-866-925-4419

Crisis Services

- EMERGENCIES CAMH (Centre for Addiction and Mental Health at the Clarke Institute) 416 535-8501 extension 6885 (24 hour service)
- Distress Centre 416-408-4357
- Durham Region 1-800-742-1890
- Peel Mobile Crisis 905-278-9036
- Scarborough Mobile Crisis 416-495-2891
- St. Elizabeth Mobile Crisis (Etobicoke and North York) 416-498-0043
- The Gerstein Crisis Centre 416-929-5200 (suicide prevention)
- Aboriginal Crisis Centre 416-531-0330
• 310 Cope (York Region, Richmond Hill and Newmarket) 310-2673
• St. Michael’s Hospital Toronto Downtown 416-864-5346

General Resources and Social Services

• CRCT Community Resource Connections of Toronto
• 211 Community Connection publishes the annual Blue Book guide to community, social, health and government services
• TeleHealth 1-866-797-0007

Children Kids Teenagers and Youth

• Kids Help Phone 1-800-668-6868. Confidential telephone counseling for children and teenagers, 24 hours a day, 7 days a week.
• Sick Kids Hospital 416-813-6275 (main office)
• SCAN 416-813-7500 (SCAN team member on call, 24 hours). To be contacted if a child or teenager has been sexually assaulted / maltreated.
• Hincks-Dellcrest Centre 416-633-0515. Mental Health centre for children and youth (birth to 17 years), individual, family, and group counseling.
• FAME (Family Association for Mental Health Everywhere) 416-207-5032. They provide education, advocacy, and individual supportive counseling to family members of persons who are dealing with mental health issues.
• CDI (Child Development Institute) 416-603-1827. Client-centered services geared for families with children experiencing significant transition, adjustment issues and for parents and children to explore areas of concern.
• Leave Out Violence 416-785-8411. A program for youth (13-19 yrs) affected by violence either as victims, perpetrators or witnesses.
• KITE Program - Kids in Tough Environments 416-515-1100
• Toronto Child Abuse Centre. Child victim witness support program, child abuse and child sexual abuse program.
Family and Immigrant Services

- Across Boundaries provides resources to those in ethnic communities needing a particular understanding of their cultural issues.
- India Rainbow. Provides community-based social services in Peel region. Includes services for women living in abusive situations.
- Jamaican Canadian Association/Caribbean 416-746-5772. They provide Youth and Family Services, including a program for abused and assaulted Black and Caribbean women 16 years and over (including seniors and sexual abuse survivors).
- Jewish Family and Child Service 416-638-7800. Groups for children, parenting groups for parents of children who have witnessed domestic violence. Short term (kosher) accommodation for assaulted women and children. Also provides support in Russian and Hebrew.
- Elspeth Heyworth Centre for Women 416-663-2978. Services for immigrant women with focus on domestic violence.
- Anduhyan Emergency Shelter 416-531-7127 (crisis line). Residence and emergency shelter; services available in Cree, Mohawk, Ojibway, French.
- Interval House 416-924-1491. Centre and shelter for abused women and children, with services available in Cantonese, French, Hungarian, Polish and Somali.

Domestic Violence

- WOMAN ABUSE - In an emergency, call 911 or the Assaulted Women’s Helpline at 416.863.0511.
- To be placed in the shelter closest to you, please call Central Family Intake at 416.397.5637.
- Toronto Shelters Central Intake 416-397-5637. For anyone who is in need of hostel/shelter services.
- Barbara Schlifer Commemorative Clinic 416-323-9149. Providing individual and group counseling for women who are survivors of violence.
- METRAC (Metropolitan Action Committee on Violence Against Women and Children) 416-392-3135. Providing counseling/ group work and education workshops.
• DVERS (Domestic Violence Emergency Response System) 416-808-7077. Provides home alarm systems in coordination with police, for individuals who are at high risk of violence by an intimate ex-partner and reside in the City of Toronto.

• John Howard Society of Toronto 416-925-4386. They offer counseling services, anger management group work, and treatment programs for men charged with domestic assault.

• Family Service Association of Toronto 416-595-9618. They offer counseling, support groups and educational workshops for women who are or have been in situations of partner abuse and group counseling program for men who have engaged in domestic abuse.

• North York Women's Centre 416-781-0479. Groups for women who have experienced violence, courses, workshops, information and referral.

• Regional Domestic Violence and Sexual Assault 416-495-2800

• Care Centre – Domestic Violence Program at The Scarborough Hospital. 24-hr nurse for supportive counseling, safety planning, and abuse documentation in cases of domestic violence. Interpreters for various languages are available. Services in ASL, Cantonese, Mandarin, Tamil.

• Women's College Campus Sunnybrook and Women's College Health Sciences Centre – Sexual Assault and Domestic Violence Care Centre 416-323-6040. 24-hour program for women and men; medical assessment and treatment; psychological and social support; cultural interpreters available.

• William Osler Health Centre 416-494-2120. Services include a crisis intervention unit that responds to patients in psychiatric and psychosocial crisis, as well as a mental health day treatment program.

Addictions, Drugs and Alcohol

• Addiction Research Foundation Info Line 416-595-6111

• Alcoholics Anonymous 416-487-5591

• Renascent (alcohol and drug addiction treatment) 866-232-1212

• Homewood in Guelph offers specialized treatment for gambling addiction
• Breakaway Addiction Services in Parkdale-Liberty Village, Toronto is a community service providing a wide range of addiction services based on a harm-reduction philosophy with support programs for youth and family members
• Women’s Own Detox Crisis Line 416-603-1462
• NARC Anonymous 416-236-8956
• Smoker’s Helpline 1-877-513-5333
• MARS (Metro Addiction Referral Service) 416-599-1448