

Trauma and Homelessness among Indigenous People in Northern Ontario: A Narrative Study

By

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Abstract

Homelessness has been rising over the last 20 years. The literature outlines the need for further study of the experiences of trauma among Indigenous people who experience homelessness. Social work research and front-line practice underscore the significance of trauma as a contributing factor leading to homelessness. This thesis examines the narratives of an Indigenous man (Fred) and an Indigenous woman (Kim) who have experienced similar life events, despite their origins in geographically dispersed communities—a remote northern Cree First Nation and an urban centre in western Canada. The main themes emerging from an examination of their narratives reveal common sets of experiences linked to Indigenous heritage. Results of narrative analyses of their life stories show that both Kim and Fred experienced early childhood trauma leading to parallel experiences of symptoms of post-traumatic stress disorder (PTSD). Kim and Fred both identified disconnection from their culture, oppression, early childhood trauma, seeking safety, substance misuse, marginalization and homelessness in their lives. These experiences were compounded by seemingly cumulative effects, leading to a cycle of repeating adverse experiences. The results of this study indicate that social workers should focus on education in rural communities to offer more strategies to prevent early childhood and ongoing trauma in adulthood. The results also revealed a need for social workers to develop specialized training in substance misuse treatment that targets the reduction of and recovery from trauma symptoms. The study also uncovered the need for more strategies for decolonization practices and solutions to overcrowding in housing in First Nations communities.

Key words: trauma, homelessness, decolonization, Indigenous people

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Chapter 1

Introduction and Literature Review

Homelessness has been progressively increasing for the last 20 years (Lee, Kimberly, & Wright, 2010). The literature outlines the need for further study of the experiences of trauma among Indigenous people who experience homelessness. Social work research and front-line practice underscore the significance of trauma as a contributing factor leading to homelessness (Coates & Mohr-McKenzie, 2010; Hines A., Worthington, Donavan, & Fahr, 2009). Although there is merit to the study of trauma alone as a phenomenon to be understood, it is also important to recognize the interconnection between trauma and homelessness. Research studies draw attention to the importance of viewing trauma as a factor linked to other human issues, such as homelessness, substance misuse and anxiety (Christensen, 2011; Williams J. K., 2007)

Homelessness occurs on a continuum from being at risk of homelessness to absolute homelessness. Absolute homelessness includes the experiences of living on the street, seeking emergency housing, or living in shelters (Kauppi, Shaikh, Pallard, & Rawal, 2013). Christensen (2011) discusses homelessness as a process and suggests that it should be understood through a “pathways approach” instead of being understood as a matter of individual characteristics. Addressing structural factors and utilizing decolonizing strategies may impact on pathways to homelessness and help to better understand the experiences of homelessness. For example, among Indigenous people, pathways into homelessness are influenced by colonization, the residential school era and the Sixties Scoop.

Research has examined factors that contribute to homelessness, such as personal barriers, circumstances, and hardship. As well, literature considers structural deficits by examining poor housing, barriers to services and the lack of low-income housing (Lee, Kimberly, & Wright, 2010; Kauppi, Shaikh, Pallard, & Rawal, 2013). Furthermore, research indicates that, among the homeless population, there is a high correlation between substance misuse, mental health challenges, and trauma experiences (Kauppi, Shaikh, Pallard, & Rawal, 2013; Sznajder-Murray & Slesnick, 2011). Studies also show that families and single mothers with dependent children are at higher risk for experiencing homelessness (Shaikh, Kauppi, Pallard, & Gervais, 2013; Kauppi, Shaikh, Pallard, & Rawal, 2013; Williams & Hall, 2009). Some studies recognize that there is a relationship between surviving trauma and experiencing homelessness (Coates & Mckenzie-Mohr, 2010; Hines et al. 2009; McCutcheon, 2013; Williams, 2007). In particular, there is a relationship between post-traumatic stress disorders (PTSD) and how a homeless person survives, thrives and meets their needs (Hines et al., 2009; Williams, 2007, Williams & Hall, 2009).

PTSD is defined as re-occurring distressing dreams and triggers causing a reaction of high anxiety, hyper-vigilance, emotional deregulation and cognitive impairment. Studies suggest that these experiences make it difficult for someone to cope, let alone manage a job or conduct functional activities (Hines et al., 2009; Williams, 2007; Williams & Hall, 2009). This link is significant in the study of homelessness, as it calls attention to homeless individuals' need for assistance resolving trauma, in order to function effectively in society.

Indigenous people have endured unique challenges since first contact with colonizers (Burnette, 2013; Nutton & Fast, 2015). The act of colonizing is an ongoing historical trauma that

affects Indigenous people today. Historically, specific acts of government policy acted to assimilate and deculturate Indigenous people and the effects are ongoing, contributing to the legacies of colonization. Furthermore, there are still outstanding government policies yet to be addressed (Charles & DeGagne, 2013). The residential school system, where children were removed from their homes and placed in boarding schools, was designed to erase Indigenous children's culture and encourage them to adopt European views, which would make them more employable. The results of residential schools led to broken kinship bonds, and a disconnect between families and communities that affected many generations (Cameron J. , 2012; Christensen, 2011; Charles & DeGagne, 2013; Elias, et al., 2012). The Sixties Scoop era is also known for removing many children from their homes, placing them with non-Indigenous families (Charles & DeGagne, 2013; Christensen, 2011; Huntinghawk, 2012). The same loss of culture, language and relationships occurred as a result (Braun, Browne, Ka'opua, Kim, & Mokuau, 2013; Burnette, 2013). These acts of colonization, which have been referred to as "Big Events", are paramount for understanding the legacy of historical trauma (Mackey & Strathdee, 2015). An individual's experiences of historical and intergenerational trauma are often referred to as "complex trauma experiences" due to the complexity and frequency of trauma experienced. Traumatic events create trauma symptoms, such as maladaptive coping mechanisms, that are transferred to the next generation (Hinch-Bourns, 2013; Nicolai & Saus, 2013). The literature also lends extensive knowledge on a purposeful movement called *decolonization approaches and methods*, which aim to heal this legacy. Indigenous people are calling on the Canadian federal government to honor their right to heal by allowing Indigenous people to self-govern and promote policies that support their decolonizing initiatives. The aim is to reconnect their people with the things they have lost during colonization, such as culture, language and ceremonial

practices (Church, 2016; Cameron R. E., 2010; Braun, Browne, Ka'opua, Kim, & Mokuau, 2013; Garrett, et al., 2014; Hansen, 2012; Majore, 2013; Waldram, 2014).

The literature shows that the Indigenous population is unique in that they have access to fewer “protective factors,” such as being without a parent in residential schools or leaving their community to attend school. This lack of protection makes Indigenous people more susceptible to future experiences of trauma (Charles & DeGagne, 2013). Indigenous people also report experiences of substance misuse, suicide ideation, anxiety, and depression. This population has experienced adversities such as racism (Nicolai & Saus, 2013) and being more vulnerable to domestic violence (Burnette, 2013).

However, the connection between Indigenous people's experiences with homelessness and the direct influence of trauma in northern communities is less well understood. There is a gap in the current body of evidence about how trauma is experienced by homeless Indigenous people in northern Ontario. If this were better understood, it could inform social work practice. Having evidence-based, geographically- and culturally-specific approaches to treating homeless individuals' underlying trauma symptoms could make it easier to alleviate symptoms and improve quality of life. Moreover, there is more research required to understand what role early childhood trauma play in the lives of homeless people.

This thesis aims to develop a better understanding of the experiences of trauma, homelessness among Indigenous people. The current study uses a narrative approach to analyze data from multiple interviews with two Indigenous people from northern Ontario who have experienced homelessness. The following section sets the context for this research by reviewing

the current status of research on homelessness and trauma, with special attention to Indigenous experiences of trauma.

Literature Review

Homelessness

The body of published literature lends some insights into the connection between experiences of trauma and homelessness. Key words used to search the databases of the Social Service Abstracts and Social Work Abstracts were “trauma,” “homelessness,” “Indigenous” and “Aboriginal people.”

Various studies that made direct correlations between homelessness and trauma were found and reviewed. The studies focused on research samples of mothers (Coates & Mohr-McKenzie, 2010; Williams, 2007; Williams & Hall, 2009), women veterans (Hines A., Worthington, Donovan, & Fahr, 2009) and both genders (McCutcheon, 2013), who were all homeless and non-Indigenous. Three common themes were extracted from these studies (1) trauma experiences, (2) common trauma symptoms and, (3) factors associated with and resulting from trauma.

The literature also lent insight into how trauma is experienced by the Indigenous population. In addition to the above, themes unique to this population were (1) historical trauma and intergenerational trauma as a result of colonization (Braun, Browne, Ka‘opua, Kim, & Mokuau, 2013; Burnette, 2013; Cameron J. , 2012; Christensen, 2011; Charles & DeGagne, 2013; Huntinghawk, 2012; Mackey & Strathdee, 2015; Hinch-Bourns, 2013; Nicolai & Saus, 2013) and (2) decolonization methods (Cameron R. E., 2010; Garrett, et al., 2014; Braun, Browne, Ka‘opua, Kim, & Mokuau, 2013; Majore, 2013; Church, 2016; Hansen, 2012; Waldram, 2014).

Trauma Experiences

Homeless people have often lived through an array of traumatic experiences. These include various types of childhood abuse, but primarily sexual and physical forms of abuse (Hines et al., 2009; Williams, 2007). Traumatic experiences, such as the feeling of loss due to death, have also been described (Hines et. al., 2009; Coates & Mkenzie-Mohr, 2010). As well, it was identified that homeless people experienced trauma at various times in their lives. For example, women reported both past (childhood) and present (adulthood) experiences of trauma. The above studies revealed that, after becoming homeless, adults were at higher risk of experiencing trauma, resulting in what are called “complex trauma.” The term “complex trauma” is applied when someone experiences more than one significant traumatic event in their lives (Hines et al. 2009; McCutcheon, 2013; Williams, 2007).

Women veterans also identified the types of trauma experienced as a threat to their lives. Specifically, they experienced sexual assault and fear of being abused or killed (Hines, et al., 2009). In other studies, it was found that witnessing and experiencing abuse in the family home was also common, causing great distress in childhood (Coates & Mohr-McKenzie, 2010; Williams, 2007). Mothers also reported that it was traumatic when their children were threatened or were removed from their home (Williams, 2009). Youth described their trauma experiences as involving physical threats, social isolation from peers, current threat of death due to homelessness and witnessing abuse in the home (Coates & Mohr-McKenzie, 2010).

Trauma Experiences among Indigenous People

Indigenous people may be unique in certain respects when it comes to trauma. The literature discusses two aspects to consider when studying this population and their unique experiences of trauma. Indigenous people’s experiences of trauma include historical trauma and

intergenerational trauma. Historical traumas are events that occurred among Indigenous people that have had a direct impact on them, such as the sixties scoop and residential schools (Nicolai & Saus, 2013). Intergenerational trauma is the ongoing impact that these events have on a population, affecting many generations to come (Burnette, 2013; Nicolai & Saus, 2013). Indigenous people faced the threat of genocide of their culture, language and race through assimilation processes (Burnette, 2013). The threat of genocide began when blankets contaminated with pathogens were given in trade to Indigenous people. Although it may have not been the intention of the European settlers, many Indigenous people died as a result of not being immune to European diseases (Nutton & Fast, 2015).

Intergenerational grief and unmet needs from the effects of colonization should also be considered (Browne, et al., 2014). Through the process of assimilation, Indigenous people experienced losses, such as disconnection between parents and children and loss of culture. Indigenous people experienced various losses that are unique to this population, and which caused stress, loss and grief. Similar to non-Indigenous populations, Indigenous people experience the loss of children and death of a loved one. However, among Indigenous people, other losses have also had significant impact. The loss of their land through the process of colonization, due to the government moving Indigenous people to appointed land (i.e., reservations), now called “First Nation communities,” which are often located in remote or isolated regions of the country. During this time, the government developed treaty agreements that promised to provide goods and services in exchange for control over what is now called “Crown Lands” (Burnette, 2013; Nicolai & Saus, 2013). This is significant because Indigenous people view their connection to the land as spiritual, sacred and part of their identity (Christensen, 2011).

Nicolai & Saus (2013) point out that culture is connected to the soul and that oppression or loss of culture can wound. Residential schools caused the loss of continuity of culture, as it was not passed down to the next generation (Nicolai & Saus, 2013). The sixties scoop—which was ongoing from 1960 to the early 1980s—was another significant event that caused a loss of Indigenous children from their communities, as children were apprehended by the Children’s Aid Society and placed with non-Indigenous families (Burnette, 2013). Loss of culture and kinship disconnect were found to be risk factors for social problems, such as suicide, among Indigenous youth (Burnette, 2013; Nicolai & Saus, 2013).

Browne et al. (2014) discuss minority stress theory, the concept that experiencing adversities such as stigma, prejudice, and discrimination over a long period of time produces a hostile environment for minorities, which has an impact on overall health and wellbeing (Burnette, 2013). Indigenous people are found to be at higher risk of experiencing these adversities. Due to the ongoing exposure to environmental hostility, traumatic experiences and adversities, Indigenous people are at risk for experiencing complex trauma (Browne, et al., 2014; Elias, et al, 2012).

Charles & DeGagne (2013) discuss “deculturation,” which is a process of degrading a culture and its practices. It is a direct effort to dehumanize a race through activities that purposefully aim to disconnect them spiritually, psychologically, spiritually and socially from their own people, culture and lifestyle.

Nicolai & Saus (2013) assert that new experiences of trauma affect Indigenous children differently, due to the impact of historical trauma. In their study, it is discussed that there is a transmission of trauma through various avenues such as through mental, physical and social health ailments. The effects of complex trauma act on children through communities and

individuals and via psychodynamic, sociocultural, biological and family systems. Children affected by complex trauma have high rates of death by suicide and preventable diseases. Studies show that Indigenous children have experienced more loss than non-Indigenous children (Nicolai & Saus, 2013).

Although there are other adversities that the Indigenous population have faced, the main adversities discussed in this paper are summarized in the sections below. The following sections outline specific historical events that had a huge impact on Indigenous people, not only when they occurred, but also in generations beyond the colonial period.

Residential School Era

From 1892 to 1996, Indigenous children were separated from their families and sent to residential schools. The church-run facilities offered to socialize and Christianize them into a more “civil lifestyle.” Although the stated intent was to allow Indigenous children to become contributors to Canada’s economy, the impact was more damaging than helpful (Cameron J. , 2012; Elias, et al., 2012; Charles & DeGagne, 2013). All children between the ages of 7 and 15 years were mandated to attend residential schools. Over the course of the residential school era, over 130,000 children attended these schools (Charles & DeGagne, 2013).

One strategy to enforce attendance at residential schools was the Family Allowance Act, introduced in 1944. This law provided a subsidy to Canadian mothers with children. This family allowance was given with the stipulation that children must attend school regularly. The residential schools were often located in towns far from First Nation communities. Every summer government officials gathered up the school age children and took them far away to reside in residential schools (Christensen, 2011). Studies show that residential schools were designed to assimilate Indigenous people to more Western ways of learning. The schools were an

attempt to educate children to speak English and about European ways of learning. The consequences of this event for Indigenous children are vast. They experienced a tremendous amount of loss and disconnection from family and communities.

Children experienced a loss of their culture. In residential schools it was forbidden to speak their mother tongue, and the children were punished for it. The intent was to force them to learn the English language. They were no longer allowed to participate in traditional ceremonies and rituals. They were separated from the Elders' teachings. They were told that their traditional ways were wrong, and the children were shamed if they attempted to practice any cultural activities. This began chipping away at their cultural identity (Cameron, 2012; Elias, et al., 2012; Charles & DeGagne, 2013). However, cultural loss is not the only consequence of this system.

Children were separated from their parents, causing a tear in emotional bonds between them and their primary caregivers, extended families and communities. Parents, with a natural instinct to care for their children, mourned the loss of their loved ones. Children's forced attendance at residential schools caused the parents to lose their right to parent their children in their own culture and heritage. Due to the separation, parenting skills were not taught to the next generation. The familial bond, sense of security and closeness were also not transmitted (Cameron J. , 2012; Elias, et al., 2012). As well, siblings were separated from one another and often sent to different schools, or they were forbidden to speak to one another if they attended the same institution. This was meant to ensure that bonds and family ties were broken to complete the assimilation process (Charles & DeGagne, 2013).

Indigenous and non-Indigenous families have different parenting styles. Indigenous parents promote independence and believe in self-regulation. They value their children's right to choose their own behaviours and believe that children will learn through natural consequences.

The belief is that, if parents interfere too much, the children will become dependent and look to them for all the answers. Western parenting is more rigid, with more emphasis on directing the child and expecting obedience (Nicolai & Saus, 2013). Thus, colonization practices caused a disruption in the transmission of child-rearing practices from Indigenous parents to their children.

During this time children were not just disconnected from their families, but also became vulnerable to abuse by their government-appointed caregivers. Upon arriving at the schools, children were forced to cut their hair, their belongings were taken and their clothing was removed. If they brought anything representing their culture, this was taken as well (Charles & DeGagne, 2013). Children were exposed to physical, emotional and sexual abuse during their stays in residential schools. The impact of this system was detrimental to this population (Charles & DeGagne, 2013; Christensen, 2011).

While held in residential schools, some children became ill and were not adequately treated or sent home. Some died from illness or simply went missing, with little or no explanation of what occurred. The inhumane environment of the facilities was toxic and oppressive. Often harsh punishments were used to force the children into compliance with government policy. If they responded passively to the demands for change, they would be treated better for their compliance. Children often reported feeling powerless over their situation and had feelings of defeat. The only way to ensure self-preservation, or to build resilience, was to embrace the changes being inflicted upon them. Their lifestyle changed. They were forced to eat food that was foreign to them, to follow rigid rules, and to submit to enforced schedules. They were socially isolated and confined within the school walls. Their identity, which was once embedded in their culture, beliefs and traditions, became forbidden. They moved from living in

traditional Indigenous ways to trying to survive in the European lifestyle (Charles & DeGagne, 2013).

During summer months, the children were permitted to go home. However, residential school survivors reported that, when returning home, many had forgotten how to speak their language. They also did not understand or believe in their cultural traditions and often felt they did not belong (Charles & DeGagne, 2013). Upon permanently leaving the schools, survivors reported experiencing feelings of helplessness and hopelessness. Substance misuse and suicidal ideation, as well as many other maladaptive ways of coping with the abuse and disconnection they experienced, were reported to have become common practices (Elias, et al., 2012).

The impact of residential school experience did not end with the children who experienced it, but rather impacted future generations as well. Elias et al., (2012) argue that the deficits of intergenerational cultural and relational transmission are significant among residential school survivors. Not being parented themselves often caused a deficit of knowledge about how to care for the next generation of children. Coping skills changed from cultural transmission of resiliency to coping by use of alcohol and in some cases suicide occurred. Charles & DeGagne (2013) and Elias et al. (2012) agree that the acts of dehumanization through colonization caused intergenerational abuse; children of the next generation began experiencing abuse, neglect and overall poor parenting skill transmission. Furthermore, the impacts affected their mental health, physical health and relationship bonds. Because children were parented in an institutionalized setting with limited access to parents on holidays, when it was their time to parent, they lacked essential parenting skills (Christensen, 2011). The intergenerational impacts of the residential school system interrupted the natural flow of parental skills to the next generation. The next

phase of assimilation was to apprehend the children who were perceived to be inadequately cared-for; this was known as the sixties scoop era.

The Sixties Scoop Era

Huntinghawk (2012) explained that the sixties scoop is so named because it began in the 1960s. This event, specific to Indigenous people, resulted in thousands of children being apprehended from their homes and placed in non-Indigenous families, with significant impacts for an entire generation. This trend lasted for at least two decades, with vast numbers of children being removed from their families.

The impact of the removal of Indigenous children from their families is very similar to that of the residential school system. In a history that repeats itself from first contact onward, it is clear that the sixties scoop had the same effects as did other “Big Events.” Children were removed from their culture, family and environments and placed in homes in which the culture was foreign to them. Cultural practices and language were lost, having an impact on the next generation’s ability to connect and build relationships with their ancestors.

Similar to the residential school era, familial bonds between children and their parents were severed, and many children faced a complete disconnection from their birth families. Most of the children became Crown wards and were adopted by non-Indigenous families (Huntinghawk, 2012).

The sixties scoop and the residential school era had many characteristics in common. They both had a goal of assimilation and resulted in deculturation defined as an interruption in the transmission of Indigenous practices of culture and heritage and the forced adoption of another culture. The research literature considers this above process as historical trauma lasting for generations (Charles & DeGagne, 2013).

The sixties scoop and residential schooling were policies of assimilation that have produced ongoing effects. The impact of these specific events caused what is called *systems trauma*. Nicolai & Saus (2013) explain that an impact of colonization on children is that they develop a lack of trust for government systems based on the traumas of the past. These authors argue that Indigenous children affected by systems trauma are less likely to report abuse, turn to law enforcement or seek out support for family members for mental health treatment. This population is reported to experience mistrust towards schools, health authorities and public services.

Christensen's (2011) study drew a connection between the impact of these traumas and homelessness. She claims that these events influence the pathway to homelessness. The residential school and sixties scoop eras have disrupted the sense of home for Indigenous people. The impact has traumatized this population and left them struggling to function in the mainstream society. Their sense of family relationships and belonging has been compromised and, in a sense, they already experienced homelessness when they were removed from their homes and communities. Their families began to break down, and their sense of belonging to them had diminished. A participant in the Christensen (2011) study reported that the violence started with the residential school experience, when the family bonds were broken.

The following sections discuss the Indigenous view of the impact of trauma, beginning with understanding how Indigenous philosophy conceptualizes intergenerational trauma.

Indigenous Philosophy

Indigenous people hold a seven-generation philosophy, which understands that events have an impact up to seven generations into the future. For example, after the residential school era, a minimum of seven generations will feel the impact. In this case, this phenomenon is often

called intergenerational or cross-generational trauma (Nutton & Fast, 2015; Phillips, 2010, Burnette, 2013; Elias, et al., 2012; Charles & DeGagne, 2013). These events caused a disruption in the continuity of cultural practices to the next generation (Waldram, 2014; Elias, et al., 2012).

Nutton & Fast (2015) draw a connection between these oppressive events and cross-generational transmission of poor health outcomes. Due to colonization, there is a higher risk that Indigenous people will be vulnerable to various social problems, such as mental illness, substance misuse, family violence, incarceration and suicide. The “Big Events” of assimilation led to widespread trauma as Indigenous people were forced to change from their cultural ways of life to European ways of life (Mackey & Strathdee, 2015; Elias, et al., 2012). Furthermore, historically, problems among Indigenous people were often framed through a western lens that has continually marginalized this population. In Indigenous philosophy, a social problem like substance misuse is viewed as a coping response to the “Big Events” of colonization. Indigenous people became more vulnerable to self-medicating in response to the impacts of assimilation (Mackey & Strathdee, 2015). Therefore, to develop Indigenous knowledge is to consider past, present and future information that is relevant to the process of decolonizing among the Indigenous population (Ormiston, 2014; Burnette, 2013; Nicolai & Saus, 2013). Historical information is significant because it assists in understanding that traumatic events are still impacting the Indigenous population today through intergenerational trauma, the passing down the impact of the cultural loss (Ormiston, 2014; Waldram, 2014; Charles & DeGagne, 2013; Elias, et al., 2012). The literature discusses that there is a transmission from generation to generation of self-medicating behaviours involving substance use to cope with colonization; children observe their parents using substances and then repeat the behaviour (Hinch-Bourns, 2013; Nicolai & Saus, 2013).

The above studies all demonstrate that the “Big Events” all created tremendous stress among Indigenous people, resulting in trauma symptoms. The symptoms discussed in the following section are the most common.

Trauma Symptoms

The research literature revealed a common set of trauma symptoms that some, but not all, authors labeled as *Post-Traumatic Stress Disorder* (PTSD), a diagnosis based on the Diagnostic and Statistical Manual-5 (DSM-5).

Many of the studies explain that many homeless people have experienced a traumatic event, and after the event occurred, reported symptoms congruent with PTSD diagnostic criteria (American Psychiatric Association, 2013). Intrusive, repetitive memories of the event occurred in a form of dreams or flashbacks that interrupted their pattern of functioning and sleep. Bodily states of hyper-arousal (high anxiety) are also common as participants found it hard to relax. Often, this resulted in the inability to regulate emotions, commonly called emotional deregulation. As well, participants identified triggers, such as nightmares and flashbacks, causing reactions to the memory of the trauma. After becoming homeless, survivors reported experiencing ongoing triggers, due to the exposure to physical threats or the fear of abuse while living on the streets (Hines et al., 2009). Trauma survivors also experienced thoughts of homicide and suicide due to the emotional distress (Hines et al., 2009; Williams, 2009, Williams & Hall, 2009).

Hines et al. (2009) noted that it is common for those that have experienced trauma to experience homelessness due to the changes in their brain after the traumatic event occurred. The changes result in repressed memories that impede the brain’s ability to function adequately. This interferes with one’s ability to organize information to meet their needs sufficiently. For

example, keeping track of appointments is more difficult for those experiencing PTSD symptoms (Hines et al., 2009; Solomon et al., 2009; Williams, 2007, Williams & Hall, 2009). Trauma survivors struggle with meeting their basic needs because of the constant intrusion of the trauma symptoms reported above. Recognizing this is paramount to understanding the impact of the symptoms on their functioning abilities (Hines, et al., 2009). Lack of treatment for their trauma symptoms often results in lack of housing (Hines et al., 2009; Williams, 2007, Williams & Hall, 2009), poor health (Williams, 2007), social isolation and low social supports (Coates & Mckenzie-Mohr, 2010; Hines et al., 2009). PTSD symptoms, such as nightmares and states of hyperarousal, provide some explanation for the struggles homeless people may endure. However, trauma is also connected to various other experiences. Studies show that there is a direct link between childhood abuse and repetitive family violence including the experiences of repetitive domestic violence in adult relationships (Siegel, *An expanded approach to batterer intervention programs incorporating neuroscience research*, 2013; Siegel, *Breaking the links in intergenerational violence: An emotional regulation perspective*, 2013).

Studies on family violence show that the repetitive cycle is held in the part of the brain that controls emotional regulation and initiates fight or flight mode (MacKay, 2012; Siegel, *An expanded approach to batterer intervention programs incorporating neuroscience research*, 2013). According to Siegel (2013), emotional regulation is the ability to manage escalated emotions. This reaction involves the amygdala function of the brain that initiates a stress response, releasing higher levels of cortisol from the adrenal glands (Siegel, *Breaking the links in intergenerational violence: An emotional regulation perspective*, 2013). Studies also found that other traumas and forms of abuse create the same impairment to the functions of the brain (Siegel, *An expanded approach to batterer intervention programs incorporating neuroscience*

research, 2013). This process affects the neuroendocrine circuit of children's developing brains. The resulting increase in cortisol impacts the neuronal pruning process by depleting neurotransmitters in the neural networks. This results in the inability to tolerate or regulate emotions effectively (Siegel, *An expanded approach to batterer intervention programs incorporating neuroscience research*, 2013).

The impacts of the experiences of abuse and violence in childhood continue into adulthood. Survivors of childhood abuse are at higher risk of developing relationship attachment disruptions, resulting in behavioural issues, higher cortisol levels, substance misuse problems and difficulty being emotionally soothed. A lack of self-soothing behaviours is an important link in the transmission of family violence to the next generation. Also, survivors of violence often inappropriately depend on their children for extra support, creating a role reversal between parent and child (Siegel, *Breaking the links in intergenerational violence: An emotional regulation perspective*, 2013). Survivors are also at higher risk of developing alexithymia (inability to describe one's feelings) which increases their chance of developing substance misuse issues in their youth and adulthood. This is due to changes in the right brain hemisphere function. These changes create a feeling of being overwhelmed that depletes awareness of an emotional overreaction (Siegel, *An expanded approach to batterer intervention programs incorporating neuroscience research*, 2013). Studies show that child survivors of family violence are at higher risk of developing anger problems and personal disturbances such as anxiety disorders. Youth also show difficulties in cognitive processing and have difficulty processing emotions (Siegel, *An expanded approach to batterer intervention programs incorporating neuroscience research*, 2013; Siegel, *Breaking the links in intergenerational violence: An emotional regulation perspective*, 2013).

In *family systems theory*, the whole family is understood as playing a significant part in the violence perpetrated by one member of the family. When one person demonstrates violent behaviour, there is an issue in the whole family system. As well, abuse and violence are viewed as processes in which the family functions from a set of principles and values, or rather the lack of one, which causes an emotional reaction. Family systems theory views the struggle as being within the attachment and detachment function between the violent person and significant others. This multigenerational emotional process of attachment is then passed down within the family systems. The degree to which it is passed down depends on the person's level of emotional maturity to manage the family conflict and attach and detach effectively. Also, anxiety is triggered by family conflict and rejection within relationships. Individuals develop a pattern of behaviour designed to avoid responses in the neuro networks of brain function triggered by conflict (MacKay, 2012). These studies show that emotional regulation is an important link in the transmission of family violence to the next generation, and that the next generation is impacted by childhood exposure to family violence and abuse.

Intergenerational, current and historical trauma, multiple traumas spanning several generations, and substance use caused by unresolved grief are documented in the literature about Indigenous populations. While these issues and the trauma symptoms Indigenous people report are sometimes shared by non-Indigenous people, what is unique to Indigenous people is the pervasiveness of the issues mentioned above due to historical trauma which is among the primary causes of Indigenous people's trauma symptoms. According to Burnette (2013), Indigenous people experience multiple traumas across generations. As well, it is reported that Indigenous people are experiencing unresolved grief, which results in emotions, such as, anger, shame and sadness (Burnette, 2013; Nicolai & Saus, 2013). These negative emotions are fueling the need to

utilize coping mechanisms to diminish symptoms, and substance misuse is reported to be the maladaptive coping skill most often utilized (Burnette, 2013; Lee, Harrison, Mill, & Conigrave, 2014; Nicolai & Saus, 2013).

Among the Indigenous population, acts of colonization and assimilation caused emotional and psychological wounding (Nicolai & Saus, 2013). Indigenous people are reported to be more vulnerable to having symptoms of anger due to experiences of loss of land and culture (Nicolai & Saus, 2013). Thus, Indigenous people felt more vulnerable after their protective factors were removed. Protective factors were their closeness with family and culture before assimilation occurred. The experiences of historical trauma left them feeling vulnerable or powerless over the possibility of further instances of mistreatment and trauma (Charles & DeGagne, 2013). This population reports experiencing somatic and psychological complaints. Furthermore, the experience of anger is also reported because of experiences of historical and present discrimination and racism (Nicolai & Saus, 2013).

The following section explains how other factors that contribute to homelessness are also linked directly to experiences of trauma.

Associations with Trauma

Many participants in other research on trauma reported that they struggle with substance misuse, depression and anxiety (Hines et al. 2009; Williams, 2007). Participants in several studies were homeless or had experienced homelessness (Coates & McKenzie-Mohr, 2010; Hines et al., 2009; McCutcheon, 2013; Williams, 2007), including childhood homelessness (Williams, 2007). Studies report that substance misuse often follows the trauma experience as a way to cope with the PTSD symptoms (Williams, 2007).

Depression, or the lack of hope for the future, and feelings of high anxiety, or the inability to feel relaxed, interfere with one's ability to function and to meet their needs which contributes to homelessness. Furthermore, those that are currently homeless are exposed to continuous threat of harm while living on the streets, which further increases the risk of developing complex trauma (Hines et al. 2009; Williams, 2007).

Particularly among the Indigenous population, the literature discusses the prevalence of substance misuse, depression and PTSD, found to be much higher than in the non-Indigenous population. Aboriginal women were three times more likely to present in the hospital with co-occurring symptoms of mental illness, addiction, and suicidality (Lee, Harrison, Mill, & Conigrave, 2014; Nicolai & Saus, 2013).

Elias et al. (2012) make a direct link between suicide among Indigenous people and the historical trauma of colonization. The residential school era had a huge effect on this population. This study showed that suicide ideation and attempts occurred more often among Indigenous people who had a history of experiencing trauma.

According to Burnette (2014), Indigenous women experience domestic violence more than their non-Indigenous counterparts. There is a connection between the controlling dominance that occurred during colonization and that of domestic violence. The tactics of power and control are familiar. Indigenous women are likely to transmit trauma symptoms to the next generation, as they are the primary caregivers to their children (Lee, Harrison, Mill, & Conigrave, 2014).

Studies show that Indigenous people are more vulnerable to problems associated with trauma. Substance misuse has become a way to self-medicate the trauma of assimilation (Lee, Harrison, Mill, & Conigrave, 2014; Mackey & Strathdee, 2015). Also, studies show that when there is an experience of historical trauma, substance misuse and violence are a result of internal

oppression, discrimination and ongoing racism (Burnette, 2013). In First Nation communities, families and young children may also be exposed to family violence, suicide, and substance misuse issues (Waldram, 2014; Burnette, 2013).

Gaps in Research

The body of literature cited above lends knowledge on the lived experiences of women, mothers, various genders and adolescents in urban, rural and remote locations. The literature discusses the types of trauma experienced and their impacts among these populations. It explored the trauma symptoms experienced, which were consistent with the DSM-5 criteria for PTSD. It also discussed the various social issues that are connected to the direct experiences of trauma, such as substance misuse. This information is of great importance for understanding that homeless people experience trauma, which has an impact on their social wellbeing and functioning.

However, the literature does not divulge much information about how homeless men are experiencing trauma and its impact on their lives. In addition, I found a that there is a need for more research providing information about early childhood trauma and homelessness among Indigenous people. The need for more evidence relates to social work, trauma and homelessness in northern Ontario. This is significant in northern communities of Ontario as the majority of Indigenous people reside and use resources in this part of the country (Indigenous and Northern Affairs Canada, 2011).

Currently, there is a gap in the literature comparing how men and women in northern Ontario communities experience trauma, types of trauma or the differences in the impact of trauma. It is important to complete this research to inform social workers in northern

communities about the benefits of understanding and treating trauma symptoms and to create prevention strategies for both men and women against the potential of abuse.

The following study is focused on gaps in the body of literature with a focus on northern Ontario making the links between homelessness and trauma among Indigenous people. Therefore, I chose to focus my research toward understanding how trauma is impacting Indigenous people who experience homelessness and past or present trauma, and who reside in northern Ontario.

Chapter 2

World View and Strategy of Inquiry

This research draws upon the worldview of advocacy to create change to the process of frontline social work. The current body of evidence supports further inquiry into understanding the correlation between trauma experiences and homelessness for Indigenous people. This will inform social workers of the importance of addressing trauma symptoms to support good quality of life and to attempt to reduce homelessness. Therefore, this research examines trauma and homeless experiences of two Indigenous people living in northern Ontario.

For this research, I examined data from the *Poverty Homelessness and Migration* study (Poverty Homelessness and Migration, 2014) which used a qualitative approach to guide in-depth interviews exploring homeless people's experiences. This data revealed insights into experiences shared by individuals of homelessness in northern Ontario. To date, no one has used this data to compare the trauma experiences of an Indigenous man and an Indigenous woman using narrative methods.

Purpose Statement

The purpose of this research is to understand the trauma experiences of homeless Indigenous people in northern communities. This research will draw attention to the connections between homelessness and trauma through the lens of those with lived experiences. The central focus of this study is to bring to light any commonalities between existing research literature and the experiences of the Indigenous participants of this study and to recommend good practices for social work intervention to enhance recovery outcomes in northern settings. This study is guided by the following questions.

RESEARCH QUESTIONS

1. What are the early childhood experiences and symptoms of trauma described by an Indigenous man and an Indigenous woman from northern Ontario?
2. What are the similarities and differences between the narratives of the man and the woman?

METHODOLOGY

Approach

This research follows Creswell's (2013) guidelines for analysing data using a narrative approach. This technique is appropriate for reviewing the data to find commonalities and differences between the stories of the two participants. This facilitates understanding of the impact of trauma on this population.

The approach will also consider the literature on the connections between historical colonization and present efforts of decolonization.

Setting and Sample

For this research, data were taken from the *Poverty Homelessness and Migration* project (2014) at Laurentian University. In northern Ontario, *the Poverty Homelessness and Migration* (PHM) project (2014) has taken a lead in research on this topic. For the past 6 years, PHM (2014) has been using an array of approaches, including surveys, interviews, digital stories and photo voice, to capture a large amount of data on homelessness. Some research undertaken by PHM has focussed on trauma. The data were collected using qualitative methods. The data were collected in northern Ontario; the exact location is not disclosed to maintain confidentiality. Interviews were transcribed verbatim.

Inclusion and Exclusion Criteria

The participants selected are an Indigenous man and a woman, approximately the same age (late 40s to early 50s), who reside in northern Ontario. The participants have identified themselves to be on the spectrum of homelessness and have described trauma experiences in the interviews. However, it was not considered a requirement for the participants to have been diagnosed with PTSD to be included in this study.

Instruments and Measures

The text pertaining to trauma guided the extraction of themes in the data from the participants' narratives. The data were then compared to highlight the commonalities and differences between the participants' stories.

Procedure of Data Collection

The data was previously collected using a qualitative approach. This means that secondary data is used in this analysis. Guided in-depth face to face interviews were conducted

which focused on understanding homelessness. The interviews were then transcribed verbatim. During the interviews, participants discussed personal experiences associated with homelessness, such as substance misuse, mental health, and trauma. The data has not previously been analyzed with a focus on comparing the experiences of a man and a woman. The following ethical principles have been considered in the development of this research.

Ethical Considerations

The research follows five key ethical principles.

Personal Biography and Biases

I was raised in small town in the Muskoka close to a First Nation community. Many of my childhood friends are Indigenous. In early adulthood, I completed a diploma in social work and drug and alcohol counseling. I became employed with the Children's Aid Society as a Parent Support worker and as an Addiction program worker at a hospital. While working, I returned to school to complete a Bachelor of Social Work Degree in Indigenous Studies. In 2014, I entered the Masters of Social Work program. Currently, I am working with a Native Child and Family agency on the protection team. During my career, I have served seven First Nation communities in the capacity of addiction counseling, parent teaching and child protection.

I have aimed to recognize any biases when analysing the data. The focus is on the participants' stories, while maintaining an awareness of my previous work and personal experiences. For this study, I have not had any contact with the participants in the form of providing social services to them, nor in the data collection process. However, the following ethical principles have been taken into consideration.

Respect for Human Dignity

The thesis does not contain the names, interview dates or exact locations of the individuals. The thesis uses language that does not discredit or use negative assumptions about the participants. It has been reviewed by supervisors and an additional reader with advanced knowledge on the subject to ensure it correctly portrays the topic. The supervisors chosen are familiar with the data being utilized.

Respect for Free and Informed Consent

The participants provided informed consent for participation and they consented to data analysis, including analysis by graduate students. The current analysis is consistent with the original goals of the research project, *Poverty, Homelessness and Migration*.

Respect for Vulnerable Persons

This writer is knowledgeable about these participants being considered vulnerable persons. However, considering this, it is apparent that qualitative analysis using existing data is considered a low risk to the participants as it involves analysis of data already collected and does not require any contact with participants.

Respect for Privacy and Confidentiality

The writer understands and respects privacy and confidentiality by ensuring that the data were not seen by other parties. Confidential information will not be shared with other parties. It was kept on a password-locked computer at all times, reviewed in a private location and will be deleted at the end of the thesis project.

Maximizing Benefit

The current research seeks to maximize the benefits by analyzing existing data and giving voice to the perspectives of the participants. The participants gave their time to share their personal experiences with researchers to assist them in understanding the phenomenon from their perspectives. It is a benefit to these participants to respect their contributions and strive to understand the world from their lens.

Approach to the Analysis of Data

The approach used follows guidance by Creswell (2013). After receiving the data, this researcher read the data thoroughly three times, highlighting each time the emerging common and differing themes. The data was coded by colour on the transcripts and then copied into an excel spread sheet under each theme. The participant statements extracted were colour-coded starting with a letter (a. b. c. etc.) in the spread sheet to ensure that they could be tracked back to the existing scripts. As well, a tracking table was inserted into the raw data excel sheet as a way to track themes and subthemes the participants discussed. After this was complete, this researcher reviewed the data again to ensure that the coded data was properly grouped within the respective themes before proceeding to writing a summary of each theme.

Chapter 3**RESULTS**

The themes derived from Kim's story are shared in a narrative format, highlighting the early traumatic events that led to her life challenges and homelessness. Her five transcripts speak to events as they unfold in her life.

Kim's Narrative

Kim¹ is a woman, born in a rural Métis town of Port James British Columbia. She was raised with a mother, father, three sisters and five brothers. Her father was of Métis background and her mother a status Indian. Her earliest memories are at the age of 5 years. She describes early childhood memories involving being very frightened for her safety. She does not describe many good early memories of living in Port James. She remembers living in a house but does not remember details of the home except that the home was clean. Her memories focus on the horrific abusive events that she describes, and she cannot recall any other family experiences: “Not too sure like I just remember being at that house and my oldest brother I remember him chasing me and I got hurt.”

Certainly, she is able to describe what the early years of trauma felt like and shares her experiences of various abuses that occurred at this early age in great detail: “No all I remember is the bad things; I was pretty young and must have been at least five or something.”

In early adolescence, she began to live on the streets. She recalls that she was then living in Saskatchewan. She recalls moving there sometime before this with her family: “I don't know, that's where my dad moved us. He got a job with the government; some resource thing.” At an early age, Kim ran away and only went home once in a while. She lived in cars and slept outside to avoid the abuse in her home. Eventually she moved away, beginning her transient lifestyle and using drugs and alcohol to cope. These are the early recollections of abuse and trauma Kim endured that had a huge impact on her life.

¹ Kim is a pseudonym and the place names are also fictitious names.

Early Childhood Abuse

Kim describes in detail early experiences of abuse by a brother, father and peer, including bullying that caused her to seek safety. She says that she can recall that it started as early as age five when living in Port James. Kim endured various experiences of abuse: verbal, sexual and physical. She also encountered abuse from different individuals in her life. Kim does not recall having any protection from the abuse.

Abuse from Father

Kim recalls her mother saying that Kim's father was her "real" father, even though Kim wondered at times in her childhood if her dad was really her dad. Kim describes the relationship as distant and fearful with no attachment or bonding. She cannot recall or describe a good or happy experience with her father. Later in life, her mother said, as explanation for his behaviour, that she thought he may have been a schizophrenic.

Kim describes her father, in her early years, as an alcoholic and says that he had a lot of anger, "Yeah. He was an alcoholic and ummm (deep breath). He moved us from place to place." Kim described her relationship with her father as very abusive. He had high expectations, exceeding her age of development: "No. No. He was very, very abusive. I was forced, ah, as little – just tiny – as to clean, wash floors and all kinds of, uh, stuff."

She encountered early childhood physical abuse from her father,

"My father beat me all the time; he was physically and mentally abusive."

The abuse from her father changed her perspective on others and her ability to handle adversity. She began fighting and gave up on believing in herself or building her natural skills. She felt hopelessness. Kim began to get attention from her father when she took up fighting:

“I take it to heart when somebody says something to me. Puts me down or Anything like that. It really gets to me. Because I grew up being told I was no good, I would never amount to anything, I was stupid. I just draw on pain. When I was younger, my father would scrunch up my pictures and throw them in the garbage. He was never proud of anything I did, except – he seemed to be excited when I started fighting.”

Kim recognizes that painting calms her down but says she stopped at a young age because her father made degrading comments about it. She had obtained some paints and crafting material, but it still reminds her of her father and the things he said to her:

“Yeah I quit because whenever I would do drawings or paintings I would always be proud that I was able to do that, showed it to my mom. And as soon as my dad would see, he rip it off and throw it in garbage. Finally I just quit drawing, quit painting. I didn't like it anymore.”

During these early years, Kim's father had a lot of anger towards all of the members of her family. He moved them frequently and showed no positive attachment in the relationship with her. Although Kim does not describe anger toward her father or mother for the abuse, she describes how she avoided her father as a way of seeking safety.

Abuse from Brother

When Kim was a child, one of her brothers sexually abused her and her sisters. She says he was mean and abusive, “Well for me, like, I have a brother that sexually abused me.” He also physically abused her when he was drunk, and she recalls an attempted sexual assault,

Yeah he kicked me with two boots I remember him being drunk and he was chasing me a long time and I guess he was going to, just trying to have sex with me. He was really drunk but I don't think he caught me, I don't remember.

She describes an encounter in which he killed her kitten that she was attached to. This was disturbing for Kim to watch, and she never wanted to get an animal again because of this incident.

“Yeah. I didn't tell you about the...my brother that abused me, was very abusive to my other brothers, my younger brothers. He was and I watched him kill my cat. I found a

kitten and I took it home. I was so happy and I wanted this cat but my dad didn't want me to have this cat but I kept it anyway. But my brother got hold of it and would kick it and punch it and do all kinds of things to it, and one day he just kept punching; I could hear it's bones breaking and he just kept hitting it and hitting it and..."

The kitten then crawled into a hole in the basement and died.

Another time, Kim thought her brother was going to kill her:

"My brother almost drowned me in Port James, I don't know how to swim, and I still don't to this day.... And he went and told me he was going to kick me out or drown in there and flip me over and I was swallowing water and everything and he just laughed."

Abuse at school

Kim's early years of school were hard, with horrible experiences,

"Like my first years of schooling was in a school for mental retarded children. And I remember being held down in there and a boy peeing in my mouth."

At around age five, Kim experienced an event which she cannot really remember,

"I'm pretty sure they, one of the boys, when they were holding me down, had sex with me. They were a little older, I think, than me."

Kim describes school as a negative experience and said that she really did not try in school.

Relationship with her Mother

In Kim's recollection of her life, it is implied that her mother was not providing safety to the children by intervening in the abuse. There were no descriptions of Kim's mother assisting her when she ran from the abuse at a young age. She recalled that her mother probably knew where she was and would not give up her location, but her mother did not ensure that she was safe or bring her food or water. In her narrative, Kim describes her mother as helpless and not attentive to Kim's needs for affection, supervision and protection. She believes that her mother would be forced to beat them, and she really does not blame her for anything that occurred in the home. Kim's narrative suggests that her mother likely wasn't in a position to offer much safety, as an Indigenous woman in an abusive relationship in the years before women's shelters and rape

crisis centres were established. The following section describes in more detail how Kim had to seek safety from the violence that occurred in the home and her strategies to survive.

Seeking Safety

At a young age Kim describes her response to the abuse and survival. She began a pattern of running and hiding to keep safe:

“Earliest like I remember back was like I said was in BC when I was put in that school. I remember having to clean the house and the floors and stuff and I remember I was sleeping outside under the like a porch when my dad was drunk or he beat me or I wasn't able to give away, I run out there and hide and crawl underneath and stay there.”

She hid in a spot that no one could find her. She said her mother knew where she was but did not say anything. She considers this a second place that she lived: “Under the stairs. And the neighbour's yard between the fence and shed.” At about age nine, Kim recalls actively running away in response to the abuse she was enduring from her brother and father. Kim considered herself homeless at this time. She recalls that someone always caught her and brought her back to her parents' home:

“So I kept running away as young kid. I'd be away sometimes a few days, a week or two, and then they would catch me, take me home and... I never told them I was beaten and everything. Like my mother was forced to ah to beat.”

Kim found food in people's gardens that allowed her to survive. She had a hard time sleeping, but it was a better choice than staying in her home and being abused.

Kim described where she slept when she ran away to survive:

“I started running away from home and I don't know 9, 10, maybe around somewhere that 9 or 10. Yeah, there was a place to go like down by the river. Or if I found an abandoned car, I used that until somebody found me there or something and I find another place. I slept in the bushes with all blankets and all things.”

After Kim endured so much violence in her early years of childhood, seeking safety for herself to avoid the abuse was an option that she took to survive. She began to look after herself

at a young age and made some choices that were harmful. Kim was introduced to substances and violence that helped her cope with her early years. These patterns carried out through her lifetime well into adulthood.

Adult Experiences of Abuse

When Kim was 18, she moved off the streets and began working at a bar and living with a friend. She made many friends at this time. She describes this time in her life as a time of drinking and partying. No one “messed” with her, she said, because of her ability to fight. She lived with friends until an incident occurred,

“Until one night some friends, couple of cousins come over, some guys, some girls they came in the bar and I got off work early that evening and they were all drunk and I was sober so they told me like come to the reserve with us, come to party, you don't have to work tomorrow. They said drive for us. I said okay I never had any problem with the guys and played football together and like sports, we did sports and everything and as far as I knew they took me as just one of the guys and the women knew me; and I went to school with them and we went out, went to the reserve. We went to the house, we went in all just went in, and open a beer, drank one beer, open the second one and drank about half of that and I don't know all of these girls got up at the same time and used the bathroom and back then when I was younger on reserve they had outhouses at a lot of places, so we went outside, came back in, I remember drinking my beer and the next thing I know I woke up butt naked down the basement beside one of the guy that was supposed to be really good friend of mine and he was butt naked.”

She believes that she was drugged that night. She became angry and recalls that, when she woke up, all her friends had deserted her. She became pregnant from this night.

“Yeah I met him, I don't know after, like, I got pregnant that time. I didn't know I was pregnant until I was 5 months, and it was after my son was born. I don't know how he found me but I was sharing an apartment duplex with a friend of mine who just had a baby too. And I can't really remember where we met or he showed up at my place or something. ... Yeah. And then, uh, I have a son from a sexual assault. He's thirty-four now.”

Kim was in an intimate relationship with another woman. She did not get any prenatal care during her pregnancy. During this time, she describes the relationship with her girlfriend as

not lasting because her girlfriend was with other men, too. Kim describes feeling numb after finding that she was pregnant and not feeling any emotions at all after the sexual assault occurred.

She recalls that she tried to move home to her parents' home when she found out she was pregnant, but her father was not supportive of the pregnancy.

“My dad allowed me to come home for a bit but when he found out I was pregnant, he was telling my mom I was a slut and everything and they didn't want to listen to what happened to me why I ended up pregnant.”

“When my dad first found out I was pregnant he kind of slapped and everything and put me down and when I had my son he wouldn't come to the hospital and see my son because he said it was probably some fucken Mexican or some Nigger.”

She was 22 years old when she gave birth and describes having no feelings for her son. Although she did not blame the baby and did hold him, she found it hard. Kim had to give birth by way of caesarean section. At the time, the doctors performed a procedure to ensure she could not have any more children. She believes that her father said something to the doctors about her to cause them to perform this permanent procedure.

She describes feeling rejected at that time. Her mother forced her father to go to see her son when he was born. Kim says that, because her son was light skinned and blonde, her dad accepted him and Kim felt that her son would be safe with her dad. She describes that, after she gave birth, she went on social assistance and hung around some relatives, drank and did drugs even though she had her son with her. She states that having her son and raising him alone was hard. At one point, she learned that it was possible that men “took turns” on the night that her son was conceived (a gang rape); therefore, she was not certain who the father really was.

An aunt on her mother's side became interested in assisting Kim to raise her son. Kim says that the aunt became very attached to her son and had him most of the time. She lived in an

apartment and worked at her aunt's place of business. She describes the aunt as supportive: "My aunt, she always had my son when he was younger after I left my parent's place. She was, I don't know, she was very attached to my son."

It was difficult for Kim because she left for work early, and her son seemed to know her aunt better than her because she spent more time with him. The money from working gave her more money to drink, and she often went out after work, drinking while her Aunt looked after her son. She recalls that she lived with her Aunt for one to two years. After this, she moved with her son to another location in the same town. Her son remained with her, and she says that there was no assistance from social services or child protection.

Kim moved to another town in Saskatchewan with her son and he remained with her there in an apartment until he was about 12 years old. At this time, Kim was in and out of relationships with girlfriends, and she was still doing a lot of drinking and partying.

Kim was about the age of 37 when she moved with her son to a prairie city. She stated that both she and her son used drugs at this time, and her son ran away.

"Like he was running away, he would run away, he would do needles, he seemed to smoke pots and pills and drink and but it was all gay people. It was all two spirited people mostly women, the guy but I didn't trust the guys."

Kim used Toluene and different forms of pain medication. She stated that she was stealing it by breaking into homes and taking from elderly people. She also stole some from her mother. She recalled at this time that she was living with a partner for a while in a three-bedroom apartment. Her son was actively running away at this time. She helped raise her partner's children while she went to school.

"I didn't get Hep C till, just before I moved to Ontario, I broke up with my last partner I spent eight and a half years with; help her raise her two boys. My son was, show up now and again. And I just, I felt there is no use forcing him to stay home; he didn't want to be there so I stayed with my partner I was with."

The few years she lived in a prairie city she was still using a lot of drugs and alcohol:
“Few years, all I did was drink and everything there too and drugs.”

She described her alcohol use as drinking “the hard stuff”,

“No it was always hard stuff, I drank it straight. I buy like a 40 ounce of whiskey and I drank a lot of whiskey and I would open it and I drink till half the bottle is empty and I put it down and then wait for little bit and I guess I drink the other half and then pass out, come to I would still be drink, I would get more same side bottle, drink half of it straight again and finish the other half, pass out whatever, lots of times that's the only way I was able to sleep is to get drunk and it took lots. I had to drink lots to numb, make me not feel things or remember. I would drink till I forgot.”

In her late 40s, when she moved to Ontario, she learned that she had Hepatitis C. When asked what she was feeling at this time, she replied, “Yeah it was just how I dealt with, the only way I could seem like I could handle things I had to be kind of out of it.”

Kim describes her experience of living on a northern First Nation (reserve) as at first being peaceful, but then her old traumatic memories from her past came back and she started drinking again. She lived in a small First Nation community for about one and a half years. She talked about being sexually abused during that time: “Before I moved I got sexually assaulted by my brother-in-law's supposed to be best friend.”

Kim was out with her friends drinking together, and then she went home to her apartment. Her brother-in-law had keys to her apartment, and his friend got the keys from him. She had taken a sleeping pill and was sleeping in her bedroom. The friend used the key and let himself into her apartment and when she woke up he was on top of her having intercourse with her. She was very angry with him. Kim describes the steps she took to have the perpetrator charged for what he did to her. She recalls that she was crying and reaching out for help to a woman who worked at the Band office. She also reported it to the police, but the officer did not come to take

her statement. The police officer that was to respond and investigate was a relative of the man who sexually assaulted her. She also recalls having a knife and a hatchet and threatening to kill him. She took that knife and tried to stab her own stomach when the police finally did show up to take her statement.

“I don't really remember what happened after that. I remember her coming there in her police outfit and I remember her taking my hatchet and took a long time to get the knife away from me, I was putting it on my stomach and I was pushing it.”

She stayed a while longer in that apartment but could not sleep in her bed anymore or with the light off because of what had happened. Just prior to the time that Kim moved to northeastern Ontario, she was living with a friend at an army base.

“They lived on the army base. I went and lived there with them and but it was really hard she was always yelling and always mad, always fighting with her partner, husband and I know I felt like I was put in a spot because she would come and sit beside me, yell at her husband and throw things at him.”

The environment caused her to experience flash backs from her past,

“Like I said all the yelling all the time, she always seemed mad all the time, it just got to me, I felt like I was at around my dad the way she acted and bring back lot of memories of my dad and I finally I couldn't take it any longer I ended up in psychiatric hospital. I had to get away from her, I didn't know how else. But it was bringing back lot of bad stuff and then I ended up in psychiatric hospital.”

She stayed in the hospital for about one month and then moved into a women's shelter. At this time, she decreased the drinking and drug use because the people she was with were not using anything. When Kim moved in with her partner in the northeastern region, she began to get back into drinking and pill use again, as her partner also used pills. Kim's experience of living with her girlfriend was not positive. She felt that her partner began to take advantage of her, taking her money and spending it on whatever she wanted. Kim was afraid to deny her money. In order to avoid angry outbursts, Kim gave her the money she wanted. She felt the woman was

financially abusing her, so she reached out to her friend from the army base stating that she wanted to get clean again.

After Kim moved to northeastern Ontario and got her own apartment, she met some friends who went to her apartment, and the partying started again.

“Yeah I go to the, I go to the soup kitchen. I get into far from the soup kitchen. We would go to Food Banks and I met this guy, this guy from way up north, some place, I met him and his girlfriend and we would hang around together and they come and stay over at my place and we drank. We smoke pot. We did crack. We snorted coke. We did pills. We drank.”

There was also an upstairs apartment where a couple were often drinking and fighting. The man was beating his wife, and this made Kim very scared in her apartment. She covered her ears and tried not to listen to the fighting.

Kim went to a gay bar, finding Indigenous people and bringing a young gay man back to her apartment. She fed him and they drank and did drugs together. During this time, this young man brought his friend to her apartment who had just got out of jail. The friend brought alcohol and drugs, which they consumed together. He became violent, and she told him to get out, but he broke her door and windows. She called the police, but they did not come, and her landlord said she would have to pay the damages. The cold air came into the apartment, so she left and moved back to the First Nation community where her sister was living. For a while, she still had the apartment in the city, but she could not repair the damages, and people were freely going into and out of her apartment.

During Kim's stay in the First Nation community, her sister left her husband, and Kim stayed there until winter 2012. However, she had to leave there because of the way she was being treated by her brother-in-law: “I was tired of being told I was fat and stupid and lazy and he would tell people, friends of his, he put me down to people in the community and say all kinds of

things about me, my brother-in-law.” Her brother-in-law also forced her to sell drugs out of the house if she wanted to live there: “Well he would make me sell the drugs and the weed, we sold weed.”

Kim lost her older sister, who was living in Toronto at the time. She was beaten, stabbed and killed. This had a major effect on Kim. Kim believes that her sister’s death was drug-related. During the funeral, Kim stayed with her brother in a motel room. Together, they were able to talk about past trauma that occurred in early childhood, perpetrated by their brother, and the pain that he caused them. Kim believes at this time that this brother is able to forgive her brother. She describes this as a difficult time because she had recently lost her sister to murder, while at the same time, she was talking about her past with her brother; the circumstances were difficult. She thought about the things they experienced and reflected upon how hard their lives had been.

“No my life, her life, things we went through. I was kind of happy for her too because there was no more pain. She didn't have to remember what she went through and I was seeing her all through her life but I was also like numbed too.”

Kim coped with her sister’s death by getting high, and she cried a little bit. When she used drugs, she says, she thinks she could deal with things a little better because she was a bit more relaxed. She stated that she can only cry a bit: “Yeah a few tears come and then it's just like I always remember her—yet, if I cry I am going to get hit.”

At this time, Kim decided to move again. She spoke about an experience when her brother-in-law was intoxicated for two weeks before Christmas. There were two boys living at the residence, his sons. Kim was concerned that the boys would not get any gifts for Christmas; consequently, when Kim received her cheque, she gave them some money and got some food. At this time she also spoke about a neighbour having some friends over that Christmas, and a woman saw Kim being mistreated. She told Kim to come with her, and Kim left with only her

clothes and went to the city to an apartment. She felt safe in this apartment building. The tenants were quiet and her place felt more like home. She has company that comes over, and her girlfriend brings her grandchildren to sleep over once in a while. She says this makes it feel more like home to her. She sleeps in the living room on a mattress on the floor.

“Yeah, I like being by the window, like the bed’s by the window, and the bedroom, I don’t know. It’s like the bedroom is at the back of the house kind of. In the living room there, like I can see everything, I just feel safer being in the front.”

Kim had a routine of being up at 5:45 AM and then cleaning, listening to music and going out for a walk. She avoids walking downtown because people offer her drugs, and she knows this is a trigger for her. Kim said that she does not eat regularly, and when she chooses not to eat, she will just drink water for the day,

“No not really I learn not to eat very much, I was never given very much food to eat and everybody was always taking control of everything. They say something if I eat more than I should or whatever, I have learnt to just ignore the hunger.”

Kim is using resources in the city so that she can support herself, including services for Indigenous people, a soup kitchen and a food bank.

Kim experienced two heart attacks last year. After her heart attack, her son wanted her to move in with him to a prairie province.

“Yeah that’s what he wants me to do, get a place with him and then he said he would have friends come over and make sure I am okay. And if I wanted to go to the store or whatever, when he is at the work, when he is not around. And then he wants to spend as much time as he can with me in case something happens.”

Kim’s memories prevent her from moving back to the place where she had previously lived with her son. Her son wants her to come home but she does not feel that it is home to her. She has not seen her son for 13 to 14 years. Kim now has grandchildren ages 4, 5 and 14. Kim says it is harder now that she is older to move again, and she is not sure if she wants to do so.

Substance Misuse and Risky Behaviour

Substance Misuse at a Young Age

When Kim started running away around the age of nine or 10, she began actively using substances. She met some other adolescent and was introduced to “huffing.” “I met a few different kids and that's how I got into sniffing gas and plastic wood and nail polish.” She experienced black-outs and often did not know where she was. At age 17 or 18 she began to experiment with alcohol use. Kim described her substance use as a way to escape what happened to her, as a way to numb the pain.

“Yes I used them to try and forget... Yeah for a while it worked but then I moved on to something else. I did pills; I don't remember what time or different pills to get high, painkillers whatever.”

At this time, Kim described injecting drugs like morphine; she was homeless, but survived by hanging around sex workers and being their bodyguard in exchange for drugs. “After people seen me fight they thought I was crazy and they didn't know what to expect from me so even the pimps were afraid, they never tried to hurt.”

Substance Use Adulthood

At age 40, Kim experimented with cocaine and then she found out that she had hepatitis C, a liver disease, likely from the use of needles. “I didn't get Hep C till, just before I moved to Ontario, I broke up with my last partner I spent eight and a half years with; help her raise her two boys.” In her 50s, Kim began using cannabis, which she still reported using at the time of the interviews. However at this time in her life, she has lessened her use of substances. Kim describes her current use as only having 4 alcoholic drinks maximum because she is worried about getting drunk now. She has a nicotine patch to help her quit smoking. Kim is also fearful of

substances that are mixed with the street drugs now. For example, she thought she tasted gas when smoking crack. This has made her realize that she needs to stop using drugs.

Identity

Kim describes her emotional state in adulthood as the state of being numb and also experiencing anger.

“Yeah I just felt numbed like I always did. Even still to this day I still lot of ways I feel numbed. I was like if I tried so like I won't even really know how to cry. It's very seldom to have tears.”

Kim described herself as having a lot of anger and fighting. She didn't want to hurt anyone, but her emotions came out in anger because she could not cry. Even though she did not want to hurt anyone, she could recall that she hurt others when she lost her temper.

“I was just, I just lose it I remember the beginning the first day and then I would come to I was the one on top and the guy would be on the bottom full of blood and everything. Like I come to like real, ‘Oh shit what did I do’.”

Substance use, violence and survival were prominent themes throughout the interviews as a way for Kim to survive her early childhood experiences. Kim described herself in different ways. Kim's description of herself shows that she seems confused about her cultural background, beliefs and identity. Many of her conclusions of who she is may be derived from the abuse that she endured as a young child. For example, her father gave her attention for being a fierce fighter and even though she did not want to hurt anyone, she became a fighter to survive. Being a fighter became part of her identity. She finds it challenging to play the role of a woman, and she is unsure about what she feels about herself. She knows that she is a mother and grandmother but is unclear about where she comes from and has difficulty embracing herself. She shares the cultural identity she does know of,

“I’m status, but my father was Métis and my mother, status. And through that, Bill C-31 or whatever it was, uh (slight pause) a few years back my mother got her treaty rights back and all of us kids got our treaty rights. But our, but our children can’t.”

She has experienced a loss of identity regarding her Indigenous culture, which her mother wanted to pass down through the language. However, her father would not allow it to occur in the home.

“My father didn’t allow my mom to teach us her language, were Sioux, and my mom, for my mom were Sioux. My dad was Métis and he spoke Cree but, he never, he never allowed us to, learn the Cree or my mom’s language. He took us away from the reserve when I was just young.”

Kim identifies herself as multi-cultural,

“Kind of yeah, multi-cultural I guess you could kind of call it. Because on my dad’s side, his father or something was German. So we ended up with the name from my dad, but when he was born or something, or his dad was a German or something. I don’t know. I also, on my mom’s side, my mom’s mother was, uh, black and so, so I have a black history too.”

Kim identifies herself as two spirited and interested in finding a woman for an intimate relationship: “I don’t know, I find it hard in a lot of ways, like, I’m two spirited.”

Kim finds it hard to be a woman, in part because her brother sexually abused her when she was younger and feels that the role of being a woman is hard. When describing herself physically, she says that she looks like a man and that others have told her this, including a partner who had a visual impairment.

“She went through a lot of stuff. I think I felt good around her at that time for a while because she couldn’t see what I looked like, or you know she couldn’t tell me I look like a man.”

Kim believes that there is a Creator but has thoughts about why he does not help her. She self-blames and also believes the creator allowed bad things to happen to her because she must have deserved it,

“Most of the time I think, you know why he doesn’t help me. Like I kind of mad, confused, everything all kinds of things. Why did these all of these bad things, all those happened to me? I must deserve it. I don’t know. I just have all kinds of feelings and

everything. I always think people are mad at me all the time. And I'm just so used to people getting mad at me, either saying because I can't spell something, they are saying I am stupid. They get mad, look at how old you are, you should be able to do this or do that."

Kim's endured many challenges early in life that have resulted in her perspective on herself and others. She sought coping strategies to deal with the pain that she experienced so early on in her childhood. Many of these early experiences of abuse and neglect led Kim to live a transient lifestyle; yet seeking safety for her was one of her goals.

Homelessness

Early Experiences of Homelessness

As noted above, Kim described that from a young age, she really never felt that she had a home. Port James, BC was the first home she remembers around the age of five. As mentioned earlier but now in relation to homelessness, she slept under the stairs as a young age to seek safety from her abusers. She stated that her mother did not actively make her feel safe or protect her from the abuse. At the age of 10, she began to run away for a week at a time and live in cars. She survived by eating out of people's gardens. At the age of 15, she ran from home and lived on the streets, "Yeah I hung around with the hookers because they knew me for fighting so I would like protect them, they gave me drugs, and they fed me." She recalls that she moved to Saskatchewan with her family prior to her living on the streets.

Transient Lifestyle

Kim lived a transient lifestyle. She noted that she moved many times over the course of her life and lived in many different apartments. She lived with various people and in different locations. When moving from place to place, she never brought anything with her. She always

left her furniture or apartment items behind and only took some clothes. She sometimes had some assistance with start-up from an agency or shelter after arriving to a new apartment. “Yeah whenever I would move I would just leave everything behind.”

After moving to Saskatchewan, she began living on the streets, had become fierce fighter and was able to offer protection to people engaged in sex work. She said, although she did not do sex work herself, the pimps did not object to her involvement because she offered protection. Kim lived on the streets until the age of 18. At this time, she was able to legally work in a bar and got a job. She then stayed with a friend but was on and off the streets. She lived with this friend until an incident occurred in which she describes being drugged and gang raped (see section of adult abuse) at which time she conceived a son. She then talked about living with a friend after her son was born, when she was in her 20s. She was living in a one bedroom apartment on social assistance and sharing the expenses with a friend. Her friend then met a man and moved in with him. Kim had to move again because she could not afford the rent at this location.

She then moved to a city, into a small apartment with her aunt on her mother’s side, who helped her to get settled and provided her with a job. Her aunt helped her with her son, which was her motivation for residing there. However, she described this experience as not really feeling safe or like a home. “Yeah I never really felt at home anytime. I always felt lost.”

In her 20s, Kim recalls moving to another city. She felt like she wanted to move away as far as she could at the time. She moved into an apartment with a girlfriend and her son. She stayed at this location for about 10 years or so, when she moved again, with her son, when she was in her 30s. She recalls living with a partner for about 8 years in a three-bedroom apartment. She was on social assistance and her girlfriend was in school.

In her 40s, Kim moved to a small northern First Nation community in Ontario. When arriving in Ontario, they stayed with her sister and brother-in-law until they could find a place. They did find a place that she shared with her nephew. She lived there for a couple of years and then moved to a northeastern region around in the winter of 2001.

Kim went to the northeastern region with a daughter of a couple that had helped her in the past. She lived at an army base with them. She moved there with only a bag of clothes. Kim said she shared a room with the lady's adolescent daughter and paid \$500.00 a month but still had to buy her own food. She did not have her own bed or privacy but took turns sharing the bed with the daughter. They alternated, in an arrangement in which one slept on the floor and one on the bed. After about 5 or 6 months, she was no longer comfortable living in this environment. She was hospitalized for psychiatric care and then discharged to a women's shelter. She does not recall how she got to the shelter but does recall that she felt safe there and had her own bedroom. Kim felt that the staff at the shelter were supportive. In the fall of the same year, she got an apartment in a northeastern region. She describes this apartment as being a tiny, one bedroom unit with few windows. She had some furniture: a table, chairs, bed and a TV. Kim says she was not happy there because it was too far from downtown. She moved again after a year or so into a shared apartment with a woman partner. She had her own bedroom and they split the expenses.

In about a year, Kim moved out of this place and back with the lady on the army base for a week and then to the women's shelter again. She only remained in a northeastern region for another couple of months before moving to a city. Kim recalls the shelter putting her in another small one bedroom apartment again.

In the city, she moved into a motel and lived there for about one month or so until she found an apartment. At that time she was on Ontario Disability Support Program. She payed

about \$500.00 dollars a month for a very small bachelor basement apartment, which she described as smaller than the motel room she once had. It had few windows, was damp, and had poor lighting. She explained that she had no laundry facilities and has to wash her clothes by hand. Due to it being damp, there was mould in the apartment. The landlord lived in another city and was not very attentive to repairs in the building. Kim lived in this apartment for a couple of years and then moved back to the small northern First Nation community. She said that when she lived at her sister's place on the First Nation, she kept the apartment in the city. She was paying \$500.00 to her sister to live with her, as well as paying her apartment costs.

She is now living in a northeastern Ontario city. She feels that her accommodation is in a good area, close to everything she needs. There is a park, restaurant, and track where people go skating. Kim feels this place is more like home now but still feels lonely. She talked about making some friendships with adults and children. They come over sometimes and the company is what makes her apartment feel like it is more like home. She can look outside and see good lighting outside her window; this makes the place feel safe to her.

“Where I am living right now, I actually felt pretty comfortable and safe there because my door is very heavy because it's kind of metal and I got a deadbolt. So it will be very hard to kick open, it's a very heavy door and I am on the second floor.”

Her son wants Kim to move again to a prairie province, which he calls home. Kim feels hesitant about moving there because of bad memories troubling her from her past. She mentioned that there was only one place that felt like ‘home’ to her; that was when her grandmother was alive and she lived in her home community.

“What I consider home is on the reserve where my mom comes from, it's only the place I felt home was—my grandmother's place. My mother's mother because there she lives out simple, she lived in a little tiny shack and had a little bed in there, couple of arm chairs, little table.”

Analysis of Main Events

The main focus of this study was to understand trauma experiences and the long-term impact on individuals. Kim's events early in life and her strength for survival and seeking safety early in childhood certainly were intertwined throughout her life experiences. At an early age, she felt homeless and not safe. Kim drew attention to the experiences she endured of hiding from the abuse as early as age five. In reading her dialogue, consideration was given to common events or circumstances that were missing from her life. For example, she does not describe anyone meeting her needs for shelter, food, safety and supervision. As Kim shares horrific recollections of the mistreatment, she does not recall someone looking for her, keeping her safe or ensuring she was cared for. In early adulthood she became a mother as a result of a gang rape.

Kim explained that she became transient during her quest for safe housing. It would seem as though the feeling of being unsafe came also from within. When she describes her apartment now as being safe, she states that she is still not able to sleep in the bedroom. Kim recounted how she fled housing on many occasions to another location to seek safety from others either living with her or her living with them.

Kim was unclear about her identity. Although she knew some of where she came from, she was unsure about who she really is or where she belongs.

Substance misuse became a part of Kim's life interwoven into the abuse that she endured. She became a fierce fighter to survive on the streets. She was used as a body guard for sex workers early in her life as a way of trading for drugs in on the streets because of her ability to be a strong fighter. This pattern of substance misuse continued. Later in adulthood she found out that she contracted hepatitis C. Box 1 outlines the main events in Kim's life:

Box 1 Main events in Kim's life**Early Childhood**

- Kim was born in Port James, BC
- Kim lived in Port James, BC
- physically and verbally assaulted by her father
- physically and sexually assaulted by her brother
- neglected by her mother
- sexually assaulted by a school class mate
- feeling homeless
- seeking safety from the violence by running and hiding
- moved to different locations but does not recall where
- feels her home is unsafe and not protected
- introduced to huffing substances

Adolescence

- family moved to Saskatchewan,
- Kim lived on the streets
- she was a fierce fighter and protected sex workers in exchange for drugs
- she was drinking and using opiates, pot
- At age 18 she got a job in a bar and her own apartment

Early adulthood

- at age 22 she was gang raped and become pregnant with her son
- she was living with a girlfriend and found out she was pregnant.
- she had a caesarean birth and father rejected her and the baby
- she moved in with her aunt in a city with her son and worked, she was drinking.
- she moved to different cities. She lived here for about 10 years.

Late adulthood

- in her 30s, she moved back to a city where she had previously lived with her son.
- she found out she had hep C
- she in her 40s she moved to Ontario to a small northern First Nation community to be with her sister and brother in law.
- she moved to Northeastern region, went into the psychiatric facility, women's shelter
- she moved to her own apartment, then shared an apartment with a woman partner
- she moved back to the army base, back into a shelter in Northeastern region
- she moved into the shelter in a northeastern Ontario city, is on ODSP
- she moved back to the small northern First Nation, sister leaves husband, selling drugs for brother in law, other sister dies.
- she moved to northeastern Ontario city again, son wants her to move to a Prairie province to live with him.

Box 2 shows the themes and subthemes identified in this analysis.

<p>Theme: ABUSE</p> <p>Subthemes</p> <p>Early Childhood Abuse</p> <ul style="list-style-type: none"> • Abuse from father • Abuse from brother • Abuse at school • Neglect from mother <p>Abuse in adulthood</p> <ul style="list-style-type: none"> • Sexual assault • Violence 	<p>Theme: SUBSTANCE MISUSE</p> <p>Subthemes</p> <ul style="list-style-type: none"> • Substance use at a young age • Identity • Substance use in adulthood 	<p>Theme: HOMELESSNESS</p> <p>Subthemes</p> <ul style="list-style-type: none"> • Early experiences of homelessness • Transient Lifestyle
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Kim’s analysis will be reviewed in more detail below, when comparing the similarities and differences between Kim and Fred’s experiences. At that time a thorough review of both case studies in comparison with literature will give an in-depth perspective on this analysis. The following is Fred’s story.

Fred’s Narrative

Fred² was born in northern Ontario. In his early years, he lived with his parents and siblings. His mother is an Anishnaabe woman from a remote First Nation, and his father, a Cree Anglican man from a small northern First Nation community. Fred identifies as a Cree Catholic man and fluent in various dialects of Cree. Fred’s father served in the military and travelled from army base to army base for work. He worked as a military labourer driving spikes to build railways. Fred explained that his father was never a believer in welfare and worked to provide economic support for the large family in which there were more than 10 children.

² Fred is a pseudonym and the place names are also fictitious names.

Fred began attending public school in a small community in northern Ontario and attended a public Catholic school. In late 1960s, Fred and his family moved to a small community in a small reservation and began school at an “Indian day school”. He was 6 years old that year. It was life-changing for him because he enjoyed the previous community he lived in and the smaller reservation was not as appealing. However, at this smaller First Nation community, he recalls people just running around with food to share with one another. In this community if someone shot a moose they would share with everyone. This was done in the spirit of helping each other survive.

When Fred was 6 or 7 years old, he became ill with scabies, causing him to be hospitalized. He recalls that he was left at the hospital with nuns to care for him and that other family members were able to go home, except for him. He recalls that he was unsure why he had to stay there for about seven months. Here he was not always treated the best. He described being tied down at times and getting in trouble for urinating on the floor. He thinks it possible that the school told his parents that he was back in school while he was still in the hospital. He recalls that the nurses shaved his hair off, scabs and all, leaving his head bloody.

In 1970s, the small First Nation community had a flood and Fred had to leave the community. Fred and his brother went to Manitoba to stay with their brother-in-law. He was in grade 7 at the time of the flood. Fred returned to the small community before his grade 8 graduation.

In the late 1970s, Fred relocated to the south to a larger community in Ontario to attend high school. He lived in boarding homes that he called foster homes. He recalls living in several different foster homes. In 1981, he ended up living with another couple in foster care and

explains that he went through so many homes in the past five years when he attended high school.

At the age of 18, Fred was living with his parents and asked for some money so he could travel to visit Manitoba. He began to live on the streets and sell drugs to make a living. The following themes and significant life events were derived from Fred's story.

Trauma

Early Childhood Abuse

Fred described experiences of various types of abuse in his early years: physical, emotional and sexual. Psychologically, he could not understand some of what was occurring or why anyone would treat a baby this way. When Fred talks about being a baby, he is referring to being a small child. Often, in his dialogue, he mentions abuse briefly but does not elaborate on when, how, where the abuse took place, or who the abuser was but just that it happened to him. He does, however, explain how these events changed him. Fred had an experience around the age of six where he became really ill from scabies. He describes the incidence as confusing because he was only a baby and didn't understand what was going on.

“I had scabies, there was a scabies epidemic in my house, for some reason they kept me only, they didn't take my siblings they all had it too so I could, “why did you pick me?” you know, so I was kept there all summer into the fall, not in the hospital, they took me after I got well, they took me to the school.”

Fred felt he was abandoned and forgotten about in the hospital.

“Yeah, because they were there and they said I don't know but I guess my parents wanted me home now or “what happened to Fred?” I don't know, maybe they remembered they had a son in there, I thought I was forgotten for good, I'm not kidding for a baby to think like that you know?”

When Fred was in the hospital to be cared for due to his illness, he recalled them being mean to him. They shaved his head, scabs and all, causing his head to bleed. They confined him to a bed with straps and did not respond to him with care.

“Just that worker always hitting me on the head with a broom, I mean trying not to piss under the bed at night but I had to because I couldn’t go, and they would listen to me, maybe I was mental I don’t know. Why else would you ignore a baby trying to go to the washroom, I don’t know.”

Fred stayed in the hospital for seven months and recalls that his siblings were permitted to go home from the school, but he remained in hospital, apparently to be cared for. He was bored in the hospital, and then they sent him back to school after his medical care was complete. Yet he was not allowed to go home. Fred stated that he was just a baby and was unable to understand why he was kept away from his parents for such a long time. At this time, Fred identified being cared for by his older sister who she took on the role of mother to him.

Abuse from Mother and Father

Fred’s mother is a residential school survivor, and his father grew up in the bush with no parents to care for him. His paternal grandparents had left Fred’s father to raise himself. Fred’s relationship with his mother and father was described as strained and abusive. He shared an in-depth description of how he feels that the treatment he received early in life from his mother and father turned him into a mean person later in life. Fred’s anger often caused his caregivers to tell him to just leave when he had outbursts.

“We had a lot of I’m sorry and all that, and all the beatings she gave me and how she came to realize what she did to me was, turn me into a mean dog when I was older, they both seen it, my dad was there too. The way they used to beat me and I used to tell children but I didn’t realize I was saying that “don’t hit that dog, man it’s going to grow up to be mean, just wait, keep on hitting it, it’s going to turn on you” I guess they heard me say that and they realized that’s how I turned, I turned mean, I turned on them, they were scared of me my dad almost saw me kill somebody, with my fist, cause he was beating up both of my sisters. My dad was crying, wringing his hands crying his hands crying, he thought I was going to kill him, probably was going to kill him. And that

shocked me, seeing my mom and my dad crying when I was used to be so afraid of them and he's crying in front of me."

Physical Abuse

Fred experienced physical abuse from his parents, schoolteachers, priest and peers.

Fred describes physical abuse, disguised as discipline, which was directed more at him than his siblings.

"I hardly ever think of that, maybe I just think of me, maybe it's just a negative in my brain. I saw my brother get spanked, but not as hard as me, I was left with bruises and swollen glands sort of thing."

Fred's mother beat him physically on various occasions. He speaks about his father also abusing him, to the point that he thought that someday his father would end up killing him.

When attending what he called "Indian Day School", Fred experienced physical abuse and describes Catholics taking his pants down and beating him with a willow switch in front of others. He felt that being naked in front of his peers was the worst part of the abuse, as it caused so much embarrassment to him. He recalls one incident where he was hit so hard that it caused swelling in his genitals.

"I would undress so I can get my straps, and she hit me accidentally in my balls one time and they swell up and I wasn't allowed to leave the room at all for a week, my...swell up here and here, and she kept me hidden, I was never allowed to tell anybody. Emotional."

Fred also experienced physical bullying at school. Other children took his money and treated him poorly. He thought the reason he was picked on was because he spoke a different Cree dialect than other kids. He coped with the bullying by trying to stay inside at recess to read. Fred continued to enjoy reading books to learn about the world.

"That was my get away, even staying in recess, because I was getting beaten up out there anyway so I just read, national geographic I grew up in, travelled the world, that's so... I'm such a book worm, I don't even own a T.V yet, they go "where's your T.V" I don't have one, I got radio, they don't like radio though, I got books."

Fred had an experience when he was seven years old where he confessed to a priest that he touched a girl under her panties. The priest then hit him in the head with his fist and told him not to do that again.

Emotional Abuse

Fred experienced domestic violence in his home and recalls that his mother was violent towards his father. Fred did not understand why she would do this when his father worked so hard for the family. Fred admired his father and looked up to him but viewed his mother as abusive towards his father and himself. “Yeah, getting money for free, and here’s dad working his ass off just to get beaten up by mom, and I was a baby thinking that. I used to see her beat him up.”

Fred never observed his father abuse his mother but recalled his father taking his anger out on Fred instead of his mother. He states, “Because he never hit my mom, took it out on me.” He grew up with more than 10 siblings living in one home and recalls in the 1970s, his mother going away because she was very ill with a brain illness. He describes it as a confusing time in his life with conflicting stories on whether his mom is still alive or has passed away.

“She had her brain operation in her head in I believe London she had her operations and they told us she was dead, suddenly everybody was saying she died, and then they told her “oh she’s alive, she didn’t die” you know what I mean? Which one is it, then there was “no there was a mistake, she did die” but she was in a coma so it was all these up and downs eh when I was a kid. Then she came back and then she went crazy again, until she healed a bit, and then they found out it was still growing in there, and they had to go drill her head, literally, like they’d sit her up and drill her to get it out. She told me about it after eh.”

Fred describes when his mother returned home that she was bald and had a big scar on her head. The children were asked if they wanted to see her and they did. One at a time, the kids were all called to go and see her but Fred was never called.

“Yeah, she came home again and it was all bald and big scar eh, and they asked her “do you want to say hello to your children?” and they’re okay. I was the only one that wasn’t called, I’m not kidding, she didn’t call me as her kid, the rest of my siblings, all of them except me that day, I was standing in the back and my cousin John was, he was brought up by my parents too, and he was like “how come they didn’t call you?” and my brother in law was laughing at him eh, I remember that.”

Fred recalls that there was a time in his life when the Children’s Aid Society (CAS) was involved with the family and had regular visits to his home. He was counselled to lie to the CAS about what was really going on in the home. He explained the process of fooling the CAS into believing that his mother was not going blind.

“That’s just when she losing her, like I just happened to be sitting around the living room when she, we used to make up like how many fingers are you going to say mom like two “Hey mom how many fingers, three, two” and we would memorize it, just to, she asked me to do it, I didn’t ask questions. I think it pro... to fool CAS, for them not to notice she’s going blind eh?”

Fred describes his family as chaotic; yet he wanted to stay with his family so he learned how to be secretive when it came to CAS involvement. He kept it a secret that his mother was beating him up. He thought one day that he would die from the beatings. He recalls that his dad did beat him at times. Fred says, “Because I ended up telling that to my dad one time ‘just kill me now, quit torturing me you know, just kill me.’”

Sexual Abuse

Fred experienced sexual abuse by teachers when attending Indian day school. He does not elaborate on these events in his scripts but just mentions that it occurred.

“We’re getting actually settlements for that because of the name itself but me I just happen to be...I was one of those people that was abused sexually by the ladies there. Catholic...oh no, not even, they were born again Christian. With kids, I understand now. They were just kids, teenagers, 19, 20 year old students, you know. Themselves, teaching kids.”

Fred mentions in his narrative that a priest abused him in Indian day school and that he told a teacher what was happening to him. He then started being abused by the female teacher as well after sharing what was happening to him.

“yeah, and I told her what happened to me and with the priest and she started doing that, she kind of just used that I guess, I don’t know, so instead of getting help I got more abuse, more secret, more closed in, my walls got smaller, I didn’t even go out for recess because she always wanted me inside, not to tell anybody?”

Fred changed after he returned from school. When he returned home, he noticed that everything had changed for him. He felt that he grew up quickly from a kid to an adult in a sexual way.

“Everything was different. I was not the same kid. I came back with all this knowledge about sex and woman parts and I started teaching the young girls and young boys what I learnt in that place and my mom got real mad at me and they beat me up a lot because of that and I literally got beaten up by my parents because.”

Seeking Safety

Fred spoke about seeking safety away from home. He wanted to leave to go to high school to get away from the chaos of the home and away from the beatings from his parents. He shared that for some of his friends, it was difficult for them to leave their parents but for him it was a different experience.

“It was chaotic, it was full all the time and there’s more and more kids coming in cause of my sisters having babies, and there’s no jobs, no school, everything is grade 8 so why stick around there, and the abuse, and my dad still beat me up.”

At a young age, Fred and a friend would seek safety when parents were drinking and go to a local dump for a couple of days at a time. They would steal food or search for canned food thrown out into the dump and throw the cans into a fire to have food to eat for dinner. They would rather be at the dump than at home with family.

“No I stole, click or, we go to their dump actually, me and Raymond, he’s a cop now, he remembers that eh? We are the dump, went through the kind of cliffs that been crust. We

threw them in the fire, in the dump fire itself, we cooked them, in this open, then we'd open and eat it, we even had a camp, a little prospector little camp we used to go hide out if his parents got drunk, and they used to get drunk all the time. We used to go camp there."

Early Childhood Traumatic Life Event

Fred had experienced life-changing events that impacted him traumatically on top of the experiences of abuse. He lost his best friend at the age of nine years old.

"For one thing, I lost my best friend, when I was 9 years old. He was shot in the head. That stuck out. I was only nine years old. He was my best friend. I just lost him. I didn't believe that he was dead. I thought they were lying to me, eh, my parents. And they took me to the hospital where the body was and they showed me his head, big, his look was, really in pain, eh."

Fred's experiences led him to suicide attempts and flashbacks consistent with the traumatic events that he experienced.

Suicide and flashbacks

Fred describes feelings of wanting to end his life due to what he had been through. At a young age Fred can recall the feeling of wanting to die.

"Pretty much all through my young life, I got the scars to prove that I've been through it, I always wanted to die." Everything that happened, with that brother and my parents what they did to me. I always wanted to die. I didn't want to be here anymore, even as a kid I wanted to go away, it's weird eh?"

Fred felt there was no one to talk to because he was told to be "hush hush" about his life, or it would get him into trouble. He was told to not say anything to anyone about the abuse in his home or at the school, so he never talked about it until he was older. However, he now is able to talk about his traumatic events and the ways they changed him.

"It doesn't bother when I talk now before you know what, it use to be bad before. Flashbacks now. Like I said I have been working out with my counsellor, thoughts and I recommend it to everybody. Umm I got a couple of people you know that I know. Even accident victims, I sent one there. She was still shivering from last week's accident. My

ex, totalled her friends there. Thank god baby girl wasn't there. It's traumatic those things.”

Fred became violent in his life as a way to cope with his trauma. He recalls at a young age becoming mean because of the beatings that he endured. He learned karate and became a black belt to be able to defend himself. However, he began to abuse it, using it to fight. Fred became a fighter and at times fought against police.

“Well I only beat up five other security guards one morning. The cops told me to. Well they beat me up when I was sleeping in a bin, a garbage bin. They jumped in and beat me up and left me there. Call the cops, they said, Fred beaten up over lying, it was them. So the cops let me out six hours later before the effects of my alcohol went away. They said, go get them Fred. We'll see you later. Thank you sir and so I ran over there and said, hey buddy (slaps hand). Where's the other ones? They're upstairs. “Boom boom boom boom.” Knock him out, run upstairs, two smoking, “boom boom boom”, they didn't want to tell me where the boss was, I had to torture the last one. He went to hide in his office, I went through the window. Well the desk did. I followed and I got them all.”

Fred became violent towards others including those with whom he had intimate relationships. He described his approach to parental responsibilities as somewhat akin to those of a turtle, who lays eggs and leaves the nest. If his children follow, then they do, but if they do not, then they are left to fend for themselves. Fred also was charged with violent related criminal activity.

Legal Charges

At a young age Fred started living a life of crime. He was in and out of jail in his lifetime. After high school, Fred moved to Winnipeg. It was 1980 and Fred was 17 going on 18 years old. He began selling and using drugs to make a living. Fred ended up getting caught selling cocaine and spending time in jail. “That. Being a mule. I got caught with the cocaine I had, I thought it was just weed. Oh great. Now I'm going for a little ride, it's not going to be my favourite.”

Fred can't recall how many times he was sent to jail but he does know that there were many guilty verdicts. One time he was accused and incarcerated for a robbery that he did not

commit. He spent six months in jail before the justice system realized they had made a mistake. Fred experienced beatings in jail from the guards. However, Fred felt that jail may have saved his life because at least in there he was not engaging in risky behaviours or living on the streets. “You know when you get lost. It's been normal for me in my life. Jail here. I think jail saved my life quite a few times.”

When Fred was in jail he recalls that he was beaten on many occasions. At one point he got his blood tested and found out he was infected with hepatitis C. The beatings then stopped because the guards knew he had contaminated blood. Fred believes he did about five and half years in jail in total. He spent some time in Monteith correctional facility. Later in his life, Fred was charged with assault on his ex-girlfriend. “When was that, five-six years ago? I was charged with wife assault or spousal abuse and I was given a six months sentence. I do admit, I did hit her, yes, I did. I didn't know, what wrong, right is. I deserve that.”

Fred was banned periodically from the mall, shelters and a recovery house due to being so angry and causing problems at these locations. Fred reflects back on his life and recalls that he felt crazy and it didn't feel real when he was out.

“I was crazy, I was. There was something wrong with my head, my thinking, and reality wasn't reality, you know. I didn't even believe, I was out. I kept waiting for me to wake up in the hole. It was all those time, I used to dream and wake up in there. So I was always waiting to wake up, when I was out for that little while.

Fred experienced homelessness when he was not incarcerated or in a recovery home.

Homelessness

Early Childhood Homelessness

Fred says the legends say “that you are never homeless if you live in the bush, if you have a coat, you are good to go.” This cultural belief is due to Indigenous history of living transient and surviving off of the land. However, Fred felt homeless from the time he was born.

“Ever since I came out of my mom’s womb I was homeless, sad but true you said thirteen people crammed in there and you never had a bed, you were always that kid sleeping on the floor, the couch, that’s it, what is like to, in your family with being.”

Fred viewed homelessness as normal in First Nation communities, due to the houses being small and not being numerous enough to house the number of families. Fred had personal experience with the overcrowding in his family home.

“Oh! For me, what I told you, pretty much felt homeless all through my life. You know, I have been. As soon as I came out of my mom, I was never home. I was nine months of my life was home because she couldn’t rip me out yet, right. Anyway. I feel like I always been homeless, today’s day...these are little pit stops, which they call, little homes or cubicles under bridges. So harmlessness starts in the reserve because why I said that because two of my daughters. One has six children, the other one has one. They have bought them to reserves, because there is no housing on reservation. It’s like five families house, and that’s not exaggerated, you know, which fine on one day.”

When Fred was a child he lived in a two bedroom home with 13 other family members. They slept wherever there was room and described his home as loud and chaotic environment with kids and family coming in and out of the home. He owned nothing of sentimental value. He did not have his own bedroom or bed and felt homeless due to not having his own space or things. He slept on the floor or a couch.

When he was about six years old, Fred identified as feeling homeless when he stayed in a hospital due to a childhood illness for a length of time with no family visitors and felt alone. He also described feeling homeless when Fred and a friend of his used to go to a local dump for a couple of days at a time and stay there. They built fires, cooked discarded canned food and stayed in the dump when parents were drinking.

Adolescent Homelessness

At around grade seven, Fred’s community experienced a flood causing Fred and a brother to move away to an uncle’s residence to live for a while, until it was safe to return home to the small First Nation community. Shortly after returning in grade eight, Fred prepared to move

south to a larger community in Ontario, where he would live with various boarding foster homes and attend high school to attain his high school diploma.

“I did that at a young age, I guess I was twelve years old when I graduated from grade eight and I turned thirteen that summer, I went to high school and we went to, they used to have these boarding homes, foster the. I guess the local people would foster us for the year or two or how long they wanted us cause we didn’t have places to stay there or a high school up north back then. I remember the first time I went there was on a DC3 one of those ancient planes where you feel like you’re up, pulling up into the orbit, you ever been on those planes, they’re old, they sit like this.”

Fred does not recall how many homes he lived in when he moved south but recalls that there were a few different ones. Fred felt home sick a little bit at times but did not cry or express his feelings of being homesick. He experienced having his own things for the first time. He experienced having his own bedroom, bed, belongings, and desk. Fred had an experience when living in the boarding homes, in which he recalls that the foster parents would exaggerate on teaching us how to use everything in the home.

“I remember that time I went there, grade I was in grade nine I started grade nine in the 1970s and they put us in all these homes where to me the parents were like exaggerating everything, how to flush a toilet they’re all through the motion of flushing the toilet, cleaning this, turning a faucet on, things I’ve seen before you know, I was born in small Reserve in the north but to the small Reserve kids I guess it was all new because they never got out of there.”

Fred liked some of these homes. He recalls one, in particular, where the foster parents used a method of discipline of “tough love,” giving consequences for unwanted behaviours. He began learning karate as a form of survival. Fred experienced good opportunities to build life and work skills. He began working summer jobs in grade nine. “I worked as a summer student yeah, they hire students like mechanics, they hire students to work in the auto-proofing, rust-proofing in grade nine, the summer of grade nine I worked as a rust proofer of vehicles, that’s all I did was rust-proof vehicles.”

After high school Fred started working as a carpenter.

“I started as a labourer. Then a carpenter. I already knew how to do house wiring from high school. I went to a vocational school, right. You did all the shops there in order to graduate. Anyway. Yah, that's how I got that job. I moved up. Then there was an opening for housing coordinator, so I grabbed it and I got it.”

Adult Homelessness

Fred's life was going well in early adulthood. He was married and had four children. At this time, he attains a job with the police department and has a home. However, his relationship falls apart when his wife has an affair with his brother. Fred was caught using drugs and is fired from his job. His life takes a turn for the worst and he returns to a transient homeless lifestyle again.

Fred stated his 20 years of homelessness had begun because he never felt at home anywhere. He was transient living in various locations, towns and various locations within the cities. Fred slept under bridges, on the streets, in tent cities, and in and out of shelters. Fred also slept underground and considered others that slept there as his street family.

“Yeah. Of course. I partied everywhere. And London, and sugar shack here, sugar shack Thunder Bay, Winnipeg underground, after hour bars, I could see a sign, yes, I lived there, I was family. We slept under bridges back then there were lot of like old travellers like hippie days. They like to travel eh, the older hippie days that's why I sat and hang around with...that's why I like the park.”

Fred had very little with him when homeless. At one time, he recalls having a mattress and blankets to sleep with. He had to go find newer blankets because police would come and urinate on his things. Fred was banned from shelters and detox centres because of his anger. In the winter, homeless friends froze to death. They were not accepted into the shelter. Fred had experiences of being turned away during freezing temperatures.

“We had, we couldn't find the wine and the winos at all. We had like five bottles of wine each. We had a good day standing. So we just sat around with our blankets at night. We got tired I guess and the north wind hit. We pass out in our blankets in there because no one was touching my bottle and no one was touching his so we stayed awake for each

other. But then I woke up in the morning and it was all heavy eh, like muffled everything, what's going on yo? Thought I was deaf, maybe I thought I was beaten up while I was sleeping. And I went like this and something fell in my cold. Holy fuck, I couldn't hear myself. It's crazy. I went and I looked and it was all like this much snow on top of there was a hump on where my friend's body is. A little breathing hole."

Fred also experienced breaks from homelessness when he became incarcerated. "People not allowed in shelters have to go try to get a jail cell, banned from detox, too cold out. That's the homeless, that's how you get rid of the homeless."

As an adult, Fred moves into a small apartment in a northern town, a bachelor apartment with a small bathroom, shower and kitchen. Fred volunteered for the police department to teach the rookies about what to expect from homeless people like him. Fred still referred to himself as a homeless person, even though he was living in an apartment. Fred also helped his homeless family on the streets. Fred recalls that his experience of homelessness is directly linked to substance use. "Why I started living on the outside. It's because of the personal problems and addictions. You know, which a lot of you will find and I noticed that well, since the year that I was there."

Addiction

Early Use

At a young age of just 13 years old, Fred was smoking cannabis. In Fred's First Nation community many were into huffing, a form of sniffing gas or other inhalants. Fred was able to avoid that but began using pot.

"During the week, oh just teenage stuff so. There's more sniffing back then on the res, I never did that, I smelled it a little, I was more into weed, well ever since I was a kid, and I was never into that sniffing gas and all that."

When he was a child, he did get into drinking as well. His parents drank wine and he would get some to drink. Fred would begin stealing to be able to get alcohol to chase the feeling of being high. “Yeah, ever since I was kid, one time my parents were partying and I drank wine, I would steal just to get the feeling.”

Fred grew up watching role models and family members drink. He said that even in the boarding homes he stayed in, the parents went to church on weekends but drank hard during the week. Fred influenced friends to use drugs. Fred identified that his friends and him were homesick and Fred coped with this by smoking cannabis.

“Living that way, yeah, like I said before I knew about living away from home but my friends didn’t, so they kind of look up to me, I got a lot of them into dope, tell you the truth that’s the only way I knew how, drinking and drugging, to get rid of that, not, for me it was getting rid of it, but I guess I was just covering it up for later hurts, keep it covered for now, we might need it later on in life, that’s all I was doing instead of talking it and you know unloading, I just kept piling it on. Like I said, my life I did everything wrong you know?”

Fred says that his high school experience is no different than the residential school experience. Either way, he is being shipped around from home to home and living in different locations without his parents. When he was sent away to school in a different town to attend school, he coped with it by smoking cannabis. Some kids cry from being away from family but Fred describes himself as not a crying person.

“It could be any kid on the reservation and other reserves. They will go pick some, pick some up, pick some up, it's like history repeating itself, like residential schools, shipping off to school, same thing, same feeling, you are still crying when you are leaving, you know, but you are not being forced, you want to go to high school then, you know, it was still emotional for us. Some of my friends just stay at home and just cry, me I got into dope. My happy, I was 13 years old, I had my first joint and here I am.”

Substance Use as a Way to Cope

Fred identifies as a poly substance user consuming various types of substances, including cannabis, opiates, ecstasy and alcohol, throughout his lifetime. He also identifies as an alcoholic.

Fred used alcohol as a way to cope with the pain he experienced in childhood. He experienced the loss of a best friend at the age of nine. He was abused as a child and directly makes the link of substance use and coping with his traumatic experiences of early childhood. He identified flashbacks, nightmares and hurt as the sources of his addictions.

“The addictions, it's like all addictions you have, right, it's so soft, so softly to like, change around you, but by the time you realize they got you, they are changed, but they involve you so softly, they feel so right when you first want to get want to rid of this nightmare or this crime, eh. You don't know when you are getting addicted to that, that drink or that joint or that hit, that needle, until it is too late, but for me, the reason why I started, I guess for me was alcohol. It made me sleep, it made me get rid of the bad feelings that hurt. It made me sleep, I was getting nightmares, because all those things happened when I was younger...”

Progressive Use and Risky Behaviour

Fred also identified a time, when he was living in his first community in the north, that he witnessed a friend shoot himself dying by suicide. He states that, after he witnessed the shooting, it had changed him forever. After this he started really progressing in his addiction as a way to cope with the traumatic experience.

“Yeah, in small Northern Reserve, it happened in first community lived in, like, I said I was going to school there and I quit after, like a lot of things went. I just used alcohol and drugs just to numb all that....to kill all those nightmares away from me and that was it. I was in to alcohol and drugs. That's how mine started, you know. And with it came homelessness, you know, I was already homeless in first place you know.”

Fred's alcohol addiction progressed when he was living on the streets and resulted in him using other sources of alcohol to achieve intoxication. He wanted to numb the pain and be able to sleep. The addiction silenced his mind.

“Sure, us homeless people, we tend to drink, to that point where, you know like. Liquor stores and beer stores are not enough. They are not open 24/7. So we start drinking other stuffs like [Inaudible], rubbing alcohol, it's....we call it rubies, [Inaudible], there are just a bunch of guys dealing with rubbing alcohol. That's how we do all day. We mix it with water, there is like a, there is a certain way, you can mix it, and there is a safe way.”

When he left high school, at the age of 17, he started dealing cocaine and became involved in a prostitution ring. He ended up getting caught, charged, and went to jail for selling drugs. Fred contracted the hepatitis C virus from living a risky lifestyle of drug use while living on the streets.

“It’s for Hep C genotype 1 and 2, the most deadly one there, they’re hard to get rid of. Cancer, that cancer I had like first stages, that was easier to get rid of that, it didn’t get rid of my genotype 1, now I have genotype 2 I found out.”

Fred had some very low times when he resorted to attempting to die by suicide. At one time, he was admitted into a psychiatric ward and tranquilized during his treatment. Fred periodically continued to have moments of feeling suicidal and had the desire to die. “Yeah, they tranquilized me and then boom next day they put me in a cell I guess, I want to go die, I didn’t care.”

Months later, Fred’s sister arrived to get him out of the facility. After he was out, he tried to cut his wrists and had to be readmitted to the psychiatric facility for more care. “Months maybe, after that I got out and then I went back in, a very depressing... and alcohol didn’t help at all”

Fred believed that drinking was not a rational choice to make but that alcohol addiction is a very powerful experience once developed. When Fred was sleeping under bridges in the winter, drinking wine would help pass the time and keep him warm. He often went without food but was consuming alcohol to stay alive. “Yes, of course. And wine. Sometimes no food at all. Just...we got five bottles of wine, we’re good to go.”

Fred’s focus was on surviving one day at a time, but he had completely given into his addictions. In hindsight, he recognized that he was not focused on his family or anything else.

“You know. It's all about that. We lived in the bottle. Nothing else mattered. Nothing, not even our babies, moms, wives, dads. Just that. We're all in that little self-pity group I guess we called it. We called it men without wives club. But there were girls in there too eh. We travelled as family. That's how we survived. We even kill each other as family. I've seen that here too in the city. That's sad, eh.”

Fred's experience with his addiction was that he lost everything. Losing his policing career was the earliest consequence from his drug use. He lost relationships with his children and other family members. Addiction had completely taken everything good from his life.

“Everything I ever earned in my life, I lost through my alcohol and drug addictions, everything. It made me fall in love with homelessness, my addictions, it made me lose everything, my morals, my everything that you can think of, you lose.”

Fred used the karate skills that he learned when he was younger to survive. He became a bouncer in bars and on the streets. He used the money to buy his alcohol.

“Well for now, then I started going after the other ones, that's what happened. I started using my karate experience with street living, I was paid to beat up people on the streets at first. I first started my drinking career, I was paid to beat up people in bars. I was still paid even when I lost, at least paid after it, pay for my medication they said. Anyway.”

Fred's Addictions and Attempts at Seeking Recovery

Fred used ecstasy, a drug that helped him not feel the cold and described it as the best high he had ever experienced. Fred also used morphine and described experiences of feeling like superman. When the police tried to arrest him when under the influence, he resisted arrest causing him be beaten up by police. Fred then experienced withdrawal, which he described as a bad stomach flu for at least four days. At one time, Fred resorted to having a friend who was a sex worker look after him when withdrawing on one occasion.

“[Service providers said] ‘Fred, he is a lost cause, we don't want him here. He'll just intimidate and get people to get out of here for when they have money’. I heard them say that, eh. So they found me pissing the foyer drunk, I guess, I don't remember. I should have just pissed myself they usually threw me in the shower and wash everything that was that drunk, you know. And they barred me for life.”

The detox centre did not believe Fred could quit substance use and turned him away from staying in the detox facility.

However, Fred did achieve sobriety later in his life. Fred was getting stronger as he experienced sobriety. “It just gets getting better, it feels better and better, every time I walk away, I get a little bit stronger, every time I say no.”

Fred attended Alcoholics Anonymous meetings and became after exiting the streets. Fred chose to not go on methadone because his friends that used methadone as a form of treatment ended up worse off. Fred was able to quit using opiates and other substances. Fred now is volunteering with outreach services to support his family on the streets. “I’m still into that scene too, drug scene, homelessness scene but I’m in a different, and I wear a jacket when I go down there now to help them.”

Analysis of Main Events

The themes shown in Box 3 (below) emerged from the analysis of Fred’s narrative. They indicate that Fred experienced various types of early childhood abuse. He attended an “Indian Day School” (i.e., a school located in his home community that permitted children to go home each day) and was impacted at a young age by being separated from his family for hospitalization and was held in a nearby residential school, though not a student there; these were aspects of colonization practices. During his childhood, he shared his ongoing experiences of being rejected and abused by his mother as well as his father. He had several experiences that he identified as horrible, including being sent to a hospital at a young age and being abused by medical staff. He was vulnerable to abuse and had few evident protective factors in his life. He stated that he experienced homelessness in early childhood as he never felt that he had anything

of his own; for example, due to coming from a large family, he did not have his own bed. There was extensive over-crowding in the small family home. This homelessness continued into adulthood, as he resorted to living on the streets to survive. Fred spoke in detail about his battle with addictions as a way to cope with his emotional pain from early childhood. Boxes 3 and 4 below outline themes and subthemes that surfaced in his narrative. These will be discussed further in more detail.

Box 3 outlines the main events in Fred's Narrative

<p>Early childhood</p> <ul style="list-style-type: none"> • Fred was born in Northern Ontario • moved to a small First Nation community in Ontario • identified as homeless, lived in a two bedroom home with more than 10 siblings in it • became sick with scabies at age 6 and hospitalized • went to 'Indian Day School' • mother was a residential school survivor • father is a war veteran • introduced to alcohol and cannabis use • witnessed domestic violence • experienced abuse from mother and father • children's aid involvement • moved due to a flood in the community • at the age of 9 lost childhood friend • seeking safety away from the home at the dump to escape parents drinking and abuse • his mother gets sick and calls every child to see her but not him. Feels rejected by her.
<p>Adolescence</p> <ul style="list-style-type: none"> • sent away to a larger community to go to high school • coped with moving away by using marijuana • worked summer jobs and developed skills • experienced a friend commit suicide • started selling drugs in adolescence • was incarcerated for selling cocaine • got his black belt in karate
<p>Adulthood</p> <ul style="list-style-type: none"> • got married, had a home and four kids • got a job as a police officer • lost his job due to drug use • got a divorce, wife had an affair with his brother • became homeless, left his family and lived on the streets • was drinking and using drugs to cope with hurts of the past. • lived in various locations, under bridges, on the streets • went to jail many times and helped with homelessness/saved his life • used his black belt in karate to make money by being a bouncer • addiction developed to using drugs and alcohol
<p>Late adulthood</p> <ul style="list-style-type: none"> • homeless for 20 years, living on the streets • experienced anger and fighting • charged with domestic violence • lived in a northern city area and banned from services • attains recovery, is accessing services and obtained housing.

Box 4: Common Themes and Subthemes that Emerged from Fred’s story

<p>Theme: Trauma Subthemes</p> <ul style="list-style-type: none"> • Early Childhood of Abuse • Abuse from mother & Father • Physical Abuse • Emotional Abuse • Sexual Abuse • Seeking Safety • Early Childhood • Traumatic life Event • Residential school • Legal Charges 	<p>Theme: Homelessness Subthemes</p> <ul style="list-style-type: none"> • Early Childhood Homelessness • Adolescent Homelessness • Adult Homelessness 	<p>Theme: Addiction Subthemes</p> <ul style="list-style-type: none"> • Early Use • A way to cope • Progressive use and Risky behaviour • Seeking Recovery
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Comparison of Themes in Kim’s and Fred’s Narratives

There are striking similarities between the narratives of Kim and Fred. Box 5 (below) provides an outline of themes that are discussed in the next section. The purpose of the following analysis is to identify the similarities and patterns emerging based on similar experiences. For example, this analysis suggests that there are inter-connections between the themes. Moreover, in the case of seeking safety, both Kim and Fred leave at a young age to get away from the abuse they are experiencing at home.

Box 5 Similarities between Kim’s and Fred’s Narrative based on Thematic Analysis

Trauma	Homelessness	Addiction
<ul style="list-style-type: none"> • Early childhood abuse from parents • Abuse from school • Types of abuse, sexual, physical, emotional • PTSD symptoms • Seeking safety away from home • Cultural identity loss 	<ul style="list-style-type: none"> • Transient lifestyle • Have very few belongings • Leave home at a young age/not wanting to be home • Become fighters to survive • Substandard accommodations 	<ul style="list-style-type: none"> • Early childhood substance use • Use substances to escape emotional pain, use as a means of escape • Hepatitis C • Coping with anger • Use violence to survive

Discussion

The data examined offer much information about the early experiences of trauma in the participants’ lives. They show how people who have experienced trauma, including intergenerational trauma, in early childhood can develop symptoms of PTSD and misuse substances to cope with these experiences. They also are more vulnerable to homelessness, as it requires a significant amount of energy to cope with symptoms of PTSD. Two participants’ stories were chosen to examine the similarities between an Indigenous man and a woman who had experiences of homelessness and trauma. The following is a discussion on the findings.

Kim described the following themes in her narrative: (1) abuse, (2) substance misuse, and (3) homelessness.

Experiences of Trauma: Kim

When analysing abuse in Kim’s narrative, the data was analysed using the guidelines set out in The Ontario Child Welfare Eligibility Spectrum. This book provides guidelines for

identifying abuse and neglect of a child to verify mistreatment towards a child (Ontario Child Welfare, 2016).

Abuse that Kim endured early in life from her father and brother was a theme that continued to emerge throughout her story and was deeply embedded in the family dynamics of her home. On many occasions, she talked about the mistreatment and impact on her life in early childhood that was intertwined into her other themes and subthemes identified (illustrated in diagram A below). For example, her feelings of homelessness derived from a young age in which she felt unsafe and often ran for safety outside under the steps or in the neighbour's yard. In her story, she shares that her mother did not protect her from the mistreatment. Her mother was there but was also being mistreated and learned to be careful about how she responded to her husband's abuse toward them. Kim also noted that she was not being supervised when these events occurred, showing a form of neglect for her well-being. Although Kim recognized that her mother was also a victim, she was neither able to protect Kim from the constant abuse in the home nor supervise her when Kim decided to depart the home. The lack of protection from mistreatment caused Kim to seek her own safety at a young age from the abuse and around nine years old, when she had enough, she would leave for days at a time, caring for herself. During these days, Kim identifies that neither parent went looking for her. At a young age, Kim shows that she made risky decisions to escape the abuse in the home, example running away. This made her more vulnerable to stranger human predators. Yet, she felt safer out of the home away from the family abuse. As discussed there are various types of abuse. Kim identifies emotional, mental, physical and sexual abuse in her narrative. Kim experiences symptoms consistent with the literature on PTSD, flashbacks of memories, and being overwhelmed with psychological

stimuli making it difficult to function in normal daily activities (Hines A., Worthington, Donavan, & Fahr, 2009; Williams & Hall, 2009; Williams & Hall, 2009; Williams J. K., 2007).

Indigenous Culture: Kim

Kim identified her father as Métis and her mother as status Indian. She does not talk about her connection to the culture or cultural practices; and it is believed that colonization practices have impacted this cultural loss. She shared in her narrative that although she identifies as Indigenous, she is unclear about her identity in her culture, and she does not talk about practicing it. There is a strong connection between the literature and Kim's experiences of loss in her culture. This is consistent with the literature when it talks about government actions to assimilate the Indigenous population into main stream living resulting in loss of culture and identity (Charles & DeGagne, 2013). These losses of land, identity and cultural practices result in consequences of intergenerational grief and unmet needs and therefore, adding the complex and intergenerational trauma (Browne, et al., 2014). Nicolai & Saus (2013) discussed that trauma effects on Indigenous children are more intense due to the historical transmission of trauma through various avenues. It is likely that Kim's parents were also impacted by intergenerational trauma, causing the family to be more susceptible to traumatic experiences. It is also common for children who experience *systems trauma* to not report abuse (MacKay, 2012). In Kim's narrative, she did not report abuse when it occurred resulting in continued mistreatment. Therefore, it is possible that she did not trust authorities or government agencies, etc.

It is possible that because of deculturation, Kim feels shameful about her culture, and it is possible that discussion of her culture seemed insignificant compared to discussion of her family and background.

Nutton & Fast (2015) hold that colonization has directly created social problems such as mental illness, substance abuse and violence. This is due to cultural protective factors being oppressed and shamed. Kim's family has been impacted by these oppressive colonization events, such as the 60s scoop, residential schools and an interruption in family cohesion.

Experiences of Substance Use: Kim

Substance misuse is another theme. Kim describes substance use as a way to cope with her feelings, to numb the pain of abuse. Kim identified at a young age that she tried huffing. She then developed into more consistent pattern of drinking and drug use. Kim discloses that this affected her health because she contracted hepatitis C by sharing needles. Kim's narrative does not speak about having healthy coping skills passed down to her, such as, cultural identity or strong community programming. The literature discussed big societal events that occurred in history as disrupting Indigenous people and their cultural transmission. Kim certainly experienced this disruption of not being connected to her cultural identity due to her mother losing status resulting from marrying a non-Indigenous man. Kim, therefore, used substances as a way of coping with earlier traumas and as a way of escaping her reality. This is consistent with literature that identified the unique challenges the Indigenous population has faced causing them to be more prone to violence, substance misuse and intergenerational trauma. The disconnection between the Indigenous families, culture and communities has resulted in the lack of cultural transmission (Cameron J., 2012; Charles & DeGagne, 2013; Christensen, 2011; Mackey & Strathdee, 2015).

Experiences of Homelessness: Kim

Homelessness is another issue that affected Kim at a young age. The literature identifies homelessness as being on a spectrum from being at threat of homelessness to being completely

homeless (Kauppi, Shaikh, Pallard, & Rawal, 2013). Continuing from early childhood, Kim felt homeless which began from running for safety. She had periods of homelessness as early as nine years old, when she felt her home was unsafe for her. Kim makes it clear that she would rather live outside than in her home. When she became an adolescent, she was experiencing full-time homelessness and a transient lifestyle. Kim struggled with stability and often went from shelter to shelter and apartment to apartment with only her clothes. The literature stated that adults that identified as homeless also experienced trauma in their lives several times which is called complex trauma (Hines A., Worthington, Donovan, & Fahr, 2009; McCutcheon, 2013; Williams J. K., 2007). Kim discusses in her narrative experiencing many traumatic events throughout her lifetime.

Themes and Subthemes from Fred's Narrative

Fred described the following themes and subthemes in his narrative as a pattern that linked together in his lifetime. Fred's narrative was rich with information about his life experiences. The themes focused on that emerged in his story are: (1) Trauma, (2) Addiction, and (3) Homelessness. The following is a discussion about the themes that emerged,

Experiences of Trauma: Fred

At a young age, Fred experiences early childhood abuse and neglect from his father and mother. Consistent with the Ontario Eligibility Spectrum (2016) for abuse towards children, Fred experienced emotional abuse from witnessing spousal violence in the home. Fred also experienced physical violence as he described that his father and mother physically punished him in a violent manner. Fred also describes his parents drinking and fighting causing distress in the home. Fred learned to seek safety away from home as a form of avoiding being mistreated. Early in Fred's life, he left with a friend and stayed at a local dump to avoid the chaotic home

environment. During this time, his parents were unsure of where he was resulting in Fred being unsupervised and at risk of harm. Fred learned to fend for himself and feed himself very young. Fred felt rejected by his mother and father. He described an experience in which his mother came home from the hospital and talked to every child in the home but him. He also felt that he received worse beatings than the other children did. Fred describes confusion in his early childhood, not knowing why he was spending so much time at a hospital and why his parents did not come to visit him. During this time in the hospital, the nurses mistreated him as they strapped him down and gave him physical punishment for urinating on the floor. Fred was confused about his mother and ended up attaching to his sister and calling her sister-mom.

Fred experienced sexual assault by a nun and a priest. He tried to reach out to tell the nun, also identified as teacher, that he was being sexual abused, and she started doing it to him, too. He learned from a young age not to talk or ask for help from others. Fred recognized that abuse changed him and caused him to become a very angry person and make decisions based on his anger.

Fred also witnessed other forms of trauma. Fred witnessed a friend end his life by suicide. Also, Fred lost a childhood best friend in a tragic accident that took his life. Fred spoke about the symptoms he experienced, which are consistent with PTSD symptoms found in literature (Hines A., Worthington, Donavan, & Fahr, 2009; Williams & Hall, 2009; Williams J. K., 2007). He experienced flashbacks, lack of being able to sleep, emotional dysregulation and substance use. He drew connections between the trauma symptoms and his substance use and discussed how using something did quiet these symptoms.

Indigenous Culture: Fred

Government colonization practices affected Fred's life. Fred identified as a Cree Anglican man who is able to speak various dialects of Cree. Other than that, he does not discuss much of his cultural practices but references experiences of living in a First Nation community.

The literature provides insight into the experiences Fred endured in his life. Fred shared that his mother was a residential school survivor. The literature identified a social problem called intergenerational trauma or the passing down of trauma experiences from generation to generation. Due to the separation of culture and family, this population is more vulnerable to acts of violence, substance use, and homelessness (Braun, Browne, Ka'opua, Kim, & Mokuau, 2013; Hinch-Bourns, 2013; Nicolai & Saus, 2013). Fred certainly experienced the impact of this in his home. Residential school survivors also experience a loss of intergenerational transmission of resiliency, parenting skills and attachments to their parents (Elias, Mignone, Hall, Hong, Hart, & Sareen, 2012). Fred personally attended an Indian Day School. Fred talked about how he was separated from his family to attend school, and the nuns treated him poorly. Fred experienced his mother not attaching to him in relationship and having a disengaged relationship with his family. He also talked about not bonding with his own children or parenting them. Fred experienced the results of colonization practices and intergenerational trauma that have directly resulted in challenges with parenting practices and also separation from his family at different times in infancy, childhood and adolescence. It also impacted his experiences with homelessness and substance use.

Experiences of Homelessness: Fred

Fred felt that he was homeless from a young age. From the time he was born, he felt that he did not have a home. He described his home as overcrowded, with 13 people total living in

one residence. Fred also identified that he left at a young age because there was nothing for him at home. He did not own anything nor did he have his own bed or space. When Fred went to high school, he describes how the move was difficult for some children because the other children missed their family and community. Fred did not feel the same way and showed very little attachment to his family. He was pleased that he had his own space and desk, more than what he had at home. The families he lived with used a form of tough love or appropriate consequences that he was not used to. However, Fred began to live a transient lifestyle and moved from home to home during his adolescent years. He did get a summer job in the larger community and does not talk about going home. After leaving high school, Fred lived on the streets and sold drugs for a living.

Fred then experienced having a home, a career and life with his family. He was married with four children and had a job as a police officer. After this ended, Fred went back to living on the streets and a transient lifestyle. He experienced living in various locations and sleeping under bridges, in parks and on the streets. Fred developed new relationships on the streets identifying his street friends as family. Fred was in and out of jail giving him a break from homelessness but could not escape the lifestyle completely. Similar to what Fred identifies, the literature shows that populations that experience PTSD symptoms are more at risk of homelessness (Coates & Mohr-McKenzie, 2010). Studies also show that treating the symptoms of trauma will also reduce the risk of homelessness. This is due to this population being overwhelmed with the trauma symptoms forcing them to self-medicate and not able to focus on thriving in society (Hines A., Worthington, Donovan, & Fahr, 2009; Williams & Hall, 2009; Williams J. K., 2007; Williams J. K., 2007). Fred's anger also interfered in social services that he required to exit homelessness which is another symptom of early childhood trauma. Fred learned to use substances to self-

medicate or calm his symptoms of anger and pain. Homelessness is directly linked to substance use and the early trauma experiences Fred experienced.

Fred's Experiences of Addiction: Fred

Fred witnessed partying and drinking at a young age. He identified that his mother and father were both drinkers in his childhood home. Fred developed a pattern of substance use at a young age, drinking and smoking pot. He talked about using pot as a way to cope with change and pain. When he went to high school, he identified then that he did not cry but smoked pot as a way to cope with his pain. Fred experienced adverse consequences, based on his substance use, of going to jail for selling drugs in early adulthood to contracting the hepatitis C virus. Fred saw jail time as partially beneficial, since he could escape homelessness and sober up, which saved his life on many occasions. Fred had periods of experiencing withdrawal but would return to using again. On one hand, Fred identifies that alcohol took everything from him, but on the other hand, he understands that it was part of his life for a reason. It numbed the pain that he could not live with, passed the time on the streets and kept him warm. However, the progression in his alcoholic illness resulted in a barrier to recovery. Fred struggled with attaining the sobriety needed to enter full recovery. Once Fred achieved recovery, he was able to focus on dealing with the pain that caused many of his symptoms. Anger, in particular, he identifies as one of the main causes of his lifestyle of engaging in fights and risky behaviours. Fred's substance use is directly linked to his early childhood traumatic experiences.

Similarities between the Narratives of Kim and Fred

In the analysis of the narratives, it became apparent that Kim and Fred experienced similarities of the effects of colonization in their biological families and also early childhood

abuse. The data themes crossed in many areas that show compelling data supporting the literature in various areas. The following is a discussion of the comparison.

Identity Loss: Kim and Fred both experience disconnection from their cultural identity. Kim's mother married a non-Indigenous male causing her to have to leave the First Nation community and lose her status under the Indian Act Bill 31. Kim is confused about her identity and shares that she developed an identity as a fierce fighter. Fred had a similar experience, in that his mother was a residential school survivor. Fred did not feel the connection with his mother in relationship nor an attachment to her. Fred shared he spoke a different Cree language and was treated differently because of it. However, Fred identified as a Cree man.

Early Childhood Abuse: Kim and Fred both experienced early childhood abuse from their parents and in the family home. Kim and Fred share the types of abuse that they experienced: sexual, physical and emotional. Kim experienced physical abuse from her father and brother. She was abused sexually by her brother. Kim's mother was neglectful by not protecting Kim from the abuse and both parents were neglectful by not adequately supervising her. Kim had a very similar experience to Fred's but it was her father that physically abused and neglected her and for Fred it was often his mother as well as his father. It is interesting that there is some similarity in that the opposite sex parent was the primary abuser to them. There was a great deal of fighting and violence in both of their homes, causing them to feel unsafe. Both Fred and Kim experienced school sexual abuse, Kim from another child and Fred from adults. Fred and Kim described experiencing PTSD symptoms, such as trouble sleeping, wanting to numb the pain, flashbacks, and emotional dysregulation. Fred and Kim were both seeking safety from abuse resulting in leaving their home at a young age.

Homelessness: In Fred's and Kim's narratives, they both departed their family home at a young age to live on the streets. They would both rather have lived out there than in their homes due to the violence, abuse and lack of attachment to their families. Fred and Kim felt strong rejection from their families. Fred felt rejection from his mother, lacked feelings of nurturing and felt homeless from the time he was born. Kim felt the deep rejection from her father, in that he did not even feel that she was his daughter. She also felt homeless from a young age and unsafe in her childhood home. Fred and Kim both lived on the streets from a young age and developed a very transient lifestyle. They both developed survival skills by being fighters. Fred a black belt and Kim identified herself as a fierce fighter. Both identified this as due to anger and as a way to survive. Fred describes this change when he talks about his parents beating him for so long that he turned into an angry person. Kim also says that people thought she was crazy because she would just "snap" and fight. Both Kim and Fred used their fighting ability to live on the streets and make money or to exchange for substances. Kim protected the prostitutes and Fred was a bouncer in bars. Kim and Fred lived a transient lifestyle by constantly moving around from place to place with just very few items, such as clothes. Fred talked more about living on the streets and did experience this longer than Kim but their experiences were similar in having small apartments and transient lifestyles.

Addiction: Kim and Fred both discussed how they do not know how to cry over the trauma they experienced in life. As a result, both identified the need to use substances as a way to medicate the pain. From a young age, both Kim and Fred began to self-medicate with drugs and alcohol, identifying as poly substance users. Kim's choice was huffing and Fred's choice was smoking pot but they both used substances as a way to numb the pain or treat the PTSD symptoms from trauma. They both recognized the need to increase the drug or change drugs to be able to

continue to self-medicate. However, both participants shared that they experienced consequences for their use by contracting the hepatitis C virus. Kim and Fred used their connections to drug rings or gangs to get money for drugs. At the time of the interviews, Kim continued to use cannabis and alcohol but Fred was not using any substances.

Making Connections between Narratives

The experiences that Kim and Fred divulged provided much information about the connection between addiction, homelessness and early childhood trauma experiences. In both narratives, Kim and Fred did not identify as having a strong identity to their culture or communities, due to the historical events of colonization practices. This disconnection is evident in the heightened experiences of violence and abuse in the home and the lack of cultural practices. Kim and Fred both were separated from their respective First Nation community at a young age due to family circumstances and lost their connections with the culture. Neither talked about connections with their cultural practices as being strong. It was apparent in both narratives that they separated from their homes and communities at a young age to find safety outside of their homes.

Their addiction to substances is directly connected to the experiences of trauma in early childhood and homelessness is also directly connected to their early childhood trauma experiences. In both narratives, it showed that they experienced an unsafe home in early childhood due to abuse. Kim and Fred's experience of rejection, various types of abuse and neglect did not give them a safe place to reside or go later in life when life became challenging, such as experiences of homelessness or illness. As a result, from a young age both learned to develop survival mechanisms of fleeing and fighting to ensure that they would survive both mentally and physically. They both become very angry due to their early childhood experiences

of abuse and feeling unsafe. Seeking safety away from home at a young age was evident in both of their stories. Kim and Fred turned to the streets as a way of moving on with their lives. An experience that they shared was that they both already felt homeless and had nowhere safe to live due to the experiences of abuse. Leaving to live on the streets was an option for survival. At a young age they both experimented with alcohol and/or drug use and at a young age learned to self-medicate. While living on the streets, they both experienced symptoms of PTSD and continued to use stronger drugs to self-medicate. Their pattern of drug use was a way to survive and escape the emotional pain they both felt from childhood.

As learned in the literature, it was discussed that colonization is impacting Indigenous people from generation to generation. Trauma effects, such as PTSD, lack of extended family connections, and lack of healthy connections with their parents, are certainly evident in the participants' stories. Kim and Fred both described family experiences of disconnection affecting relationships with parents resulting in separation from them. They both identified that their homes felt unsafe and homelessness was experienced at a young age as they needed to seek safety. Therefore, decolonization practices are so important to reconnect family to cultural practices. Table 1 makes connections between the narratives of the participants and provides insights from key literature sources.

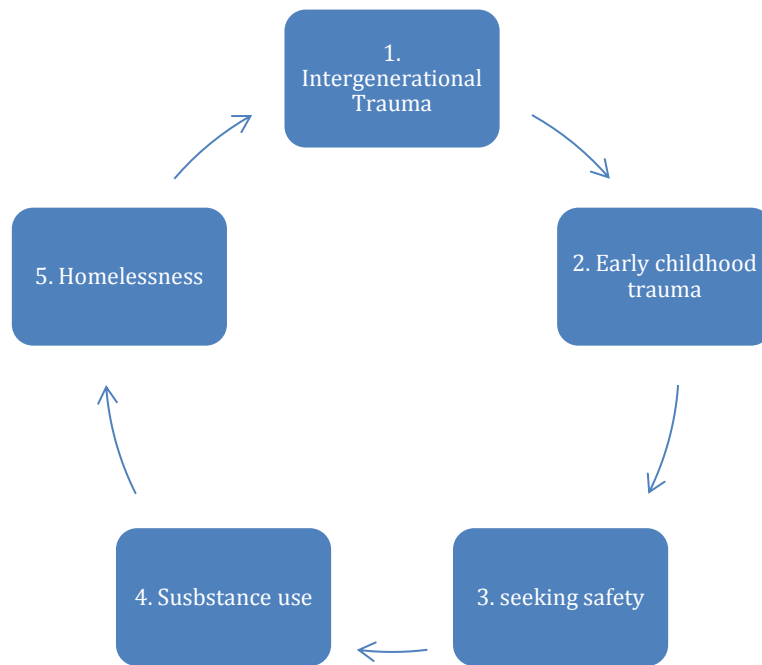
Table 1: Comparison of Themes Emerging from the Narrative Analysis

1. Intergenerational Trauma	2. Early Childhood Trauma	3. Seeking Safety	4. Substance misuse	5. Homelessness
<ul style="list-style-type: none"> • Both Kim and Fred experienced separation from Indigenous culture, increasing vulnerability to substance use, homelessness and complex trauma. 	<ul style="list-style-type: none"> • Both participants experienced <ul style="list-style-type: none"> ➢ physical ➢ mental ➢ emotional ➢ sexual abuse ➢ trauma events ➢ rejection, Kim noted rejection from her father and Fred from his mother. <p>Trauma led to seeking safety, substance use and homelessness.</p>	<ul style="list-style-type: none"> • Both participants left home at a young age. Kim hid under the steps and ran away; Fred often left home to get away from the abuse. Seeking safety led to substance use. 	<ul style="list-style-type: none"> • Both used substances to escape emotional pain and cope with the abuse in early childhood. Substance use led to more trauma, health risk, seeking more safety and homelessness. 	<ul style="list-style-type: none"> • Both experienced homelessness. <ul style="list-style-type: none"> ➢ early childhood feelings of homelessness or not belonging. ➢ Street living or transient lifestyle. ➢ not feeling safely housed. <p>Homelessness led to more substance use, seeking safety and more traumatic experiences.</p>
<p>Insights from the Literature</p>				
<ul style="list-style-type: none"> • Indigenous people are at higher risk of complex trauma and intergenerational trauma, grief and loss (Burnette, 2013; Braun, Browne, Ka’opua, Kim, & Mokuau, 2013). • more prone to minority stress (Burnette, 2013). 	<ul style="list-style-type: none"> • Trauma leads to PTSD symptoms: night mares, hyperarousal, flashbacks, triggers (Hines A., Worthington, Donovan, & Fahr, 2009; Williams J. K., 2007). • Trauma is linked to violence affecting emotional regulation (MacKay, 2012). • Constant intrusion of trauma symptoms 	<ul style="list-style-type: none"> • Decolonization, connection to community, fostering resiliency, cultural circles, cultural teachings and ceremonies will heal their people and create safety and build resiliency 	<ul style="list-style-type: none"> • Loss of culture is higher risk of substance use due to trying to cope with the disconnection (Mackey & Strathdee, 2015). • those that experience trauma experience substance use, anxiety and depression (Hines 	<ul style="list-style-type: none"> • The impact of colonization practices are a higher risk of experiencing homelessness due to experiences of trauma, loss of culture and belonging to family (Christensen, 2011). • The brain development affects one’s ability to gain

<ul style="list-style-type: none"> • trauma affects Indigenous children more (Charles & DeGagne, 2013). • loss of parental skills and tare bonds threatening sense of security (Cameron J. , 2012). • loss of protection and vulnerable to abusers (Charles & DeGagne, 2013; Christensen, 2011). • Indigenous population is higher in areas of substance use, and PTSD symptoms (Lee, Harrison, Mill, & Conigrave, 2014; Nicolai & Saus, 2013) 	<p>interferes with meeting basic needs (Hines A., Worthington, Donavan, & Fahr, 2009).</p> <ul style="list-style-type: none"> • Homelessness is common those who have experienced trauma—brain changes interfere with organizing information and regulating emotions. (Hines A., Worthington, Donavan, & Fahr, 2009; Siegel, An expanded approach to batterer intervention programs incorporating neuroscience research, 2013). • Prone to problems in relationships (Siegel, Breaking the links in intergenerational violence: An emotional regulation perspective, 2013). 	<p>among them (Cameron J. , 2012; Church, 2016; Hansen, 2012; Majore, 2013; Waldram, 2014; Truth and Reconciliation of Canada, 2015)</p>	<p>A., Worthington, Donavan, & Fahr, 2009; Williams J. K., 2007)</p>	<p>housing and be productive (Hines A., Worthington, Donavan, & Fahr, 2009; Siegel, An expanded approach to batterer intervention programs incorporating neuroscience research, 2013)</p>
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Figure 1 illustrates the connections between the main themes in the narratives and literature.

Figure 1: Linking the Literature and Narratives



The Table 1 and Figure 1 show the observed connections between the two participants' experiences and the literature on the topics. Both participants and the research literature refer to trauma symptoms being passed down from generation to generation. The government began this process with the attempt to assimilate Indigenous people. Assimilation policies and practices have had significant consequences for Indigenous people, such as removing protective factors that lessen the risk of abuse. Also, this makes the Indigenous population more vulnerable to substance misuse, homelessness and further trauma. Both Kim and Fred experienced disconnection from their communities, cultures and families. This means that they were more susceptible to experiencing violence and had more exposure to non-parental caregivers, increasing the risk of experiencing further traumatic experiences. This directly led to them

experiencing physical, sexual, emotional and psychological forms of abuse and rejection in family relationships. Due to colonization practices, resiliency in the family units and connection to the communities where culture was practiced were both weakened, and with them, the healthy protective factors identified in column 3 above were not developed. In column 3 the cultural practices at one time promoted safety by keeping the community together, supporting one another and addressing issues through cultural practices. This was lost in the colonization process. For example, a circle, ceremonies and teachings offered alternative methods to address issues that ultimately reduced the risk of disconnection. The participants did not have these protective factors or ways of coping with their family difficulties. They did not have a sense of community or belonging but felt they were already homeless. This leads to column 4. Due to the lack of cultural connection and experiences of traumatic events, Indigenous people are more likely to use substances to cope. This is the case with both participants. They developed a pattern of addictions to try to heal their emotional pain. Lastly, in column 5, the literature discusses and makes connection between trauma experiences, substance use and homelessness. The literature reveals that those that experience trauma, loss of connection to culture and substance use are more likely to experience homelessness. The participants both experienced homelessness and felt that they did not belong at a young age. The literature also suggests that a person who has experienced early childhood trauma finds it difficult to organize information and become successful.

Conclusions

The experiences of the participants directly support the findings in the literature review. There are many connections drawn from the literature that emerged in the participants' stories. Secondly, it is of interest that there were no evident differences that emerged due to the

participants' ages or location that impacted the outcome of the themes and subthemes. The findings of the study suggest that there is a cycle connecting the findings that directly impacted the next experiences of the participants, as was noted in Box 6. There were no apparent differences between the ways that the female and male participants experienced trauma in their childhoods. The findings suggested that individuals who experience intergenerational and early childhood trauma and has low protective factors is at a higher risk of experiencing further trauma, substance misuse and homelessness. Thus, it is important to develop a plan to lower the risks in Indigenous communities.

Implications for Social Work Practice

Social work is becoming more informed about the links between trauma, homelessness, addiction and other mental health issues. Studies are drawing connections by exploring the idea that trauma could be the root cause of many social problems (Williams, 2007). It is of great importance to advance this knowledge to create a resolution to social issues from having a deeper understanding of the experiences trauma has on the development of other social issues in society. Therefore, the following is a discussion in support of advocating for change.

Many treatment approaches, such as addiction intervention strategies, are based on a body of evidence or best practice approaches to social work. Addiction treatment primarily uses a 12-step model of recovery that does not address trauma symptoms (The Camillus Centre, 2015). It is possible to complete addiction treatment without ever having treatment for the underlying trauma symptoms. Therefore, it is important to explore with client' the connection trauma has to these other social issues.

If trauma experiences are linked to addiction, homelessness and mental health illnesses, as the literature suggests, it is therefore essential to inform social work practice about the

importance of providing trauma treatment services to homeless people. A change in therapy can result in greater success in resolving these social issues by treating trauma. It is therefore essential to also study and inform social workers of the part that trauma plays in homelessness. By doing so, we may develop approaches to working with a vulnerable population and making way for growth and change in social work practice. Trauma therapy is therefore necessary when it is understood as impacting on one's ability to meet their needs and function successfully in society.

Furthermore, beliefs that people choose to be homeless or choose to use substances are prevalent among our society. If PTSD symptoms are interfering in homeless people's ability to function and thrive as studies suggest, trauma treatment can assist in building an understanding for those who are suffering. For this study, I want to highlight the interconnections between trauma experiences, substance misuse and homelessness, to build empathy and combat stigma. The following information on trauma provides a closer look into the importance of considering the impact that trauma has on our society.

The effects of trauma have become better understood in the past 10 years of study (Shapiro, F., & Laliotis, D., 2011; Solomon et al., 2009). Benefits to exploring trauma among this population are threefold: (a) to further understand how the trauma impacts homeless people (b) to reflect on the direction of social work practice and (c) to make recommendations for social work practice.

According to Williams (2007), it is becoming better understood that trauma plays a role for vulnerable populations that also suffer with substance misuse issues and homelessness. Trauma issues are starting to appear in literature as one of the core factors that are demanding attention and treatment (Greenwald et al., 2013; Shapiro, F., & Laliotis, D., 2011; Solomon et al.,

2009; Wadaa et al., 2010). It is becoming understood that the symptoms of trauma are having an impact on an individual's ability to function, cope and achieve overall wellness (Greenwald et al., 2013; Williams, 2007; Shapiro, F., & Lalotis, D., 2011; Solomon et al., 2009; Wadaa et al., 2010). Furthermore, studies show that if the trauma is treated, trauma symptoms are reduced, resulting in a better quality of life (Shapiro, F., & Lalotis, D., 2011; Solomon et al., 2009).

Among the Indigenous population in particular, decolonization practices focused on supporting cultural practices in communities is recommended as a form of treating the Indigenous population to decrease their vulnerability to substance use and violence. This will also build resiliency within individuals by building up their identity and belonging to their communities. Homelessness often starts with the feeling of not belonging (Kauppi, Shaikh, Pallard, & Rawal, 2013). Therefore, building these strong connections within the Indigenous communities will continue to reduce the high risk of early childhood abuse and mistreatment.

Keeping children safe and at home in their communities by building up resources on First Nation communities should also be considered. The development of more day care centres and schools would allow children to stay in their own community to keep those connections.

Overcrowded housing was identified as problematic, leading to children not having their own space, bed or belongings. It is recommended that adequate housing on First Nation communities be addressed to reduce the feeling and risk of homelessness.

Increasing public awareness in rural areas about the impact of early childhood abuse, and developing more strategies to educate and support communities in identifying abuse, is an important step in curbing childhood abuse. Also, it is recommended that more strategies be developed on how to reduce the risk to children that are vulnerable by developing more programming within small Northern communities.

Lastly, it is important to develop strategies to address substance misuse and PTSD symptoms for those impacted by trauma. Although it is starting to be more understood, experiences of substance misuse and homelessness are often the results of untreated trauma in one's life. Therefore, those using substances will have a greater chance for success if trauma survivors are given opportunities to heal. Therefore, services need to be readily available in Northern, Ontario to address such social issues.

Decolonization and Recommendations for Change

Decolonization is one of the leading approaches recommended to aid in the rehabilitation of Indigenous people (Lee, Harrison, Mill, & Conigrave, 2014; Mackey & Strathdee, 2015; Ormiston, 2014). Today, there is literature suggesting that it is essential for researchers working with Indigenous people to embrace various methods of decolonization to improve individual and collective resiliency against the acts of assimilation. The strategies are to promote self-governance of Indigenous people. This is the understanding that Indigenous people know what is best for their people and exercise their own governance (Garrett et al., 2014; Nutton & Fast, 2015; Mackey & Strathdee, 2015).

Indigenous people draw upon various cultural practices in order to foster resilience and connections to traditional ways of being. Ceremonies, beliefs, and language are aspects of cultural practices (Ormiston, 2014; Mackey & Strathdee, 2015; Nicolai & Saus, 2013). These practices are considered to be connected to identity (Nutton & Fast, 2015).

Based upon a survey prepared by Kishk Anaquot Health Research (2003), Hansen (2012) showed that 826 participants identified five top Indigenous cultural practices that promoted healing in their people. These practices include utilizing Elders and their teachings, counselling

(one on one), ceremonies, cultural circles, and the use of traditional medicines. Many studies also mention the use of the medicine wheel teachings (Cameron R. E., 2010; Majore, 2013; Waldram, 2014).

Indigenous people view resiliency as the need to be strong and just keep going regardless of the experiences of trauma; they accept many adversities and have the desire to move on. Part of the acceptance is embracing silence and humility to honor the Indigenous way of life. The practice of humor, spirituality, and the building of community relationships are hallmarks that show resiliency among this population (Nicolai & Saus, 2013).

Cultural Circles

Indigenous people use cultural circles as one way of communicating and sharing any information that is felt necessary by the participant. This practice is described as a group of people sitting in a circle with an Elder to discuss various topics. In one article, a participant shares his circle experience with an Elder when he was incarcerated. What was significant about this story is that he explains how he experienced living on a reservation of drugs, alcohol and violence. The Elders offered a teaching during this circle of the history of Indigenous people. The teaching provided a way to conceptualize these events by understanding that addiction and violence were not derived from Indigenous culture but adopted through the process of assimilation. The teaching relays the understanding that these ways are not the way of Indigenous people. The circles are a way of communicating and learning cultural teachings. They help Indigenous people process historical traumatic events and reconnect with their culture and identity, and they promote healing practices among their people (Waldram, 2014; Hansen, 2012; Church, 2016).

Talking and healing circles are utilized as a way of communicating. For example, in cases of violence or child welfare concerns, an Elder may conduct a circle and invite invested parties to communicate openly about the impact these actions have on the family unit and promote wellbeing for families. Talking circles are also utilized for discussion on various topics. An Elder facilitates the circle to bring understanding on the topic of interest (Hansen, 2012).

Medicine Wheel Teachings

The medicine wheel is centuries old, historically built on the ground with stones in a circle and divided into four quadrants resembling the four directions, North, East, South, West (Cameron R. E., 2010; Majore, 2013; Waldram, 2014). The wheel was designed as a guide to health and wellness of Indigenous people (Majore, 2013). The medicine wheel is part of the Indigenous culture that provides many teachings about an array of aspects of life and experiences. There are various teachings and purposes for the medicine wheel today from uses for research (Cameron R. E., 2010), Elder teachings (Waldram, 2014) and tools in social worker counseling in Indigenous culture (Majore, 2013).

The medicine wheel builds psychological awareness and connections among the various aspects of human experiences. The medicine wheel has many teachings to lay out cultural concepts. It also shows all four human races placed in each direction to understand how each race is interconnected with the others. The European man, Indigenous man, African man and the Asian man are all included on the wheel (Cameron R. E., 2010; Majore, 2013).

Currently the wheel is also used to understand and promote wellbeing individually and collectively, as a tool in counseling. It connects individuality and personal aspects of various human life experiences (Waldram, 2014; Majore, 2013). The wheel is used for healing, in the sense that it promotes understanding and acceptance of self and others. In the four areas it

connects, the four aspects of humanity (spiritual, emotional, mental and physical) function in a circular way. Knowing that each quadrant affects the others is a primary concept of the Indigenous worldview and is unique to their culture. When one of the quadrants is affected, it impacts the other three, putting a person out of balance. Therefore, this visual tool is utilized to observe and understand how to reach holistic wellbeing (Majore, 2013).

The medicine wheel has multiple uses today. Cameron (2010) utilized the medicine wheel to show the results of her study. She found that when she used the wheel to conduct interviews it was meaningful to understand a person from holistic view. She also holds that the spiritual aspect of the wheel promotes the development of identity. Indigenous people believe that they are spiritual beings and that they are connected to the creator. The spiritual connection to the wheel is sacred and is known to connect them to the creator. Indigenous people have a unique view of their connection to the creator. It is believed that they are spiritually connected to the land and animals. They understand that there are circular links between them spiritually and all aspects of human life. The wheel is a visual representation of these interconnections between community, life experiences, and land in all of the four directions. Therefore, it is utilized by service providers, Elders and researchers to understand the Indigenous worldview.

Cultural Ceremonies

To decolonize is to heal. Elders recommend that cultural ceremonies be promoted to heal their people. There are various ceremonies and rituals, such as welcoming a new birth, completion of education, coming of age, sweat lodge and smudging (Hansen, 2012; Church, 2016).

A sweat lodge ceremony is conducted by an Elder in a tent and is open to community members to attend. Rocks are heated and placed in the tent for heat. The purpose of this ceremony is to promote cleansing and healing to Indigenous people (Hansen, 2012).

Smudging is used for various reasons: for personal use to cleanse or at the beginning of a meeting with an Elder. An Elder uses medicines, such as sage or tobacco. The medicine is placed in a smudge bowl. It is lit to smolder, and a feather is used to wave the smoke, increasing the smoldering. If promoted by an Elder, s/he waves the smoke over himself/herself first usually with the sacred feather. When finished, the Elder moves around the room usually starting in the East and moving clockwise. The Elder then uses the feather to wave the smoke over the front, top and back of the body, or an individual uses their hands to pull the smoke over their body in a washing motion. A person can also complete a smudge ceremony on him/herself on their own. The purpose of this ceremony is to rid one of negative energy or feelings, to change the state of being to a more natural state. Therefore, it is common practice for one to remove their glasses before smudging, symbolic of accepting the smudge at a natural state. The smudge is used prior to meetings as a way of neutralizing the environment as not to allow negativity to enter the meeting (Church, 2016).

Language, Healing & Resiliency

During attendance at residential schools and the efforts to assimilate Indigenous people, cultural language was lost. Residential school survivors explained that they were forced to speak the English language and disciplined for speaking their cultural language. The language faced extinction and in many Indigenous people completely lost their ability to speak it or transmit it to the next generation. Indigenous languages are part of the culture and identity of an Indigenous person and now considered a vital part to decolonization. Efforts have been made to teach

Indigenous languages in order to regain what was lost. Cultural teachings and language are now taught to Indigenous young people to bring healing to this generation (Garrett, et al., 2014).

A part of the healing journey is to come to terms with historical decisions that have caused trauma experiences, as well as to reconnect with cultural practices and one's identity (Waldram, 2014). Across Canada and the United States, Indigenous people are reconnecting and embracing their culture as a form of healing and resilience (Garrett, et al., 2014). Resiliency, the ability to bounce back quickly from adversities, differs between individuals. Studies consider protective factors to aid an individual in quickly recovering from adverse social situations. Protective factors include social competency, self-awareness, problem solving skills, emotional regulation, and sense of purpose (Burnette, 2013). Indigenous Elders report that women build resilience by obtaining strength from family relationships and community and by partaking in cultural ceremonies and rituals. Historically, these protective factors were threatened with weakened kinships and cultural practices (Burnette, 2013). Resiliency is also built in the extended family systems of Indigenous people. The transmission of culture and events occur within the family system, such as deep respect for one another, a non-interference approach and support to one another.

Elders acknowledge the history of colonization and its current role with their people. Elders are able to put social issues in the context of historical trauma (Burnette, 2013). They also play a role in assisting their members to reconnect to cultural practices. They demonstrate the cultural way of living and provide cultural opportunities and teachings to facilitate the healing process (Waldram, 2014).

Indigenous Elders have made it their mission to preserve what is left of their culture, as well as to heal and rebuild the cultural identity among their people. The culture is part of their

identity. Elders seek to make efforts to decolonize their people despite the challenges faced by government policy and practices that are aimed to marginalize and assimilate this population. Elders also aim to separate from western ways and practice their own cultural patterns by telling their stories and assertively promoting their cultural ways (Braun, Browne, Ka'opua, Kim, & Mokuau, 2013).

The Truth and Reconciliation Commission of Canada (2015) report calls for government action to address the legacy of the residential schools' impact on Indigenous people. This report focuses on recommendations towards education, child welfare, health, justice, cultural loss and many other areas. In recommendations thirteen through to seventeen, the document focuses on recognizing and preserving Indigenous language as an inherent right of Indigenous people. It calls on the government to provide funding to promote, revitalize and strengthen both the language and the diversity of language. As well, the report calls for the government to provide academic curriculum in Indigenous language. During the residential school era, names of students who attended, their given names were changed. Therefore, this report asks that, for the next five years, those that had received a name change be offered an opportunity to return to their birth names on all government documents.

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