

# **UNDERSTANDING ABORIGINAL INTERGENERATION TRAUMA FROM A SOCIAL WORK PERSPECTIVE**

**Peter Menzies**

Sagamok Anishnawbek First Nation  
Clinical Head, Aboriginal Services  
Centre for Addictions and Mental Health  
Toronto, Ontario  
Canada, M6J 1H4  
[Peter\\_Menzies@camh.net](mailto:Peter_Menzies@camh.net)

## **Abstract / Résumé**

Aboriginal people are overrepresented among the homeless in urban centres across Canada. Though very little information exists to explain this phenomenon, increasing evidence from the growing number of mental health studies conducted in Aboriginal communities suggests that intergenerational trauma is a critical contributor to an array of personal, family, and community behaviors. This study explored the men's personal family histories, seeking links between personal homelessness and intergenerational trauma. An interpretation of the data from these interviews and from a focus group with other homeless Aboriginal men isolated the indicators of intergenerational trauma within four domains: individual, family, community, and nation.

Les peuples autochtones sont surreprésentés dans la population de sans-abri des centres urbains au Canada. Bien qu'il existe très peu de données pour expliquer ce phénomène, de plus en plus d'éléments provenant du nombre accru d'études de la santé mentale menées dans des collectivités autochtones semblent indiquer que les traumatismes intergénérationnels contribuent fortement à un éventail de comportements personnels, familiaux et communautaires. L'étude porte sur les antécédents familiaux personnels des hommes et vise à rechercher les liens entre le sans-abrisme personnel et des traumatismes intergénérationnels. L'interprétation des données recueillies dans le cadre d'entrevues et d'un groupe de discussion d'hommes autochtones sans-abri classe les indicateurs de traumatismes intergénérationnels dans quatre catégories : personne, famille, collectivité et nation.

## **Reflections**

Over the last three decades, there has been a plethora of research and information on new approaches to the delivery of social work that professionals can draw upon to help best meet the needs of those seeking their assistance. Interventions strategies such as Brief Solution Focus Therapy, Motivation Interviewing, Cognitive Behavior Therapy, Acceptance and Commitment Therapy (ACT) come to mind.

After two decades as a social work practitioner, I continue to struggle with the available assessment tools provided through traditional social work theory. For the most part, we work with a person or family in isolation from their extended family, community and nation. These particular approaches ignore the cultural context in which people exist. As an Aboriginal person, it is particularly frustrating as the dominant models ignore the historical context from which Aboriginal people have survived and which dominates their ability to respond to intervention strategies, such as those set out above. As a result, our efforts may be less than effective.

Those of us impacted by the vagaries of Aboriginal public policy can provide first hand testimony to the negative impact that public policies historically have had on our lives and on our families over several generations. For example, I was raised outside of my birth family and have traced my roots back to an extended family network that spreads across Ontario's near north. I am a member of the Sagamok First Nation, and my childhood was not out of the ordinary for Aboriginal children born in the fifties and sixties. From birth and until I was thirteen years old, I was placed in the residential care of the Sisters of Saint Joseph's. After legislative changes were made, making institutional care redundant, I was subsequently placed with the Children's Aid Society. As a teenager, I struggled with my feelings of anger, sadness, sorrow, loneliness, shame, confusion and abandonment, all of which are characteristic of children who are raised outside of their birth family. I was fortunate to complete high school and access a post-secondary education, graduating from a school of social work in my mid-twenties and embarking upon my career.

During my PhD studies, I came across the term Intergenerational Trauma. After hearing Dr. Maria Yellow Horse Brave Heart speak about her research with the Lakota people, I began to examine my own life and that of the people whom I work with within the context of her model. The impact of the public policies that I discuss in the following section has left a legacy of trauma within individuals, their families, communities, and across nations. Regrettably, dominant social work theory does little to consider this factor in practice situations. My own disconnection

from my birth family, extended family, community and culture has made me sensitive to the needs of people also “abandoned” by their extended support networks. As an educator and practitioner working in the Aboriginal community, I recognize the need to ground our work in the experience of the individual, but also in the extended family and the community from which we trace our ancestry.

In this article, I share my recent research into the growing phenomenon of homelessness among Aboriginal people and how an understanding of intergenerational trauma can contribute to our knowledge of the cause of homelessness in Canada’s urban centres. Many researchers adopt all or parts of the United Nations definition, as it provides the most expansive characterization of homelessness. This definition suggests that homelessness exists along a continuum ranging from those living outside either without any shelter or using emergency shelters, to households living in owned or rented accommodation where the housing is inadequate or offers substandard living conditions. The definition creates a direct link between unstable housing and the quality of life (Fallis & Murray, 1990). The emphasis is on having permanent access to physical shelter. This is the state of being “houseless.” For Aboriginal peoples, the state of being “homeless” relates less to physical shelter. Traditional Aboriginal values emphasize an interconnectedness between individuals, families and communities. This is acknowledged by the collective responsibility for everyone’s wellness (Morrisette et al., 1993). Consequently, when people have no suitable place to sleep, eat or socialize, there is an incumbent responsibility on the community to respond to this need. The issue becomes less identified with the individual and focuses more on the community’s response to the individual’s needs. For Aboriginal people, a culturally appropriate definition of homelessness does not place an individual on a continuum ranging from living on the street to residing in permanent affordable housing. Rather, it is concerned with the community’s level of response (i.e. disregard for need versus holistic support of the individual’s physical, emotional, spiritual needs). I suggest that a definition of homeless from the Aboriginal world-view would identify homelessness as the resultant condition of individuals being displaced from critical community social structures.

This paper begins with an historic review of Canada’s social policies that have impacted Aboriginal people and how they have contributed to our disconnection from our families, our communities and from one another. The issue of trauma, specifically intergenerational trauma is examined in greater detail to help explain Aboriginal homelessness. Finally, I propose two intergenerational trauma models as an approach to social work practice.

## Public Policy and Canada's Aboriginal Peoples

Canadian social policy has been instrumental in creating institutions that have attempted to eradicate Aboriginal world views and value systems that have existed for thousands of years and replacing them with ideological systems that continue to undermine life for Aboriginal peoples.

The *Indian Act* of 1876 established the federal government in Ottawa as the “guardian” of Aboriginal peoples. Often, artificial bands were created for administrative expedience that frequently ignored the community affiliations of the peoples brought together. The Act further gave rise to new band authorities based on hierarchical and decision-making processes that did not reflect traditional Aboriginal values and practices. In effect, the *Indian Act* was an act of Canadian Parliament that gave authority to non-Aboriginals to control the everyday life of Aboriginal peoples across Canada (Royal Commission on Aboriginal Peoples, 1996, Vol. 3).

The Canadian government has used other mechanisms, including religious institutions, to transform Aboriginal communities. Between 1840 and 1983, it is estimated that over 100,000 Aboriginal children were placed in the Indian residential school system for the purpose of assimilation, segregation, and integration into mainstream Canadian society (United Church of Canada, 1994). Separation from their families for months, even years, at a time resulted in children losing their language, culture, and spiritual beliefs, as well as sense of belonging to a family, community and nation. Children attending these institutions experienced physical, sexual, emotional, spiritual and psychological abuse (Breaking The Silence, 1994 and Royal Commission on Aboriginal Peoples, Vol. 3).

When the residential schools started to close, child welfare became the new instrument of government assimilation policies. From 1951 until the late 1960s, the federal government and the provinces and territories were locked into funding disputes related to Aboriginal peoples. Soaring federal social program costs for First Nations welfare, housing and education provided the impetus for the federal government to negotiate with the provinces and territories around the assumption of what it saw as provincial jurisdictional responsibilities. It also signalled the federal government's adoption of an assimilation policy for Aboriginal peoples (Shewell, 2004). Except for child welfare issues, the provinces and territories successfully resisted the federal government's policy strategy.

However, it was through provincial child welfare legislation that social policy once again struck out and destabilized Aboriginal peoples. Johnston (1983) introduced the phrase “the Sixties scoop” (p. 23) to identify the overwhelming number of Aboriginal children removed from

their homes and communities by child welfare authorities during this period. A crisis intervention approach to child welfare resulted from the provincial governments' general refusal to extend anything beyond child protection services onto the Reserves. Consequently, Aboriginal children were removed from their homes without warning and placed in permanent foster care or made Crown wards (Andres, 1981; Johnston, 1983; Richard, 1989; Timpson, 1990). Even today, most Aboriginals consider child welfare as a vehicle to assimilate them into the Canadian mainstream society. It is estimated that currently there are nearly 27,000 Aboriginal children in the care of child welfare agencies (Leadership Action Plan on First Nations Child Welfare, 2006).

Recent child welfare studies have described the long-term effects of removing Aboriginal children from their birth family and placing them in non-Aboriginal homes (Couchi & Nabigon, 1994; Frideres, 1998). Locust (1999) used the term "split feathers" to describe the long-term psychological problems developed by Aboriginal children adopted or placed in foster care outside of their culture. Forced to assume the values of another culture that derided their own belief system, Aboriginal children were left in a cultural vacuum, relating neither to mainstream culture nor to their own community. Warry (1991) reported that as these children matured, they became "apples": racially "red" or Aboriginal on the outside, but culturally "White" on the inside. Thus, historically, social policies have affected multiple generations of Aboriginal peoples. The severing of family, community and nation has left a legacy of traumatized individuals who frequently experience identity issues and who are often unable to make the most of their own abilities.

The trauma of state enforced separation has affected the ability of many Aboriginals to achieve balance in their physical, mental, emotional, and spiritual well-being. When experienced by more than one generation, personal trauma becomes institutionalized within a family. Where multiple families within a community experience similar life events, the community is left without the resources required to effectively address the resultant social consequences.

As adults, former residential school students and child welfare system survivors have demonstrated symptoms of anxiety disorders, alcohol and substance abuse, depression, suicide, and low self-esteem that are significantly higher than that found in the general population (Beisner & Attneave, 1982; Gagne, 1998; Hodgson, 1990; Mussell, Nicholls, & Adler, 1991). The physical, sexual, mental, and emotional abuse experienced and/or witnessed by generations of children has left a significant number of Aboriginal peoples with a variety of mental health conditions.

While post-traumatic stress disorders (PTSD) focus on the individu-

al's response to such trauma, emerging studies on post-traumatic stress do not acknowledge the systemic conditions that permit these disorders to be sustained or even perpetuated within families and across generations (Duran, Duran, Yellow Horse-Brave Heart, and Yellow Horse-Davis, 1998; Yellow Horse-Brave Heart, 2003). Furthermore, research on PTSD does not connect the individual's experience to broader, systemic conditions that perpetuate and exacerbate the individual's experience. Kirmayer, Brass, and Tait (2000) concur that the focus on individual trauma does not adequately reflect the collective Aboriginal reality as it is experienced through the individual. The authors suggest:

The emphasis on narrating personal trauma in contemporary psychotherapy is problematic because many forms of violence against Aboriginal people are structural or implicit and so may remain hidden in individual accounts.... Individual events are part of larger historical formations that have profound effects for both individuals and communities. (p. 613)

### **Intergenerational Trauma**

It is only in the past decade that the intergenerational nature of trauma has been explored within Aboriginal communities (Braveheart-Jordan & De Bruyn, 1995; Lederman, 1999; Phillips, 1999; Waldram, 1997). The removal of children from the home for long periods of time, a critical factor in creating homelessness, has diminished opportunities for the transmission of family values, parenting knowledge and community behaviour between generations (Payukotayno, 1988; van de Sande, 1995). Grant (1996) has suggested that without appropriate parenting models, many Aboriginal parents lack the necessary knowledge to raise their own children and instead, children are unknowingly introduced to dysfunctional models of behaviour (Brant, 1990; van de Sande, 1995). The legacy of residential schools includes parenting models based on punishment, abuse, coercion and control (Hudson et al., 1981; Proulx & Perrault, 2000). Napier (2000) writing in the Anglican Journal concluded that "the bonds between many hundreds of Aboriginal children and their families and nations were bent and broken, with disastrous results" (p. 3). Hodgson (1990) summarized the cumulative effect across generations:

If you subject one generation to that kind of parenting and they become adults and have children, those children become subjected to that treatment and then you subject a third generation to a residential school system the same as the first two generations. You have a whole society affected by isolation, sadness, anger, hopelessness and pain. (p. 17)

The cumulative impact of trauma experienced by both children and their parents as a result of Canada's residential school policy continues to have consequences for subsequent generations of children. Phillips (1999) summarized the consequences of not dealing with the intergenerational impact of trauma:

If we do not deal with our trauma, we inadvertently hand it down to the next generation. We often take out our pain and hurt on those we love the most—which is ourselves, and those closest to us—our family and friends. So, intergenerational trauma is trauma that is passed down behaviourally to the next generation: if we're angry and act angry all the time to others, our kids will think that's normal and do the same. If we ignore each other and deprive each other of love and affection in our relationships, our kids see and feel that deprivation of love and might think it's normal. (p. 6)

Gagne (1998) identified the residential school experience as a key component within the cycle of trauma experienced by Aboriginal peoples. In a discussion of the sociological etiology of intergenerational trauma among First Nations peoples, Gagne (1998) concluded that the effect of the residential school experience was felt beyond the generation that attended the school. According to the author, "(a)t least two subsequent generations were also 'lost.' The children of these students became victims of abuse just as their parents became abusers because of the residential school experience" (Gagne, 1998, p. 363).

Both mainstream and Aboriginal mental health practitioners are challenging the Diagnostic and Statistical Manual (DSM) diagnosis of Post Traumatic Stress Disorder (Waldram, in press). This is because the diagnosis fails to account for the role of culture and intergenerational or community trauma and does not connect the individual's condition to broader, systemic factors that perpetuate and exacerbate it. Waldram (in press) goes on to suggest that, "(a)pproaching trauma through DSM by and large precludes a meaningful discussion of culture, and virtually excludes notions of history and collective, community or cultural trauma" (p. 41).

Root (1992) argues that racism and discrimination compound the impact of direct or personal trauma by allowing for the oppression of a community of peoples. This "insidious trauma" becomes normalized to the point that the group does not realize how social conditions continue to oppress them. Rather than focusing on a singular event that makes the individual feel unsafe, this insidious trauma leads to a view that the world is an unsafe place for a whole group of peoples (Root, 1992). Dutton (1998) adds that this "matrix of traumatic experiences...may shape the

lived experience of a person within a given cultural group" (p.1).

Kirmayer, Brass and Tait (2000) concur that the focus on individual trauma does not adequately reflect the Aboriginal experience. The authors state that the, "emphasis on narrating personal trauma in contemporary psychotherapy is problematic because many forms of violence against Aboriginal people are structural or implicit and so may remain hidden in individual accounts.... Individual events are part of larger historical formations that have profound effects for both individuals and communities" (Kirmayer, et al. 2000, p. 613).

Duran and Duran (1995) agree with this assessment in their study of Native Americans in the United States. Critical of the focus on individual diagnosis, they note that, "the diagnostic process never takes a historical perspective" (Duran et al., 1995, p. 52). The authors advance the argument that many Native Americans are suffering from intergenerational post-traumatic stress disorders:

Many of the problems facing Native American people today – such as alcoholism, child abuse, suicide, and domestic violence – have become part of the Native American heritage due to the long decades of forced assimilation and genocidal practices implemented by the federal government.

(Duran et al., 1995, p. 35)

Kirmayer, Brass and Tait (2000) present similar arguments in their review of a range of mental health studies of Aboriginal communities across Canada. They conclude that:

Individual events are part of larger historical formation that has profound effects for both individuals and communities – effects that are harder to describe. These damaging events were not encoded as declarative knowledge but rather 'in-scribed' on the body or else built into ongoing social relations, roles, practices and institutions. (Kirmayer et al., 2000, p. 613)

In a review of morbidity factors in Aboriginal communities, Waldrum (1997) notes that the "current state of affairs can be clearly linked to the traumatic effects of colonialism, including geographic and economic marginalization, and attempts at forced assimilation" (p. 184).

Social policies have historically had an impact on multiple generations of Aboriginal peoples. The severing of family and community ties – that is, the creation of a homeless state – has left a legacy of traumatized individuals. Left dependent on social institutions, many Aboriginal peoples are unable to address their individual needs because the ties to traditional healing circle of family, community and nation has been severed. Increasingly, both Aboriginal researchers and critical social sci-

tists advance the need for culturally congruent service delivery based on local values and culture. They suggest Western methods of mental health practice must give way or recognize the value of traditional methods of healing that are more likely to strengthen communities that are in distress and help to rebuild the Aboriginal home. In his assessment of mental health services in Australia, Phillips (1999), an Aboriginal mental health consultant, notes:

There is no doubt that many treatment options presented for our peoples have been totally culturally inadequate.... Cultural appropriateness for our peoples in the helping professions means going right back to our own beliefs about medicine, sickness, worldview, and re-discovering our own healing ways and beliefs. (p. 20)

Duran, Duran, et.al (1998) concur with this approach, noting:

Until traditional Indigenous therapies are implemented and considered legitimate, there will be a struggle, and sadly, the suffering of historical legacy and ongoing trauma will continue. (p. 349)

Clinical research into what Aboriginal trauma may actually look like has been lacking. The research presented in the following section is intended to begin to address this gap and to provide a model of intergenerational trauma indicators.

## **Research**

In 2004-05 I undertook a study to identify whether any link could be established between intergenerational trauma and homelessness. Although the growing body of research describes intergenerational trauma and notes its causes in historical processes, that research does not present a clear set of indicators of intergenerational trauma. This study led to the identification of the indicators of intergenerational trauma in a sample of Aboriginal homeless men.

The study employed a qualitative methodology, involving key Aboriginal stakeholders in the collection and evaluation of the data and thereby contributing to an understanding of the unique factors that explain homelessness among Aboriginal men in Toronto. Arguably, the approach is a modified form of grounded theory (Creswell, 1998; Neuman, 1997; Rubin & Babbie, 1997) in that the intention was to proceed inductively and to build an explanatory model rather than to test hypotheses.

The research was conducted at an emergency hostel for men in downtown Toronto. The research participants included sixteen adult Aboriginal men between 18 and 64 years of age who were using the services of the hostel during the period in which this study took place. An addi-

tional five men participated in a focus group discussion. Quota sampling was used to ensure that the sample included men who were within the age ranges 18 to 24, 25 to 49, and 50 to 64. The sampling also attempted to include men from a variety of places of origin – urban centres, rural communities, and First Nations communities. Aboriginal women are not included in this sample because I believe the issue of their homelessness is impacted by other systemic factors related to the oppression of women in North American society.

I was interested in understanding, from the viewpoint of the Aboriginal homeless man, what factors in his life contributed to his current circumstances. Semi-structured interviews were based on an interview schedule and I asked questions related to specific themes of each of the participants. The themes included personal and family experience with residential schools and child welfare (foster care, adoption); life history as it related to community of birth, connections to birth family and relationship with extended family; connectivity to Aboriginal culture; mental health and substance abuse issues as experienced by the participants and their family members; housing history; length of time living without permanent shelter.

These themes were explored with participants to determine if other family members or community members were affected by similar events or circumstances. Additional questions naturally emerged from responses to the interview schedule and allowed for further exploration of themes. Indicators of intergenerational traumatic experiences emerged from these themes. After the results were analyzed, I met with a focus group of five different hostel residents to review my findings and to validate my interpretation of the results. Additional insights offered by these participants were included in the final analysis.

### **Key Results**

The participants were initially asked to reflect on their family history. Many were unable to provide details of their genealogy – particularly the nine removed from their home at an early age. While these participants had little knowledge of their birth family, others offered poignant details of their family history within the context of residential school experience, child welfare authority, and the impact of these systems on their personal identity. Highlights from those interviews and theme areas are provided below.

Ned, age 42, was raised by his biological mother and maternal grandmother in an urban centre in Western Canada. His biological father is unknown. Ned struggled to describe his mother's experience in residential school and identified how it significantly influenced her own be-

haviour as a parent:

My mother went to residential school and at that time she was, my mother was, totally scarred up from residential school.... She did exactly what those people did to her in residential school...she was abusive.

Henry, age 52, was born in Northern Ontario but raised by his mother and paternal grandparents in the northern United States. At an early age, he was made aware of his family's experience in both Canadian residential schools and American boarding schools:

She [his mother] don't like talking about it. Only when she was yelling at us how rough she had it compared to what we had.... She said it [residential school] was really strict. The food, the rules, the discipline and nobody cared. She got punished—whippings and straps—and they took her away from my grandmother. She was very lonely. She wanted to go home and they wouldn't let her.

Ben attended residential school from age five years to eleven years in the 1950s. He remembers that most of his extended family attended residential school as well. He described how the resulting separation from his family affected his relationship with his mother upon his return:

I used to watch those movies, you know, back then about the kids with their parents...you know, "Leave it to Beaver" or something like that, yeah. You know, I saw him hugging his mom, and I tried that once – tried to hug my mom. And when I hugged her and all that...actually, I told her I loved her. And she didn't know how to react. She didn't know how to take it, you know. So after that, I just shut myself off from her.

While only two of the participants identified a direct personal experience with the residential school system, nine, or 56%, had personal experience with the child welfare system at some point in their lives. Adopted as an infant by a Caucasian family who later had their own biological children, Adam described the emotional disconnect that permeated family life within his adoptive home:

The support was lacking in the family. It was a little bit dysfunctional in that aspect...I don't know. Being adopted, I think a lot of attention went more to my younger brother and sister who were their natural kids.... I don't know about, you know, love and being able to talk to somebody, you know, how you're feeling and whatever. There just wasn't a lot of that around.

Further along in the interview, Adam voiced his frustration with the dis-

connection from his birth family and the emotional isolation he felt in his adoptive home:

You're adopted as a baby, taken away from your parents, and then you're in this other setting, and then they disown you, and it's just like, Christ, it just seems like an ongoing cycle I'm living.

Dan, age 40, recalled that before his adoption he lived with his biological family. He and his younger siblings were removed from their home because of his parents' drinking when Dan was five years of age. He was adopted separately into a non-Native family where he was the oldest of three children. His siblings were the biological children of his adoptive parents. Dan described the lack of connection he felt in his adoptive home:

I was just there, taking up space...I didn't love any of these people in this family. A person from age five until about 14 or 15 could live with a family and not love anybody in the family. I thought that's just the way it has got to be.

Frank, age 42, commented, without emotion, that he has never felt any connection to the people who raised him. He described himself as particularly independent from an early age:

I'm always picking myself up. I've never really had no mommy or daddy to run home to...I got to pick myself up.... They were what they were. They were adoptive parents. I've never relied on [anyone], whether they're my adoptive parents or foster parents. I've never relied on those people.

More than 40 years later, John is able to recall the poignant details surrounding the removal of a child from the reserve where John stayed with his grandparents each summer:

I remember once this kid came running over to [me].... I was fishing on these docks, and he dove in the water and he came up right under where I was standing, because you could breathe a little bit.... And the police car comes flying over there.... They were looking all over the docks, like under boats and stuff.... They asked me and they asked the people hanging around the dock.... Well, we said we haven't seen him. Meanwhile, he was under [the dock]. I could see the bottom of his feet. They were white because he was treading water and just hoping to God they didn't see him there. And they didn't. But eventually he ended up going... he got caught...[long silence].

John identified the chronic stress created within the community as a result of witnessing child welfare interventions in other families on the

small Reserve community:

For me, I didn't see them as being any poorer than me, because I lived in the same conditions as them, and I had no idea why they were...why they would take them and not [me]? I don't know how they figured out which kids were...which ones to pick...I was angry. I was afraid.

Pat acknowledged that he has no close connections with the rest of his family or home community. His years in care have left him emotionally insecure:

I have nobody to really get close to. That's been a problem for me.... When things are really doing good, I feel I really don't deserve this. Even relationships – you try to be there for them, but you never could be.

For some of the men, the sense of not being connected to the Aboriginal community was exacerbated by the legal conditions for Indian status set out in the Indian Act. Most of the men in this study were born prior to 1985 when Bill C31 was enacted. This legislation reinstated "Indian Status" to Aboriginal peoples who had been disenfranchised or had their status revoked by the federal government. It primarily reinstated status to women who had married non-Aboriginal men and had been the subject of sexual discrimination inherent in the Indian Act. It also reinstated others who had their status revoked as a condition of serving in the military or receiving a post-secondary education.

Several of the men interviewed for this study indicated that they found little support for affirming their cultural heritage from their immediate family and from the communities in which they were raised. Issues related to cultural identity were affected by the individual's physical characteristics, as well as his "blood heritage," as demonstrated by having "status" under the Indian Act. For those adopted as young children, the legal statutes that limit identification of "Indian Status" continue to impact on their sense of belonging to the Aboriginal community. Dan noted this irony as he struggled to define his blood relationship to his birth community, as defined through the Indian Act:

I identified better with White culture. I'm 75 percent [Native]. I'm not 100 [per cent Native]. I thought I was 100 [per cent Native], you know, all my life.

Mike has resolved the issue of his "status" and acknowledged it has taken him some time to affirm his cultural heritage, "I don't need a card saying that I'm an Indian because I know I am."

Despite acknowledging that the rationale for removing them from their birth families at a relatively early age was linked to family violence, alcoholism, or poverty, they felt that removal from their birth communi-

ties and subsequent placement in non-Aboriginal foster care, group homes, or adoptive families had detrimental effects on them. The focus group members identified family experience with residential school system, disconnection from family and culture, history of abuse while in care, social isolation, and experience with racism and discrimination as important factors contributing to homelessness. Without tangible emotional and physical ties to their place or family of birth, many of the men alluded to a lack of a sense of belonging or having a "home." These men were without a connection to their communities of origin and were, in effect, homeless from an early age.

For some of the men, their confusion and anger have been internalized, resulting in significant issues related to self-esteem. Many indicated experience at an early age with running away from their home or their foster placement and learning how to survive on the streets. Those placed in group homes at a young age describe how they mourned for family while in care. Many of the men were able to identify how the violence they experienced in alternate care arrangements has impacted on their own ability to establish relationships with others as adults.

For those who witnessed the removal of siblings or other family members, the grieving process appears to continue to affect them today. Those raised by their biological families identified how they also struggled within their family relationships with issues of violence and substance use. These practices were commonplace within the family structure and it was virtually impossible for these men to avoid exposure to them. Many of the men identified feelings of being emotionally abandoned either by a parent or by their extended family, despite the fact that they resided within their parent's home. This isolation continues to impact on the men who are now in their 40s and 50s. Very few felt that they enjoyed supportive relationships with extended family members or with their own biological children.

Much of the research on trauma looks at psychological and social contributors that affect the individual, with an emphasis on family dynamics (Beisner & Attneave, 1982; Brasfield, 2001). Although there is a level of insight in this type of research, the trauma experienced by the men in this study must be viewed historically. Building on the precepts suggested by Waldram (1997), Kirmayer et al. (2000), and Duran et al. (1995), the data suggest that indicators of intergenerational trauma may exist along four distinct realms: the individual, the family, the community, and the nation. Indicators arising from the data analysis have been isolated for each of these realms and are summarized below.

### **Individual Indicators**

Individual indicators emerging from the data are:

- Lack of a sense of “belonging,” identification, or affiliation with a specific family, community, culture, or nation
- Feeling of “abandonment” by caregivers
- Limited or no information about one’s culture of birth, including language, customs, belief systems, spirituality
- One or more “flight” episodes from a caregiver environment as a youth
- Inability to sustain personal or intimate relationships
- Being present-oriented, not future-oriented
- Low self-esteem
- Limited education and employment history
- History of substance misuse
- History of involvement with the criminal justice system, precipitated by substance misuse
- Involvement with the mental health system

Rather than pathologizing the individual, as is often done, I would argue that these indicators should be viewed historically and in the context of their oppressed status as Aboriginal men. It is important that these individual indicators of intergenerational trauma be considered in relation to the indicators for family, community, and nation.

### **Family Indicator**

Biological family indicators emerging from the data include:

- Chronic or episodic family violence, including physical, sexual, emotional, and/or verbal abuse of children by adults in the household
- Lack of emotional bonding between parents, siblings, and extended family members
- Denial of cultural heritage by older family members
- Perpetuation of negative stereotypes within the family of birth or caregiver environment
- Irregular contact or the absence of contact with caregiver family members
- Unconcealed and rampant alcohol and drug misuse that crosses generations

These factors suggest the individual’s circumstances need to be considered within the context of their relationship with their family or caregiver.

## **Community Indicators**

Additional factors that may be present in the community and that influenced the individual's early life history must also be considered:

- Unconcealed alcohol and drug misuse among community members
- Lack of cultural opportunities, including transmission of language skills, history, traditional values, and spirituality
- Unwillingness to "reclaim" community members
- Low levels of social capital (Putnam, 2000), including trust, reciprocal helping relations, and social engagement

It is important to recognize that within traditional Aboriginal culture, the community's support is critical for the development of individuals and families. Holistic healing is not achievable without the influence and guidance of a balanced and healthy community. These findings suggest that for Aboriginal peoples, the definition for "homelessness" must emphasize the breakdown of community structures. Therefore, I propose a definition of homelessness that is more relevant to Aboriginal peoples: homelessness is a condition that results from individuals being displaced from critical community social structures and lacking stable housing.

## **National Indicators**

The data also indicate that a fourth element must be considered. The individual, family, and community are embedded within national structures that both historically and contemporaneously have had a profound impact on these other institutions. Some key national indicators that may contribute to homelessness include:

- Propagandizing negative stereotypes through mainstream media
- Social policies that perpetuate colonialization of Aboriginal peoples on an individual, family, and community basis
- Lack of support for holistic programs and services targeting Aboriginal needs
- Lack of support for community self-determination

The impact of trauma on the Aboriginal nation must also be recognized. The need to support the development of community beyond geographic boundaries to include all Aboriginal peoples is critical to the healing process.

## **Summary**

The complex personal issues that contribute to homelessness in the general population are evident in the experiences of this study's

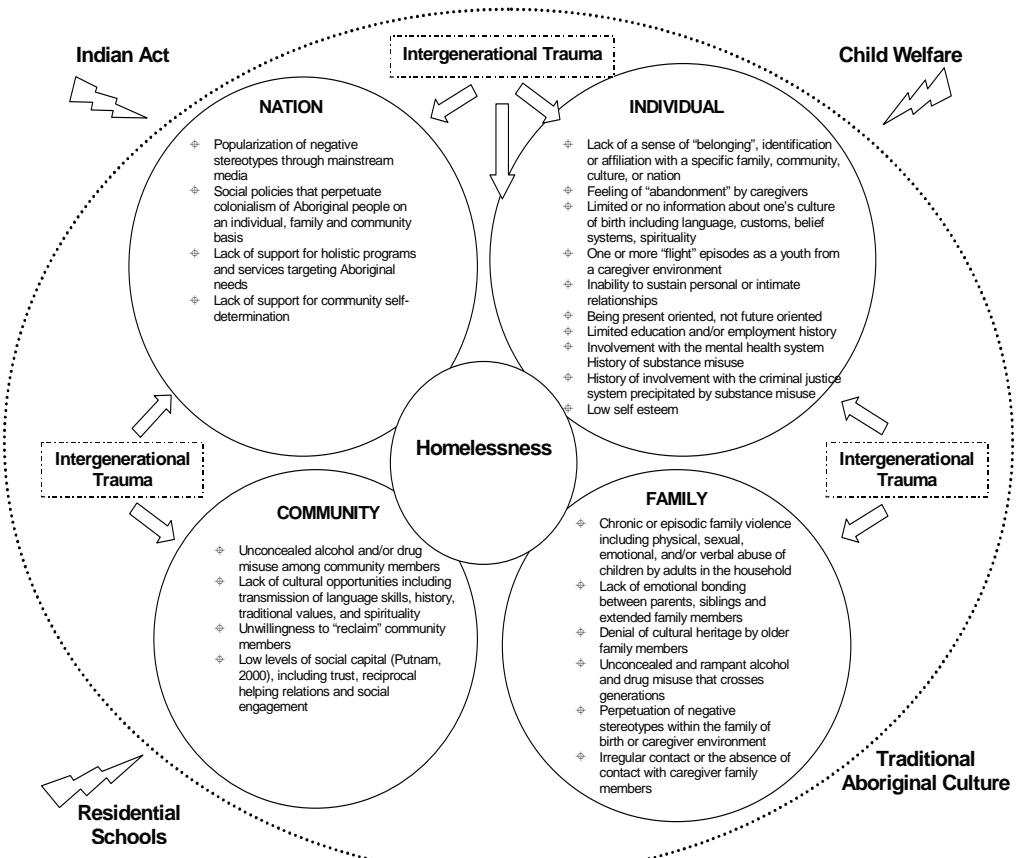
participants. Personal risk factors including poverty, low education, family violence, poor mental health, substance misuse, and the inability to sustain housing have contributed to their chronic or episodic homelessness. I can also accept that the liberal argument—that inadequate and poorly executed public policies related to housing and health care, as well as the lack of political will to address homelessness—can help to explain why homelessness has gripped cities across Canada. However, the participants of this study have provided data to demonstrate that a more complex system is involved in creating conditions that contribute to higher rates of homelessness among Aboriginal peoples.

I argue that, for Aboriginals, homelessness is not simply the result such factors as poor life choices, a lack of affordable housing supply or poorly implemented health-care policies. Rather, the homelessness experience of the men in this study was associated with factors that appear to be unique to the colonization of the Aboriginal peoples. The severing of the emotional ties between family members appears to have been accentuated by residential school and child welfare policies that disconnected the physical ties between parent and child and child and community.

For the men who were raised within their birth community, the social conditions within their family home were often linked to the experience with the residential school system of older family members, the emotional estrangement from family has made it difficult for the men to seek the support of either their family or community. As one participant poignantly summarized his plight, he existed as an “orphan within a family.” For many of the men, being without permanent housing was not an end state; rather, it appeared part of a downward spiral from negative social conditions that was part of their inheritance as Aboriginal peoples.

The data provided have identified how external social policies have corroded the links between critical elements within Aboriginal culture. Individual, family, community, and nation now exist in isolation of one another. The Indian Act and social policies that derive from it have systematically negated Aboriginal culture and imposed values that are contradictory to our traditional ways of relating to one another (Cross, 1986; Good Tracks, 1973; Proulx & Perrault, 2000). The colonizing impact of these policies has resulted in many individuals experiencing “social anomie”—a feeling of disconnection from a particular cultural group first introduced by 19<sup>th</sup> century French sociologist Emile Durkheim and used by the late Canadian Aboriginal psychiatrist Dr. Clare Brant (1990) to characterize the psycho-social condition of Canada’s Aboriginal peoples. The pervasiveness of this condition has left the Aboriginal nation in a similar state—unable to draw upon common bonds to bring indi-

**Figure 1**  
**The Intergenerational Trauma Model**  
**The indicators discussed above are integrated within the Intergenerational Trauma Model.**



viduals, families, and communities together.

The model is premised on the main constructs of the traditional teachings of the Aboriginal medicine wheel, a conceptual process that frames our understanding of the world as Canada's First Peoples:

The teachings assume that all humans can exist in balance with themselves, their families, communities, and their natural surroundings. Where alcoholism, violence, abuse, or any kind of dysfunction exists, there is imbalance: the dark side dominates (Nabigon & Mawhinney, 1996, p. 19).

The medicine wheel breaks the main constructs of life into four elements, generally referred to as the four directions: east, south, west, and north. There must be harmony between the four elements of life for balance to be achieved (Morrisseau, 1998).<sup>1</sup> Similarly, the Intergenerational Trauma Model is predicated on the assumption that public policies have disrupted relations between the four systems and the resulting trauma has incubated negative social conditions for Aboriginal peoples, making them significantly more vulnerable to a number of threatening conditions, including homelessness. This has disrupted the balance of the wheel in which the individual, family, community, and nation exist. The Intergenerational Trauma Model identifies risk factors that may contribute to Aboriginal people's homelessness. Given the limitations of the study, however, it is premature to say how many indicators need to be present to determine the likelihood of an individual's becoming homeless.

Starting outside of the larger circle in Figure 1, the influence of public policy is identified via the Indian Act, residential school system, and child welfare authorities. These social policies are external elements that have penetrated traditional Aboriginal culture and caused change to occur within the traditional social systems, as illustrated by the four smaller circles.

The large outer circle represents Aboriginal culture, and the four smaller circles represent the four subsystems of individual, family, community, and nation. The four subsystems exist within a permeable boundary that is signalled by the broken line of the outer circle. The influence of external elements, such as public policy, has weakened the role of culture in supporting the inner circles of individual, family, community, and nation.

The proposed indicators of intergenerational trauma are noted in the centre of each of the four inner circles. The circles representing the individual, family, community, and nation exist in isolation from one another. If they operated as an adequate support system, they would intersect, but within the Intergenerational Trauma Model, they do not, symbolizing that they are not able to support one another. The balanced existence between the four systems is thwarted by the pervasive presence of intergenerational trauma, which has prevented the four "systems" from re-establishing their former balanced and linked existence and in effect is the barrier that thwarts the reunification of the four systems. As indicated by the arrows in Figure 1, intergenerational trauma pushes the four inner circles apart. Although the impact of the trauma may be most visible in the individual, a holistic approach—as presented in this model—suggests that trauma affects all the four spheres.

The homeless men in this study operated without a support system from their family, community, or nation—in fact, as discussed, they were alienated from these entities. The cause of the problems that they experienced as individuals could be linked to these other systems, and once they were homeless, these other systems did not provide the support the men needed. A minimal form of support came from the community through Aboriginal shelters, but the problems experienced by the men were so severe that most often it was “too little, too late.” The men remained alienated from their families, communities of birth, and the Aboriginal nation. The wounds they had suffered through these other systems were deep, and therefore the countervailing influence of a shelter and its services were insufficient to alter their life dynamics.

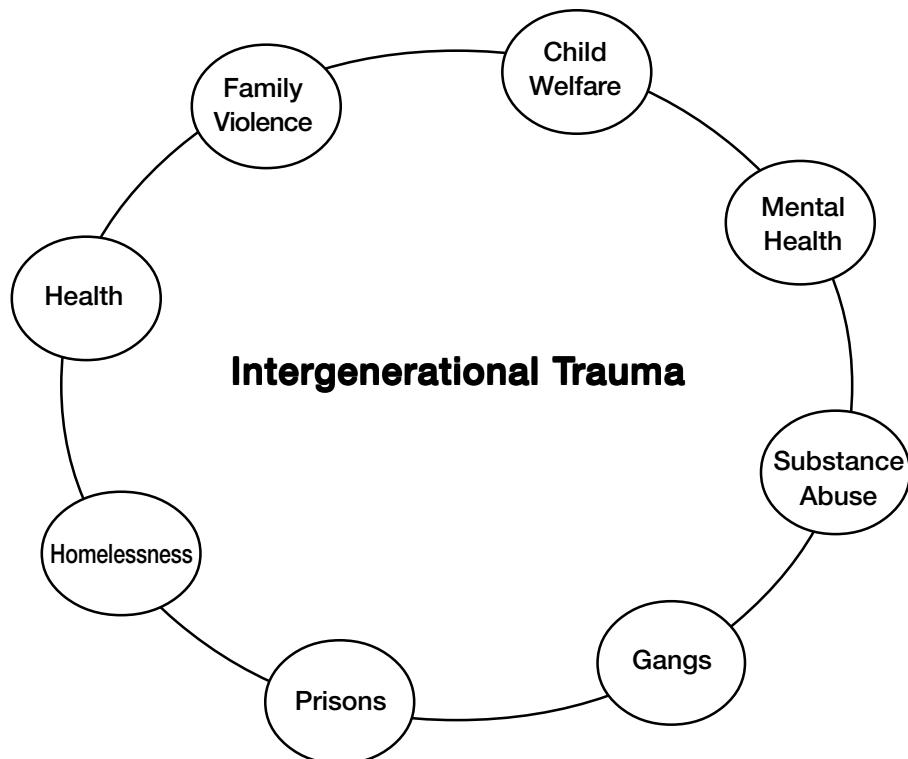
### **Macro Intergenerational Trauma Model Perspective**

As a result of the study, Aboriginal homelessness can be understood from an intergenerational trauma perspective rather than from a medical or individualistic model.

From a macro perspective, the model below (figure 2) would provide another lens for social workers to look at the bigger picture that has impacted and continues to impact Aboriginal peoples. Traditionally, social workers use theories such as structuralism, systems theory, and ecological model to help them understand the social forces that influence individuals, families, communities, and nations. This model allows the social worker to see the relationships between social service agencies and Aboriginal peoples experiencing intergenerational trauma. The model can assist social workers in moving away from traditional Western assessments and consider that many Aboriginal peoples were and continue to be involved with many social systems because of unresolved past traumas. When individuals have not dealt with their trauma, it is most likely that they will become involved with other institutions such as justice, child welfare, treatment centres, and mental health treatment facilities. This model requires the social worker to look at how assimilation policies had and continue to impact the individual, family, community and nation at multiple layers. It is not to look at the individual as being separated from society, but to examine the behaviours in the context of past and present public policy. The model provides another paradigm when considering Aboriginal issues from a boarder context.

### **Conclusion**

This study proposes a link to the trauma experienced by multiple generations of Canada’s original people and the current rate of homelessness in our urban centres. Historic social policies specific to Abo-

**Figure 2**

**Note:** A detailed discussion of the medicine wheel is beyond the scope of this paper, but some excellent sources for interested readers include Cianci and Nadon (1991), Graveline (1998), and Nabigon and Mawhinney (1996).

Aboriginal peoples are suggested as the predicated factors contributing to higher rates of homelessness within the urban population. As such, efforts to stem the growing tide of homelessness in our cities must include strategies that recognize the unique factors that have contributed to homelessness for Aboriginal peoples. Homelessness intervention strategies that focus on personal or systemic issues will not adequately address the needs of Canada's Aboriginal population. There is no "quick fix" for these men. As orphans living among us, the men who contributed to this study have signaled the need to be repatriated as Aboriginal peoples to their families and to their communities. Racism, prejudice and discrimination will continue to affect other generations if the emotional well-being of the community is not addressed. This includes op-

portunities to develop positive social relationships with other community members. Programs that assist with repatriating our orphans are necessary. For Aboriginal peoples, the solution to homelessness is not necessarily the construction of housing; rather, the response also requires a holistic approach that reconstructs the links between the individual, family, community and Aboriginal nation.

The need is paramount for programs that support the development of Aboriginal peoples, and allow us, as a community, to enhance our knowledge and skills so that we can provide support to community members through health care services, education, public policy, justice system and other important elements of our nation's social infrastructure. Two models of intergenerational trauma are provided to help the social worker in a therapeutic or counselling relationship. It is important that further efforts are undertaken to isolate and examine the issue of intergenerational trauma, as experienced by individuals across Aboriginal communities. We need to acknowledge the role of public policy in severing the physical, emotional and spiritual ties between Aboriginal peoples, and consider the implications of intergenerational trauma on individuals, families, communities, and nations. By exploring the indicators of intergenerational trauma, we will be in a better position to work more effectively with Canada's Aboriginal peoples.

In traditional Aboriginal culture, communities had to consider the impact of their decisions on the seventh generation – that is the generation born to one's great, great grandchildren. How remarkable that this practice was disregarded by the newcomers to this land! The importance of considering the impact of public policy is borne out by this study. We must carefully consider the impact of providing support for the needs of our community, not just on the current generation, but future generations. If we do not, we fail in our obligation to build a sustainable community and risk perpetuating the growth of the number of Aboriginal orphans in our urban centres.

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