Centre for Indigenous Sovereignty

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Case Study Report

I da wa da di

Written by:

Wanda Gabriel

Under the direction from:

Linda Archibald and Kishk Anaquot Health Research

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1. Introduction

Thirteen case studies are being conducted as part of the impact evaluation of the Aboriginal Healing Foundation (AHF). The case study process includes collecting data on selected social indicators to measure the impact of projects over time; in particular, for the year prior to AHF-funded activity and once again in the year 2003—an approach known in the evaluation field as a "within groups repeated measures" design. The case studies are intended to provide a detailed, holistic view of the projects and their outcomes. All data collection, analysis, and synthesis are being done by community support coordinators (CSCs) under the facilitative guidance of Kishk Anaquot Health Research.

The project that forms this case study is entitled *I da wa da di* (Mohawk translation for, "We should all speak") (AHF-funded project # RB-278-ON). It is described as: "A range of traditional services will be provided to Aboriginal women who have suffered the legacy of sexual and physical abuse in residential schools or its intergenerational impacts. Culture-based training workshops for Aboriginal women who work with survivors will be provided."[1] This report provides a holistic overview of the traditional healing project *I da wa da di*, including a description of important project characteristics and provincial conditions that may influence the project. It is followed by a detailed discussion of project activities and anticipated short- and long-term outcomes and how change will be measured. It will discuss the range of potential indicators of change, including those chosen by the AHF Board to be applied to all projects (physical abuse, sexual abuse, incarceration rates, suicide, and children in care). The analysis of the project, and its impact to date, and conclusions are presented with aspects of the project that appear to be working well, lessons learned to date, and ongoing challenges.

Sources of information used in this case study include project files (funding proposal and quarterly reports); the project's response to the AHF National Process Evaluation Survey that was sent to all funded projects in February 2001; key informant interviews with the project coordinator and selected service providers in Six Nations, Toronto, and Munsee-Delaware, Ontario; and documents and data collected by the CSC as part of the case study process. Important sources of information are the evaluation forms completed by project participants, which are summarized in quarterly reports submitted to the AHF, and a special report prepared by the project following its annual gathering (*I da wa da di* Project "Awakening the Spirit" Gathering, September 28, 29, 30th 2000, Report of Participant Evaluations).

2. Project Overview (Thinking Holistically)

I da wa da di was funded in a pilot year from 1 December 1999 to 30 November 2000 with a contribution in the amount of $191,532. Bridge funding was advanced in the amount of $47,883 to take the project to 31 March 2001, and a second phase was funded to the end of 31 December 2001. This study focuses on the period prior to 30 November 2000. The funding application submitted to the AHF states that the purpose of the project is as follows:

> This project will work with Aboriginal women suffering the legacy of physical and sexual abuse in residential schools including inter-generational impacts. With the use of traditional healing approaches, the Program will seek to help women address and begin to resolve the childhood trauma of abuse and growing up in families and communities made dysfunctional by the residential school legacy.

The objectives outlined in the project's work plan are to:

- begin a process of holistic healing from the legacy of physical and sexual abuse in residential schools and its intergenerational impacts by providing a safe, therapeutic, and traditional healing environment;
- help members recognize that past experiences of abuse fall outside the bounds of normative behaviour;
- teach traditional and non-traditional ways of maintaining physical, emotional, spiritual, and mental well-being;
- ensure support of members between sessions and after termination of the program;
- teach healing methods, tools, and approaches and provide cultural-based training for women who work with survivors of abuse;
- affirm the importance of self-care when doing healing work; and
- dispel isolation and further a sense of community among Aboriginal women involved in healing.

These objectives are being pursued through the delivery of three healing activities—healing circles, fasting retreats, and healing retreats—as well as training workshops and an annual gathering for 100 women survivors, counsellors, and healers.

The project is unique in its delivery of healing activities. The healing retreats, fasting retreats, and circle of healing are held on the Six Nations reserve next door to Brantford, Ontario, at the beautiful Earth Healing Herb Gardens & Retreat Centre. The centre, which is neither incorporated nor run as a business, is a result of 20 years of dedication to healing on the part of the project coordinator. The coordinator built the healing centre without financial assistance of any government program. The centre is open to all women who seek healing. The *I da wa da di* project is sponsored by the Centre for Indigenous Sovereignty (CFIS) because it, "seems to fall between the cracks of your [the Foundation's] applicant eligibility criteria."[2]

The location and setting of the retreat centre warrant description. The property that houses the centre has been in the healer's family for several generations. The main building, her home, is surrounded or attached by several smaller structures built over the years to provide a place to do healing work. Two bedrooms in the main building are reserved for anyone wishing to partake in a residential healing retreat, and there is a circular room where the circle of healing and other types of workshops are held. In a corner of the house is a small meditation room. The atmosphere in this room is so warm and kind that one just automatically sits and goes into a meditative state. In another corner of the house is a dark and cool room to hold herbs gathered from the centre's herb garden. The whole interior of the house is modestly yet elegantly decorated. The artwork hanging on the walls illustrates the many gifts and teachings found within Mohawk culture. The rest of the house (dining area, kitchen, bathrooms, and living area) are all very cozy. The exterior of the property is very simple with a well-kept lawn and beautiful herbal garden. The garden is circular shaped and divided to represent the four directions and four aspects of the individual. Specific herbs are grown for each direction or aspect. Further off are four small lodges where fasting retreats take place. Each lodge holds sleeping space for two women. In summary, the place is well-organized and very conducive to a healing environment.

In the post-activity evaluation for the annual gathering and fasting retreats, women participants from other regions who had attended a healing activity have stated that the location and organization of the retreat centre are splendid, comfortable, and peaceful. They expressed appreciation for the somewhat reclusive environment as it helped set the mind, heart, and spirit for healing. Community members who had participated in the centre's activities greatly appreciated that it was not attached to the band council or community services. They felt that their confidentiality and anonymity were better protected because of the

centre's location. In contrast, a couple of local service providers stated that the retreat is too isolated from the rest of the community, but expressed respect and support for the work done by the coordinator.

The additional highlight to the *I da wa da di* project is that the coordinator–healer travels to different First Nations communities to bring traditional healing workshops to women who are working in the social, health, and healing fields. Characteristics of the women who participated in this project, including their home communities and nations, ages, and Survivor status are discussed below.

2.1 Participant Characteristics

The *I da wa da di* project targets adult Aboriginal women. According to the year-end report to the community and the AHF national survey, the project reached approximately 223 people. The following healing and training activities were held by the project over a full-year time frame:

Two 12-week sessions offered at the centre. Circles were three hours per week held on Monday evenings with a maximum participation of 20 women. The focus of the circle was to reintegrate the physical, emotional, mental, and spiritual aspects of the individual as they work through their issues and learn new ways to cope with shame, anger, confusion, and low self-esteem and build healthy relationships. All participants were adult women.

Table 1) Participation in Circle of Healing

Session/Dates	# of Participants	Participant Status	Survivor Status
January 24–April 10, 2000	17 completed session (19 began)	13 status on-reserve 4 status off-reserve	3 Survivors 14 later generations
April 17–July 11, 2000	19	4 status on-reserve 14 off reserve 1 Inuk	2 Survivors 17 later generations

The retreats took place at the centre once a month from May to October, inclusive. Each retreat lasted three days for a maximum of eight women. The fasters were provided with one-to-one counselling, healing circles, drumming, and ceremonies.

Table 2) Participation in Fasting Retreats

Session/Dates (2000)	# of Participants	Participant Status	Survivor Status
June 7–9	4	4 status off-reserve	4 later generations
July 11–13	4	1 status on-reserve 3 status off-reserve	4 later generations
August 23–25	3	3 status on-reserve	3 later generations
September 13–15	5	3 status on - reserve 2 status off- reserve	1 Survivor 4 later generations
October 25–27	7	3 status on-reserve 2 status off reserve	1 Survivor 6 later generations

Residential service was provided to women who needed healing away from their families. Lodging was available for two women four days each in February, April, June, August, and November. This included nutritious meals, counselling, traditional teaching, ceremonies, and goal setting.

Table 3) Participation in Healing Retreats

Session/Dates (2000)	# of Participants	Participant Status	Survivor Status
April 11–14	3	3 status on-reserve	1 Survivor 2 later generations
June 28–July 1	2	2 status off-reserve	2 later generations
July 11–13	1	1 status off-reserve	1 later generations
August 28–31	3	3 status off-reserve	3 later generations
November 1–4	1	1 status on-reserve	1 later generations

Four three-day training workshops were provided to service providers working with Aboriginal women who are abuse survivors. The purpose was to teach healing methods and approaches, to provide tools for use in healing, and to affirm the importance of self-care by sharing ways for helpers and healers to maintain mind–body–spirit balance on an ongoing basis.

Table 4) Participation in Training Workshops

Date and Location (2000)	# of Participants	Participant Status	Survivor Status
March 22–24 KiiKeeWanNiiKaan Southwest Regional Healing Lodge, Munsee-Delaware First Nation	19	12 status on-reserve 6 status off-reserve 1 other	18 later generations
May 25–27 West Bay First Nation, Manitoulin Island	15	15 status on-reserve	2 Survivors 13 later generations
July 19–21 Six Nations	45	21 status on-reserve 23 status off-reserve 1 non-status off-reserve	2 Survivors 43 later generations
Oct 18–20 De dwa da dehs nye>s Aboriginal Health Centre, Hamilton	17	6 status on-reserve 9 status off- reserve 2 non-status off-reserve	1 Survivor 16 later generations

An annual three-day gathering was held on 28–30 September 2000 at Six Nations. It provided an experiential, interactive, and networking forum for over 100 Aboriginal women impacted by residential schools; a venue for women to break the sense of isolation and to further a sense of community. In addition to the healer–coordinator, a number of other traditional people were on site to lead workshops and share their knowledge.

The participants for this activity totalled 120 people; 109 women, six men and five children. There were 20 participants who identified as residential school Survivors and 75 who were later generation affected by residential schools. Participants came from 44 different Ontario communities: Thunder Bay, Sturgeon Falls, Akwesasne, Curve Lake First Nation, Kenora, Sudbury, London, Parry Sound, Serpent River First Nation, Walpole Island First Nation, and Shawanaga First Nation as well as from communities closer to the Ohsweken/Brantford area. In addition, 14 different nations were represented, with the greatest representation from the Mohawk and Ojibway people. As well, participants reported being staff or board members of 47 different agencies, institutions, projects, or First Nations. These include a variety of health and social service agencies, treatment facilities, head start programs, and friendship centres.

Of the 233 people reached, the year-end report stated that participants came from 62 First Nations and other urban/rural Aboriginal communities in Ontario. Eight people were from another province or living outside of Canada. In fact, all of the activities drew women from outside of the Six Nations communities. Quarterly reports for 2000 describe participants of the fasting retreat as follows:

> The women came from 10 different communities, both reserve and urban. They represented seven different Nations. The majority were between the ages of 26–49, while one woman was between 15–25. Two of the women were survivors of Residential School abuse while ten were descendants of survivors. Nine of the twelve women had participated in other programs offered by I da wa da di, i.e. Circle of Healing, Training Workshops and Awakening the Spirit Gathering.

It must be noted that the above data was available because the project was very diligent in gathering statistics and participant feedback on all their activities.

2.2 The Project Team—Personnel, Training, and Volunteers

The owner is a well-reputed traditional Mohawk woman, traditional herbalist and Elder who worked as a traditional healer at De dwa dehs nye>s, a health centre in Hamilton/Brantford and Anishnawbe Health in Toronto. She has taught at the University of Toronto, McMaster University, and Mohawk College (Brantford). The centre is a culmination of 20 years of experience in healing.

Approximately 15 people helped in the preparation and delivery of the gathering. In addition, the project received assistance from other traditional people from many different nations.

2.3 The Context

The Earth Healing Herb Gardens & Retreat Centre is located and serves the community of Six Nations, but also includes any Aboriginal woman living in the province of Ontario. The Department of Indian and Northern Affairs reports the following population statistics:

> In Ontario as of December 1998, there were: 146,113 Registered Indians, 127 First Nations and 207 reserves. The Aboriginal population in Ontario is larger than any other province or territory. Nearly half the registered Indian population does not live on a reserve. The most populous First Nation is Six Nations of the Grand River, located near Brantford, Ontario, with nearly 20,000 members.[3]

As of 31 December 2000, Aboriginal women (ages 0–65) constituted 51 per cent of the total Aboriginal population. The largest populated age group is between the ages of five and 29. The Ontario Native

Women's Association (ONWA) reports that there are 40,959 working-aged Aboriginal women in Ontario. In its 1989 study, *Breaking Free*, ONWA found that eight of 10 Aboriginal women were experiencing violence, Aboriginal women and children are at the lowest rung on the socio-economic ladder, and elderly Aboriginal women are the poorest of all Canadians.[4]

For the province of Ontario the AHF funded a total of 96 projects during the first year of operation (January 1999 to December 2000). The number of projects for each theme are: conferences (3); healing services (42); honouring history (8); knowledge building (8); needs assessment (5); prevention/awareness (19); project design and set-up (1); and training (10). In addition to the *I da wa da di* project, there are seven other projects in the province that target women as the population served and provide healing services, knowledge building, and training.

As noted earlier, Six Nations is one of the largest reserves in Ontario. As of 1 December 1999 the total membership was 20,435. According to the Six Nations Council, the on-reserve population was 9,527 in October 1996.[5] The growth rate was estimated in 1998 at 2.71 per cent. The territory is located 10 miles southeast of Brantford in southwestern Ontario; and, while the reserve is primarily rural, its administrative centre is in the village of Ohsweken. The community is abundant in resources with numerous programs and services as well as over 300 small businesses owned and operated by community members[6] and five elementary schools.

Under the umbrella of the Six Nations Council, a wide range of services are provided. According to the *Six Nations of the Grand River Annual Report*, council expenditures for the year ended 31 March 2000 to operate these various services were $52,841,131 and the total revenue was $552,399,457. The list of organizations, agencies, and services that fall under the umbrella of the Six Nations Council include: Six Nations Welfare, Six Nations Health Services, Six Nations Social Services, Six Nations Economic Development, Six Nations Lands/Membership, Six Nations Forestry, Odrohetka—The Gathering Place, Chiefswood National Historical Site, Six Nations Housing, Six Nations Public Works (includes fire department), Six Nations Parks and Recreation, Personnel Department, Records Management, Secondary Services, Six Nations Community Resource Planning, computer systems specialist, policy analyst, Technical Services, Six Nations Land Claims Research Office, and Six Nations Commercial Leasing Office. Other services within Six Nations include the police department, in operation for 16 years, and fire and emergency medical services. The expenditures for these services were not listed in the annual report, and data on the legal, financial, and responsible authority were not available at the time of writing.

The community has their own radio station and newspaper. As well, several people own craft stores and sell local arts and crafts. Among these is the Iroqcrafts store, which sells books, crafts from other nations, and craft supplies. The community has several privately owned restaurants, one is operated by the son of a famous chef; a mini-mall that has a dollar store; a couple of small boutiques; several gas stations and convenience stores; and a small motel, the Bears Inn.

The community has a solid infrastructure with social, political, economic, and education systems operating for a number of years. Most of the organizations and agencies appear to be staffed by community members. During the data-gathering process, all of the services that were approached expressed a willingness to share information, and staff members were knowledgeable, open, and helpful. The atmosphere in many of the agencies (including social services and the police department) was comfortable, giving a sense that

people enjoyed being of service to their community. During an interview at the women's shelter, a male community member came in to volunteer in any way possible. Apparently, this happens quite frequently, and the shelter boasts a solid volunteer network.

3. Using Common Sense: The Data Collection Process

This case study began with a thorough review of the project files. Based on the files, a logic model and a performance map were designed to provide an overview of the project. Next steps included contacting the project coordinator to gain general information about the community and to negotiate a time to conduct interviews. These steps guided the design and finalization of the interview questions.

During the week of 1 May 2001, interviews were conducted in Toronto, Six Nations, and Munsee-Delaware (near London, Ontario). In all, personal interviews were conducted with eight people associated with the project. Key informants included two project participants[7] as well as representatives of Aboriginal women's and social service organizations who were involved in or potentially impacted by the project. The organizations included: South West Healing Lodge (Munsee-Delaware), the Aboriginal Women's Crisis Centre (Toronto), the Native Horizons Treatment Centre (New Credit), Six Nations Ganohkwásrá (a copy of their annual report was made available), and the Six Nations Social Services Program. Interviews were done in private and ranged from one hour to an hour and a half in length. A shorter version of the interview questionnaire was delivered to the project coordinator (Appendix 1).

A number of community level organizations were approached with requests for relevant background and statistical information related to physical and sexual abuse, children in care, incarceration, and suicide. Additional data (i.e., provincial statistics) were gathered from the Aboriginal Healing and Wellness Strategy of Ontario and various government websites. On a follow-up visit to the community, the Six Nations police provided data on physical and sexual assaults.

The following performance map (Figure 1) was used as a two-page reference guide to collecting information. It links the desired long-term outcomes (Aboriginal women living healthy lifestyles free of physical and sexual violence, women having a strong sense of community and identity, and more women fulfilling the traditional role in all areas of community living) with concrete measures of change, including reduced rates of physical and sexual abuse; reduced number of women incarcerated; reduced levels of children in care; reduced incidence of depression and suicide among women; increased number of women living healthy lifestyles and involved in community leadership and decision making; and evidence of revitalized Aboriginal culture.

Working towards such ambitious long-term outcomes is an enormous undertaking and one that the project cannot expect to accomplish on its own. However, progress can be mapped by identifying shorter term outcomes and indicators. In this case, the short-term outcomes focus on changes in project participants (e.g., increased coping skills and well-being) as well as changes in the environment (e.g., increased networking among healers). Measures of these changes include the number of women seeking healing services, evidence of increased self-esteem and improved self-image among participants, and evidence of increased knowledge of traditional teachings. In addition to the key informant interviews, the detailed participant evaluation information collected by the project provides an important means of assessing many of the desired short-term outcomes.

Threats to the reliability and validity of this case study relate primarily to gaps in the data. There were few relevant social indicator data available on Aboriginal women at the provincial level. Some community level data on physical and sexual abuse were made available, but concrete statistics related to children in care, incarceration, and suicide were not obtained. However, it could be argued that the appropriate focus for measuring impact in this case is the project participants and not the community of Six Nations or the province of Ontario. The strength of this study rests on key informant interviews and participant evaluations conducted by the project, and the participant voice is strongly represented in the evaluation material included in the project file, which are integrated into the analysis. The congruence between the interview data and the participant feedback reported by the project supports the internal validity or credibility of these two data sets.

Figure 1) Performance Map—*I da wa da di*

MISSION: Aboriginal Women, the life givers and teachers of our society, will live in healthy relationships based on cultural pride and sobriety and an intolerance for abuse.			
HOW?	**WHO?**	**What do we want?**	**WHY?**
Resources	**Reach**	**Results**	
activities/outputs		**short-term outcomes**	**long-term outcomes**
Begin the process of healing from the legacy of residential schools and physical and sexual abuse and its intergenerational impacts through healing circles, fasting retreats, and healing retreats; provide a province-wide traditional gathering for women survivors, counsellors, healers, etc.; and provide culturally based training workshops for Aboriginal women working with survivors.	Aboriginal women and Aboriginal women healers/ helpers	Increased coping skills, positive self-images, and physical, mental, spiritual, and emotional well-being; a traditional healing environment for women; begin the process of healing from the legacy of residential school abuse; stabilized women in crisis; decreased isolation and increased networking among Aboriginal women involved in healing work; and increased traditional and cultural healing skills among Aboriginal women who work with survivors of abuse.	Aboriginal women will live healthy lifestyles free of physical and sexual violence; women will have a strong sense of community and identity; and there will be more women fulfilling the traditional role in all areas of community living, leadership, etc.
How will we know we made a difference? What changes will we see? How much change occurred?			
Resources	**Reach**	**Short-term measures**	**Long-term measures**
$ 191,532	223 Aboriginal women	Self-reported and observed changes in self-esteem, self-image, coping skills, and physical, mental, spiritual, and emotional well-being (participant feedback forms and views of key informants); # of Aboriginal women seeking traditional healing activities; # of referrals; # of traditional healers/helpers; # of traditional activities (healing circles, retreats, fasts, gatherings, etc.); # of women in shelters; and self-reported knowledge of traditional teachings, ceremonies, etc. among community members.	Reduced rates of physical and sexual abuse/violence, # of women incarcerated, levels of children in care, incidence of depression among women, as well as suicide rates; increased # of women living healthy lifestyles and more involved in community leadership and decision-making roles; and evidence of revitalized Aboriginal culture.

3.1 Thinking Logically: Activities and Outcomes

There is a logical link between the day-to-day activities a project undertakes, what they hope to achieve in the short term, and the desired long-term outcome. In this case, the project coordinator wanted to share her knowledge of traditional teachings with Aboriginal women interested in resolving the childhood trauma of abuse and growing up in families and communities made dysfunctional by the residential school legacy. It is through traditional teachings (prayer, ceremony, songs, healing circles, dance, drumming, fasting, and medicines) that the project intended to help women to address the legacy of physical and sexual abuse. Over the short term, the teachings were expected to: increase women's self-esteem, coping skills, and overall mental, physical, spiritual, and emotional well-being; decrease isolation; and increase the level of traditional knowledge and skills among counsellors and healers. In their funding proposal, the project identified the following examples of expected results:

- participants will learn they are not to blame for the abuse occurring to them;
- participants will learn the difference between healthy and unhealthy relationships;
- dispel feelings of isolation felt by Survivors;
- increase traditional knowledge and values; and
- increase sense of pride in being Aboriginal women.

Project activities were selected by the coordinator–healer based on extensive experience with healing processes and in consultation with a group of women who are residential school Survivors in Six Nations. Healing activities held at the centre include the circle of healing, fasting retreat, residential retreat, and the gathering. Training workshops were held in a variety of locations in partnership with other agencies in the province of Ontario.

The relationship between project activities and both short- and long-term benefits is set out in the following logic model (Figure 2). This model describes the project activities, how they were delivered, and what the project hoped to achieve. It then identifies how we will know things have changed in the short term, why this work is being done (i.e., long-term goals), and how we will know things have changed in the long term. There are five activity areas outlined in the logic model. Objectives outlined in both the contribution agreement between the project and AHF and quarterly reports fall generally into these five categories.

Figure 2) Logic Model—*I da wa da di*

Activity	Healing circle	Fasting retreats	Training workshops	Healing retreats	Annual gathering
How we did it	Began a process of holistic healing in a therapeutic group environment; provided traditional healing to women; and ensured support between sessions and after the program.	Organized, taught, and conducted fasts for women in a safe, supportive environment.	Provided cultural-based training workshops for Aboriginal women who work with survivors of abuse.	Provided a safe and nurturing residential treatment for Aboriginal women suffering the legacy of residential school abuse or its intergenerational impacts.	Provided a traditional gathering for 100 women survivors, counsellors, healers, etc.
What we did	Two 12-week sessions of 3 hrs/wk; # of participants; content of teachings; # of referrals to community agencies and healing lodges; and # of counselling sessions, fasting retreats, etc.	Six 3-day fasting retreats for 8 women at a time with 24-hour support provided by traditional healers, Elders, and spiritual teachers; and # of participants and helpers.	Four 3-day workshops (2 Six Nations, 1 M'Chigeeng, 1 Munsee-Delaware), 20 women/workshop, and teachings reaffirm the importance of culture, women's role, ceremonies, songs, etc.	Accommodations, meals, and 24-hour support provided at retreat for a total of 20 days (# of participants and # of days/participant).	A province-wide 3-day gathering in June 2000 by # of participants; and # and type of workshops and activities.
What we wanted	Increased coping skills, positive self-images, and physical, mental, spiritual, and emotional well-being.	A traditional healing environment for women; and to begin the process of healing from the legacy of residential school abuse.	Increased traditional and cultural healing skills among Aboriginal women who work with survivors of abuse.	Stabilize women in crisis.	Decreased isolation and increased networking among Aboriginal women involved in healing work.
How we know things changed (short term)	Participant satisfaction; key informant views on changes in participants; and # of women seeking traditional healing, counselling, and the safety of women's shelters.	Increased # of women seeking traditional healing services, counselling and support; and self- and key informant reports of increased healing.	Increased # of qualified traditional care givers; and increased knowledge and skills among care givers.	# of women using retreat; # of referrals from agencies and location of agencies; and key informant views on changes in participants.	Evidence of increased networking and # of women's groups.
Why we are doing this	To break the cycle of abuse stemming from residential schools; to re-establish traditional methods of healing in the community; and to re-establish the traditional role of women in family and community life.				
How we know things changed (long term)	Decreased rates of physical and sexual abuse, incarceration, and suicide among women; increased number of women living healthy lifestyles; decreased number of women living in poverty and of children in child welfare system (foster care, adoption); and evidence of an increased respect for the role of Aboriginal women in society.				

4. Our Hopes for Change

The project was designed to provide healing activities to women and training workshops to front-line workers and others in the helping field. In the short period since the project began (December 1999), it is very difficult to assess whether or not significant and enduring changes have occurred. However, based on key informant interviews and participant evaluation forms, there is evidence of a number of changes taking place in participants' lives. While this provides an indication of short-term impacts, there is a need to examine longer term impacts. In this regard, an attempt was made to collect social indicator data to provide a baseline from which to measure future progress. The data presented below include the social indicators identified by the AHF's Board of Directors (physical abuse, sexual abuse, incarceration, children in care, and suicide) as well as information on the number of people participating in Six Nations therapeutic counselling services.

As noted earlier, attempts were made to collect social indicator data relevant to Aboriginal women in Ontario as well as Six Nations women. Therefore, geography and the target population have both been taken into consideration, including information on the number of people in Six Nations involved in counselling services outside the project.

Sources of community-level information include the Six Nations police department and annual reports from the Six Nations of the Grand River and the women's shelter, Ganohkwasra. In light of the limited provincial-level data available, some national data have been included. In fact, provincial-level data on Aboriginal women for rates of suicide, incarceration in federal and provincial prisons, physical and sexual abuse, and children in care were not uncovered during the course of this study. It is unclear at this time whether such data are actually available, and more time would be required for a comprehensive and thorough search. It should be noted that even if the data were available, it would be difficult to attribute changes in rates of abuse, suicide, and incarceration among Ontario's Aboriginal women with this project. Nevertheless, the indicator data contribute to the overall story this case study is attempting to relate. Moreover, on a larger scale the project is one of many healing initiatives, and the potential for change based on these collective efforts remains.

4.1 Suicide

Suicide is defined as an "intentional, self-inflicted death."[8] Experts in the field suggest that a suicidal person is feeling so much pain that they can see no other option. Those who are suicidal feel that they are a burden to others and, in desperation, see death as a way to escape their overwhelming pain and anguish. The suicidal state of mind has been described as being constricted, filled with a sense of self-hatred, rejection, and hopelessness.[9]

Researchers investigating suicide among Canadian First Nations and Inuit report rates that range from zero to 15 times that of the general population. Furthermore, suicide rates vary considerably from community to community, with some communities being similar to those of the general population. With respect to Six Nations, a question posed in the national survey[10] triggered the following response from the *I da wa da di* project:

> In the community of Six Nations we are experiencing political upheaval, re-awakening of the culture, greater awareness of impact of residential schools (because of lawsuits and the Aboriginal

> Healing Foundation). We have also experienced a recent rash of suicide attempts among the men.

There is a distinct gender difference with respect to suicide and suicide attempts. In general, women are more likely to attempt suicide than men while men are more likely to complete suicide. Health Canada reports that over a five-year span (1989–1993), Aboriginal women were more than three times more likely to commit suicide than non-Aboriginal women,[11] and the National Forum on Health reports that the suicide rate for Aboriginal adolescent girls is eight times the national average.[12] Despite literature and Internet search, no data were found on suicide rates for Aboriginal women in Ontario.

4.2 Physical Abuse

> The chances for an Aboriginal child to grow into adulthood without single first hand experience of abuse, alcoholism are small ... the tragic reality is that many Aboriginal people have been victimized, and the non-Aboriginal community has largely ignored their suffering.[13]

A 1989 study by the Ontario Native Women's Association found that eight of 10 Aboriginal women in Ontario had personally experienced family violence; 87 per cent had been injured physically and 57 per cent had been sexually abused.[14] In contrast, the report *Family Violence in Canada: A statistical profile 2000* states that 7 per cent of women in Ontario experienced spousal violence. Provincial rates of spousal violence for women ranged from 4 per cent to 12 per cent; for men the range was from 5 per cent to 9 per cent. These data do not present a breakdown of spousal violence in the Aboriginal community. The study identified that women are more likely than men to experience spousal violence in the past five years. This statistical profile did not identify the number of Aboriginal women. However, the final report of the Canadian Panel on Violence Against Women, *Changing the Landscape, Ending Violence Achieving Equality*, the chapter on Aboriginal women cites a relevant report done in 1991.[15] According to this London, Ontario, area study, 71 per cent of the urban sample and 48 per cent of the reserve sample of Oneida women had experienced assault at the hands of current or past partners.

The Six Nations Ganohkwasra Family Assault Support Services' annual report for 1999–2000 indicates that there were 360 people who were provided safety, support, and counselling during the 1999–2000 fiscal year. There were 40 men, 193 women, and 127 children involved in programming. These individuals either participated in the shelter facility, Gayenawahsra (second-stage housing), or community (outreach) counselling. Ganohkwasra provides services to the whole family by utilizing a model that provides healing in all areas of a person's mental, spiritual, physical, and emotional realms. Since the inception of this program in 1988, the agency has provided support and assistance to 2,230 individuals from Six Nations and various other First Nations communities. The fact that large numbers of individuals participate in the shelter program could be viewed as a positive indication of healing or as an indicator of the level of violence in the community; more contextual information would be required before any interpretations are attempted.

Table 5 provides information on the number of assault charges laid by the Six Nations police in 1998, 1999, and 2000. Data based on police reports are limited because they can be influenced by numerous outside factors, including police charging policies and recording practices, changes to those policies and practices over time, as well as the willingness of victims to report to police. In reviewing the statistics from the Six Nations police department, assault level one had the highest incidence over the reporting period. These are summary convictions that range from spitting on someone to spousal assault. Assault level two are indictable offences that usually cause physical harm, and these can also include spousal assault.

Table 5) Assault Charges Laid by Six Nations Police, 1998–2000

Offence	Number of Charges Laid		
	1998	1999	2000
Assault (level 1)	54	40	59
Assault (level 2)	16	4	18
Aggravated assault	–	–	2
Assault police	6	2	8

Additional police data show that there were a total of 145 assault level one investigations and 30 assault level two investigations in the year 2000. The numbers included in the above table represent only those investigations that led to charges being laid. The data do not indicate whether offenders were male or female or show whether the offence involved family members.

4.3 Sexual Abuse

It is well recognized that official data under-reports the extent of sexual abuse. Victimization surveys indicate that up to 90 per cent of sexual assaults are not reported to police.[16] In addition, prevalence of child sexual abuse is difficult to determine, as it is a hidden crime and many victims only report the abuse after they reach adulthood. Provincial-level data on rates of sexual abuse in the Aboriginal population were not available. In addition, Six Nations Social Service and Child and Family Services were unable to provide community-level statistics for this study.[17] However, the Six Nations police provided data on the number of sexual assault charges laid in 1998, 1999, and 2000 (1, 2, and 5; respectively). As noted above, under-reporting is a major limitation of police data, but the numbers do provide a baseline for examining changes in the number of sexual assault charges over time. Additional information was provided for the year 2000 by Six Nations police who recorded 16 sexual assault investigations that led to 5 charges being laid.

Throughout Canada, women and girls are the primary victims of sexual abuse, although institutional abuse in residential schools and abuse in foster homes have impacted large numbers of Aboriginal male youth. The police data presented above do not include information about the age and gender of victims or offenders or the relationship between victims and offenders. Key informants who work in treatment or healing lodge settings stated that close to 90 per cent of their clientele had been sexually abused in their lifetime and that the sexual abuse occurred over a period of years. In most cases, the offender was a family member or friend of the family.

Participant evaluations for *I da wa da di*'s "Awakening the Spirit Gathering" in September 2000 included the question, "What were you hoping to address, resolve or learn at the Gathering?" A small portion of participants responded that they were hoping to resolve their issues and pain around sexual abuse. While others did not specifically mention sexual abuse, more than half of the 70 respondents wanted to understand trauma and its impact on their lives. These responses affirm that some project participants are dealing with issues associated with sexual abuse.

4.4 Incarceration

Women offenders in federal prisons number just over 850 as of September 1999. Aboriginal women offenders represent 21.1 per cent of that population, and they were incarcerated at the rate of 16.3 per 10,000.[18] Interestingly, the recidivism rate for women released from the Okimaw Ochi Healing Lodge is only 1 per cent.[19] Overall, 82 per cent of federally sentenced women and 72 per cent of provincially sentenced women have histories of physical and/or sexual abuse; the corresponding rate for federally sentenced Aboriginal women is 90 per cent.[20] There are only two prisons that incarcerate women in Canada that provide programs for sexual abuse/incest survivors (the Okimaw Ochi Healing Lodge is one). The Elizabeth Fry Society reports that two-thirds of federally sentenced women have children: "Most were the primary, if not sole, caregivers for their children prior to their incarceration. Too many children end up in ... [provincial] care as a result of the imprisonment of their mothers and this is the most central problem for women ... after their release."[21]

There is a substantial body of literature dealing with male offenders, both Aboriginal and non-Aboriginal, but very little that specifically addresses Aboriginal women. An Internet search for rates or numbers of Aboriginal women in Ontario who are federally or provincially incarcerated was unsuccessful. No specific data on the number of Aboriginal women from Ontario incarcerated in federal and provincial prisons was found.[22]

4.5 Children in Care

Obtaining both local and provincial data on this topic proved to be very difficult for a number of reasons. Locally, Six Nations Social Services did not have the time or resources necessary to compile the data; they estimated it would take over two months to provide a reasonable accounting of these numbers. It may be possible to obtain this information for the follow-up study if the agency receives the request early enough in the process. Provincially, it is difficult to identify the number of Aboriginal children in care because each regional and municipal agency holds its own statistics. However, more than half of all Aboriginal people in Canada are children and youth. Canada's 424,000 Aboriginal young people make up 5 per cent of all children in the country under the age of 15 and 4 per cent of youth ages 15 to 24.

The history of Aboriginal children and child welfare agencies paints a bleak picture. It has been argued that the child welfare system is another tool in the process of assimilation. Many Aboriginal children have been removed from their homes in the early sixties up to the present date. Children have been adopted or gone into foster care into non-Aboriginal family settings.

In order to stop further destruction of children and families, the Ontario Chiefs Conference passed a resolution in December of 1981 that initiated the process for First Nations communities to plan and manage their own child welfare agencies. This resulted in First Nations agencies with distinct authorities over the lives of Aboriginal children. The current authorities, child welfare agencies (recognized as Children's Aid Societies) include, Dilico Ojibway Child & Family Services, Payukotayno Family Services, Tikinagan Child & Family Services, Wabaseemoong Family Services, and Weechi-it-te-win Child and Family Services. Child welfare-related agencies (similar to a Children's Aid Society without the authority to apprehend children) include, Six Nations of the Grand River, Kina Gbezhgomi Child & Family Services, Kuniwanimano Child & Family Services, Native Family and Family Services of Toronto, Nog-da-win-da-min Family & Community Services, and Ojibway Tribal Family Services.[23]

The report of the Royal Commission on Aboriginal Peoples stated that about 4 per cent of First Nations children living on reserve were in agency care outside their own homes. The percentage of First Nations children in care is six times that of children from the general population, and this disparity has actually increased since the 1970s.[24]

5.6 Seeking Therapeutic Services

As noted, there were no data from Six Nations on child sexual abuse and children in care. However, information gathered on the type of therapeutic services being offered through the Six Nations social development program was available. While it is impossible to decipher the reasons why community members sought these services, the Six Nations annual report does provide a breakdown of the number of people who participated in the various services (Table 6).

Table 6) Seeking Therapeutic Services, 2000

Type of services offered	Number of participants
Individual counselling	293
Group counselling	1,748
Referrals to on-reserve	21
Social skills	722
Crisis intervention (brief service 1–3 sessions)	71
Mental health services	91
Referred to psychiatrist	
Adult	36
Child	12

5. Reporting Results

Aboriginal women face many challenges, and this project is attempting to address those related to physical, mental, emotional, and spiritual well-being through healing activities as well as to increase the number of healers and their range of healing skills through training activities. This study noted changes in participants' knowledge, attitudes, skills, and behaviour as perceived by key informants and what was reported in the participant evaluation forms. It also indicates that the project increased participants' knowledge and understanding of residential school impacts and of traditional healing. Many women who completed the evaluation said that they were grateful for the opportunity to listen and share with other women. This showed that the project met one of the short-term objectives: decreasing isolation among Aboriginal women involved in healing work. There was no information to assess the impact on the other aspect of that objective—increased networking among healers—and this should be explored in the follow-up study in 2003. However, five of the eight key informants did note an increase in the number of traditional healers over the past year, and seven of the eight agreed that community members have become more knowledgeable of traditional healing practices.

Each of the three activity areas outlined in the performance map has been successfully completed; thus, the project has shown an ability to achieve its service delivery objectives. This section will review short-term outcomes, including changes in participants' knowledge, attitudes, skills, and behaviour as reported in key informant interviews and the project's participant evaluation forms. For example, all eight key informants responded "yes" to the question, "Do you think women who participated in this project are re-building pride in being Aboriginal?" They saw this evidenced by women who are using their voices more often and more strongly.

Progress towards long-term outcomes will be examined in the follow-up study to take place in 2003; however, it is understood that these will be difficult to measure given that the target group for this project encompasses Aboriginal women throughout Ontario. Even if the focus was on Six Nations women only, the indicator data presented earlier contain gaps that will make follow-up assessments difficult. Nevertheless, information will be extracted from the follow-up interviews with key informants (including their perception of changes in indicator data) as well as a review of the participant evaluation forms collected by the project.[25] At this point in time, the focus is on examining what impact, if any, the project has had in four specific areas: influencing individuals, perceived changes in community, establishing partnerships, and reaching those in greatest need. There is enough information available to reach some preliminary conclusions.

5.1 Influencing Individuals

This project has been meticulous in gathering feedback from participants through post-activity evaluations, which they have included in project reports. Other sources of information used in this section include interviews with key informants and the national survey. Overall, this information points to the project having an impact on individuals in four areas: 1) participants' knowledge and understanding of residential schools and their impacts; 2) participants' knowledge of traditional healing; 3) participants' healing skills; and 4) evidence of healing. In addition, the project's response to the national survey states that the project has had "some influence" on empowering individual women participants as evidenced by the fact that some women have left abusive relationships, some facilitated workshops at the annual gathering, others began drumming and singing, and "most women have indicated they have a stronger sense of self upon completion of activity."

During the interview process, one of the key informants commented that they felt the information was very useful in understanding the extent and impact of residential schools on Aboriginal people as a whole. One of the evaluation forms went much further, as a participant stated she had a better understanding on why there is so much "drinking and drugging" in the Aboriginal communities and why children are not safe in some environments.

The training workshops were particularly successful in increasing participants' knowledge of the residential school legacy. For example, the project's quarterly reports state that 31 out of 34 participants who completed evaluation forms after a training workshop felt that the information presented had increased their awareness and understanding of the impact of residential schools on Aboriginal people, families, and communities. Moreover, 30 of the 34 respondents identified ways the workshop would help them in working with residential school Survivors and later generations. A number of the comments suggest that the participants' increased understanding will be passed on to clients and family members and will allow them to be more empathetic, supportive, compassionate, and non-judgmental in their work with clients.

Participants in the gathering were asked if it helped them address the trauma or issues that came from physical and sexual abuse at residential school or its intergenerational impact.[26] Of the 70 people who filled out evaluation forms, 53 answered "yes." This suggests that there was movement beyond gaining knowledge and understanding and that some participants were able to begin the process of healing from the legacy—one of the project's desired short-term outcomes. In one case, a respondent wrote about how the gathering had motivated her to take further action, "after the conference, I and my 31-year old daughter went to a fast and further resolved some issues." In addition, many respondents stated that this gathering gave them a feeling of empowerment that enabled them to seek help in dealing with these issues. For others, their responses focused on intended behavioural changes, such as becoming more attentive to their families and passing on cultural teachings, spending more time with Elders, and starting or continuing the healing journey. One person expressed a commitment, "to teach my children about Native culture and not feel stigmatized by the negativity surrounding by others." The following comment exemplifies how a combined knowledge of the residential school legacy and traditional teachings impacted one participant:

> It helped me to gain greater awareness and understanding of [residential school] impacts. It affirmed many of my beliefs about what will help our people to stand up again to reclaim their true identities, to pick up their bundles again through our traditional ways as a people. It helped me to further look at and understand what happened to my grandmother and why I was raised the way I was. It helped me to become even stronger and more determined to give my children, my grandchildren the things, ways and teachings about who they are, a "good life."

There is evidence that the project increased participants' knowledge of traditional healing. The question was posed to key informants: "In your opinion, have community members become more knowledgeable of traditional healing practices than they were 12 months ago?" Seven out of eight responded, "yes." When asked how they knew people were more knowledgeable, respondents stated that there was more discussion of traditional healing and people were attending more ceremonies and seeking out medicine and personal counselling. An interesting comment by one of the informants demonstrates a clear shift in attitudes; she stated that people now have a better idea of who is safe to see among traditional healers and that "they are not so wonderstruck by healers." This can signify that people are beginning to see healers as part of the circle and not as people higher in status. This reflects a traditional non-hierarchical world view.

Participants spoke about concrete tools or skills that they gained as a result of their participation in the gathering. In fact, 90 per cent (63 of 70 respondents) stated that the gathering provided tools to continue their healing. Their responses included references to using the medicines and the medicine wheel, active listening skills, and the importance of sharing. Others reported that they had gained tools to assist them with their own self-evaluation. Another important aspect was that many commented on the benefits of the fasting retreat and how this tool could be used as part of their own self-care plan.

The final quarterly report for the first year provided commentary taken from evaluation summaries on the training workshops. For one of the workshops, 10 out of 11 respondents felt that it had met their learning goals and expectations. They identified group skills, strength to have a sharing circle so that survivors can express their pain and happiness, the stages of life, and "You have to walk the talk if you're out there in the helping field" as healing skills or tools they learned.

Examples of changes in participants' behaviour were noted, including more people attending ceremonies in the longhouse and an increase in the number of women seeking personal counselling to further their

healing. A poignant example was cited during the interviews: one woman shared that she had made a decision to leave an emotionally and psychologically abusive relationship/ marriage of 20-some-odd years. She felt that as a result of her participation in the project she had gained enough self-confidence and self-love to conclude that she wanted a more healthy life and that meant ending an abusive marriage.

In addition to changes in their own lives, key informants were noticing changes in attitude and behaviour in project participants. Most notable changes were in levels of self-confidence and self-worth. Other noted changes include developing a stronger sense of identity and pride and a stronger commitment to personal wellness. The gathering participants also commented on how the gathering helped in strengthening their own identity and feeling less alone. Interestingly, several participants expressed that it helped them shift their attitude to one of forgiveness, either towards a parent or an abuser. Perhaps these changes in attitude will lead to changes in behaviour. It was also noted in the interviews that a couple of participants have returned to school to obtain a higher education, while others have made some sort of movement in their careers. Additionally, women are applying the skills they have learned to their lives. One of the women spoke about her experiences this way:

> I have participated in the teachings on movement through dance and using the power of voice. Before I could not conceive of doing something like this, now I have no qualms about going through these exercises. Actually I do not feel as blocked emotionally as I once was. I am more at peace and serenity.

Other women have engaged in drumming and singing the traditional songs, as well as making their own traditional clothing, and still others have joined in the healing movement by facilitating workshops in the community and sharing their own healing journey.

5.2 Perceived Changes in Community

One of the most notable changes recorded in both the interviews and the participant evaluation reports is the fact that women are feeling less isolated and more involved in community life. It has been observed by key informants that women are taking small steps toward leadership roles and forming more solid networks in the community. One person commented that their social service agency noticed a decrease in their workload. This was interpreted as evidence that more people were seeking out the aid of traditional healers. On one hand, this was considered a good thing, but on the other hand, there was no formal structure in place for the community social service agency and healers, which was identified as a weakness. It was the desire of the agency to have a more collaborative approach.

Another manifestation of change noted by key informants in the community of Six Nations was an observation that there are more young people in mentorship with healers than in previous years. Also, comments were made that older people had been afraid of stepping out, but now more elders are taking an active role in the community. As well, members of the longhouse are noticing that people are more readily able to make a commitment to the longhouse and that people have developed the ability to question what they do not think is right or what they do not understand.

When asked about changes in women's relationships or roles in the community, one key informant made the following observation:

> We are hearing a different language, before people would not even say "my" community, they would say, "the" community. Now they are saying "my" community, this shows that people are taking ownership of who they are. Once we do this we can overcome ownership versus denial. This will help us to challenge more and more, and in this we can move ahead.

Another person mentioned that women are more active in the community and that a number of external services (i.e., catering and small businesses) are managed by women. As well, there is an increase in the number of women who volunteer, such as programming for children and after-school theatre. It should be noted, however, that in the project's response to the national survey, they were unsure as to how effective the project was at empowering women as a group and changing the status and decision-making power of women in the community.

Sexism was noted by one respondent as a point of contention, since the teachings say that we need to make good use of people no matter what sex they are. There are not enough women chiefs, although many women work behind the scenes. The respondent also said, "Young people are amazing, they dare to do all the work being done. Still, it is difficult for women, elder women versus elder men. We need to foster leadership among women." Other respondents noted the increase in healthy role models, better communication, more participation in community events, and women regaining their voice, learning who they are, and gaining a sense of purpose.

There were comments about women moving forward in healing while men were much less involved. This sends a note of concern as the roles of women appear to be expanding and now include roles in the home (including, arranging child care if working outside the home), at work, and in the community; whereas Aboriginal men's roles are remaining static or losing ground, especially in areas of high unemployment and where traditional economic activities are no longer practised. Moreover, men tend to be less involved than women in healing projects.

5.3 Partnerships and Sustainability

As stated earlier, the centre operated without financial assistance prior to AHF funding. The centre is able to stand alone because of solid networks and the outstanding reputation established by the project coordinator. Each component that was offered by *I da wa da di* was done in partnership with an Aboriginal organization or through community volunteers.

I da wa da di training workshops were held in partnership with the following agencies: a workshop was held at KeeKeeWanNiiKaan Southwest Regional Healing Lodge in Munsee-Delaware, and they did the promotion and outreach as well; West Bay (M'Chigeeng) First Nations booked the facility, did outreach and promotion, handled registration, and arranged meals and refreshment breaks; and the De dwa dehs nye>s Aboriginal Health Centre in Hamilton assisted with outreach, promotion, and provision of meals and snacks. Included in these partnerships are the traditional healers and Elders from different regions who came to the training workshops and gathering to share their teachings and wisdom on healing.

In the national survey, the project coordinator estimated that approximately 144 hours of volunteer time were donated to *I da wa da di*. Volunteers were most likely to contribute their time in administration, food preparation, operations, transportation, and cultural/traditional activities.

Will this project's life extend beyond the AHF lifeline? Is there any sustainability? Key informants were asked if the project will be able to operate when funding from the AHF ends. This quote reflects the general response of the informants: "I think so, certainly not as it is now, people will not stop pursuing their healing, they have just gotten a taste of the "Good Life!" Another general opinion in response to this question was that the project will continue, but not to this extent as ongoing funding will always be a concern because of financial uncertainty.

5.4 Reaching Those in Greatest Need

In one year, the project was able to reach 223 women. Data from the national survey reveal that 32 participants were residential school Survivors and 166 have been impacted intergenerationally. It is evident from the discussion of the project's impact on individuals that the project is addressing the legacy of physical and sexual abuse in residential schools, including intergenerational impacts. Survivors and their descendants are involved at all levels of this traditional healing program.

The healing programs are open to all Aboriginal women, and the target area is the entire province. Is this project reaching those in greatest need? It is unclear whether participation is hampered by the cost of travel or child care; however, Awakening the Spirit participants were from 44 communities across Ontario, which suggests that information about the project is reaching Aboriginal communities and that a good number of people had the means to travel to Six Nations. The gathering exceeded its aim to attract 100 participants, as the actual attendance was 120. This is a small project with one woman to lead the healing and training activities. There is enough evidence to conclude that the project is having a positive impact on participants, but further research would be required to determine if it is reaching those in greatest need.

5.5 Best Practices

It is clear that one of the project's best practices is the safe environment it has been able to create. This was raised by respondents in their evaluation as well as in key informant interviews. For example, 67 out of 70 (95.7%) of the people who responded to the Awakening the Spirit evaluation said that they felt safe at the gathering. One person explained why she felt safe:

> The warm and kind atmosphere that enveloped us in the setting of a healing place in nature. The respect to each other and the healing words of the Elders and other speakers. Also, there were counsellors on the grounds to support the emotional and mental needs. The spiritual needs through prayer, song medicines, and drumming. As well as our physical needs through food.

The second best practice is in the area of group sharing. Having to share their stories enlightened participants that they were not alone and were connected by different things in many different ways. In response to the question about whether the group sharing was supportive, 61 out of 70 responded "yes." To support these numbers, participants also included comments as to why they felt this way:

- "I felt I was not alone. I felt I belonged. The world today separates people. This group came together—we shared—we cried, laughed, sang, danced and ate together. This was all good for me and others who shared the experience with me."
- "Everyone has their own story to tell and only they can tell it, to hear it first hand is to hear and see and feel it individually, and I will never feel alone again. I will feel a part of something bigger than me."
- "For every story and step of healing a woman shared with, I could feel a small piece of myself healing as well."

The project did well in addressing the residential school legacy and its impacts. Many participants of the gathering said that they were grateful to acquire an understanding of the historical content of their relationship with residential schools, family, church, and government.

The historical overview presented by one of the Elders was mentioned as being beneficial by many participants. Interestingly, the post-gathering evaluation asked people if they could identify the physical, emotional, spiritual, and mental trauma issues they experience that is related to physical and sexual abuse at residential schools or its intergenerational impacts. There were 59 out of 70 respondents able to provide answers. Responses are divided into the four categories: physical (P); emotional (E); spiritual (S); and mental (M). This suggests that a considerable amount of workshop time was spent on these issues. A few responses are listed below:

- P: "Headaches and neck pains (holding things in)."
- E: "Afraid to feel."
- S: "Thought that this was "religion" before. Didn't know the difference."
- M: "Tried to intellectually analyse things."
- P: "I've been sexually abused all my life."
- E: "Being and called hopeless and helpless, constantly being put down by my mother."
- M: "There is a thing as mentally sexually abusing someone. My Stepdad has done this to me all the while I've known him."
- P: "Beatings; Usually picked out to do heavy menial tasks; Pushed to be a leader when I am more comfortable to follow."
- E: "Became self-contained. Still feel alone even in a crowd; I am unable to be emotional. When I am insulted or angry, I walk away."
- S: "I am not a very spontaneous person since people in authority do no [sic] tell me what to do, and if I do something I wasn't told to do, I still feel I'm committing a sin."
- M: "I really don't know who I am. I know what people think of me, and much of the time, I don't believe them but I don't contradict them either. I don't want to tell them they lie. Don't talk to men—I might get pregnant. (I have since learned it takes much more than just talk.)"

The project's data collection and evaluation tools are outstanding, and very informative and extensive evaluation questionnaires for all activities are completed by participants at the end of each activity. The gathering generated 70 responses, which represents more than half of the participants for this activity, while response rates for smaller activities were much higher. In general, the evaluation aspect is well utilized by this project and assists them in developing their program design. It allowed the project to track participant characteristics, including age, Survivor status, nation, home community, and whether or not they have participated in previous project activities. It detailed questions about learning/healing goals, expectations, results, the environment, the facilitators, and the content of sessions and activities. The evaluations are included in regular reports to the AHF as well as in reports to the community and participants. One possible improvement to the project's evaluation strategy would be to incorporate a follow-up questionnaire inquiring about long-term changes in participants' lives.

The project itself identified the following best practices in the national survey: love, caring, respect, and nurturing of participants by the primary service provider; knowledge/use of traditional values, customs, and medicines; safe (emotional and spiritual) environment; and intimacy of one-on-one attention.

5.6 Challenges

One of the challenges this project faces is responding to the demand or need for its healing services. Challenges identified in the national survey include accessing additional help and support and the impact of "not anticipating the magnitude of the community's positive response." The retreat centre is equipped to deal with a limited number of individuals; therefore, the project has to set a strict limit to the number of participants allowed, especially with respect to the healing circles and the fasting and healing retreats. The project reported that there is a maximum waiting list of eight per healing/training activity. Training activities may be less limited as they also take place in other communities and are in partnership with other organizations. Similarly, the annual gathering, which last year accommodated 120 people, requires an entirely different set of organizing principles and environment. Another challenge noted by key informants was the need to work collaboratively by developing a more structured network around participants.

In fact, it is clear that efforts must be made in providing support to participants to continue their healing journey. Key informants were asked, "In addition to the support provided by this project, which of the following supports do people need on their healing journey?" Responses that generated the highest importance were extended family, immediate family, and friends. Participants' comments following this question suggest that these supports must come from a place of health and healing, otherwise the environment would not be supportive for ongoing healing. Also noted in these comments was the need for abusers to validate the pain they have caused. This reflects the concept of the abuser being held accountable to those whom they have inflicted pain. Holistic healing can only happen when everyone in that circle is part of the healing. *I da wa da di* is only one piece of the holistic picture that is the reality of our communities.

One potential challenge relates to the ability of the project to sustain itself at current levels after AHF funding. When asked this question, key informant opinions ranged from "I think so" to "yes, some of it will continue." One person raised the possibility of fees being charged, but then said, "only aspects of the process could continue." Would it still be possible to reach the people who need it most? Another person simply stated that the question of money will always be there. While ensuring the project's long-term sustainability may be challenging, the healing centre existed long before the AHF began funding its activities, and it is a good possibility that it will continue to operate after this funding ends.

One of the strengths of this project is the experience and skills of the coordinator–healer. However, one person can only lead so many workshops, training, and healing sessions. This could limit the number of participants and means that the project is dependent upon this one person. If the coordinator was no longer involved, could the objectives be transferred to another individual, group, or centre? It should be noted that one of the project's goals is to increase traditional and cultural healing skills among Aboriginal women, and in training sessions, skills are being passed on to women participants. Another goal is to build a network to increase the number of healers. It will be important to re-examine this issue in follow-up work in 2003.

5.7 Lesson Learned

There were conflicting responses to the question of what could improve the gathering. Many appreciated having the gathering outdoors and the opportunity to be close to nature, while others found the outdoor

experience less desirable. This may be due to timing as the gathering was held late September. It is not clear from documentation how the project felt about the timing of the gathering.

The project coordinator, in response to the national survey, identified the following as important lessons learned while developing and implementing this project:

- finding qualified staff to match the project mission and principles;
- the critical need for training/healing Aboriginal caregivers; and
- the importance of having participants engage in comprehensive evaluation of the project and its activities.

6. Conclusion

It is evident that *I da wa da di* is having an impact on the Aboriginal women who participated in the healing and training activities. Contributing to this success are the safe healing environment created by the project and the support, sharing, and networking that took place among participants. In addition, the focus on historical and contemporary impacts of the residential school legacy appeared to establish a constructive framework for healing and training activities. The project's tracking of participant feedback provides a solid basis for assessing such impacts. In terms of measuring long-term impacts, the development of a 12-month follow-up questionnaire is recommended to enhance the project's current process for gathering and reporting feedback.

This project uses and promotes the tools found within our traditional systems. Traditionalism is part of the need for our people to form a strong identity as Aboriginal people. The systems, school, church and justice have, for hundreds of years, tried to eradicate the Aboriginal way of seeing the world. For a long time those with traditional teachings had to suppress their knowledge or share it only in an underground network. For a long time there was distrust and mystification around traditional Aboriginal teachings from those who held the knowledge and who sought out the teachings. This project breaks this barrier and brings together all these elements.

Notes

[1] Application for funding submitted to the AHF.

[2] Letter from Gordon Peters, CFIS, to the Aboriginal Healing Foundation, 30 March 1999; a project proposal accompanied the letter.

[3] This data was taken from the *Fast Facts* sheet web page hosted by Indian and Northern Affairs Canada for the province of Ontario, August 2000.

[4] *See* Ontario Native Women's Association's "Facts About Aboriginal Women" (retrieved from: http://www.onwa.org/index_body.htm); and *Breaking Free: A Proposal for Change to Aboriginal Family Violence* (1989) (retrieved from: http://www.onwa-tbay.ca/PDF%20Files/Forms/Breaking%20Free%20Report.pdf).

[5] The Six Nations Council also reported a total population (on- and -off reserve) of 19,002 in October 1996. Retrieved from: http://www.woodland-centre.on.ca/S_Nations.html

[6] Retrieved from: http://www.sixdion.com/corporate/six_nations.htm

[7] The *Community Support Coordinator's Guide to Completing Case Studies* (Kishk Anaquot Health Research, February 2001) states "great caution and discretion is advised before CSCs consider any DIRECT assessment of participant perspectives on project performance." In this case, a decision was made to include the two participants in the interviews as the project coordinator felt that their perspectives were important and that the interviews would not compromise their emotion or spiritual health in any way. Furthermore, participants on their healing journey are well-supported.

[8] *See* Suicide Information & Education Centre website at: http://www.suicideinfo.ca/

[9] *See* Suicide Information & Education Centre website.

[10] NPES question: What other community/family events or healing efforts happened or are happening that may have impacted on your results?

[11] Retrieved from: http://www.hc-sc.gc.ca/women/english/facts_aborig.htm

[12] Retrieved from: http://www.nfh.hc-sc.gc.ca/publicat/finvol2/women/special.htm

[13] Canadian Panel on Violence against Women (1993:156). *Changing the Landscape: Ending Violence ~Achieving Equality, The Final Report of the Canadian Panel on Violence Against Women*. Ottawa, ON: Minister of Supply and Services Canada.

[14] Retrieved from: www.hc-sc.gc.ca/hppb/familyviolence

[15] Canadian Panel on Violence against Women (1993:18); Dumont Smith, Claudette and Pauline Sioui Labelle (1991). *Native Women Needs Assessment Survey, National Family Violence Study/Evaluation*. Ottawa, ON: Aboriginal Nurses of Canada.

[16] One study found that reasons for not reporting the assault include (in order of frequency) fear of the criminal justice system, fear of record disclosure, fear of impact on family, negative experiences with the justice system, the perpetrator could not be located or was dead, fear of the perpetrator, and fear of impact on the relationship. *See* Hattem, Tina (1998). *Survey of Sexual Assault Survivors: Report to Participants*. Ottawa, ON: Department of Justice Canada and Canadian Association of Sexual Assault Centres.

[17] The organizations indicated that they had neither the time nor the resources required to compile these data at this time.

[18] Retrieved from: http://www.elizabethfry.ca

[19] Retrieved from: http://www.csc-scc.gc.ca

[20] Retrieved from: http://www.web.apc.org/~kpate

[21] Retrieved from: http://www.elizabethfry.ca/facts1_e.htm

[22] In theory, it should be possible to gather statistics on the number of incarcerated Aboriginal women who are from Ontario through contacting Correctional Service Canada and the Ontario Ministry of the Attorney General; however, for the purposes of this case study, there was not enough time to follow up on this.

[23] Native Child and Family Services of Toronto, Stevenato and Associates, and Janet Budgell (1999). *Aboriginal Healing & Wellness Strategy Research Project: Repatriation of Aboriginal Families—Issues, Models and a Workplan, Final Report*. Toronto, ON: Native Child and Family Services of Toronto. Retrieved from: http://www.nativechild.org/uploads/rep_rpt(1).pdf

[24] Royal Commission on Aboriginal Peoples [RCAP] (1996). *Report of the Royal Commission on Aboriginal Peoples, Volume 2: Restructuring the Relationship*. Ottawa, ON: Canada Communications Group; RCAP (1996). *Report of the Royal Commission on Aboriginal Peoples,Volume 3: Gathering Strength*. Ottawa, ON: Canada Communications Group.

[25] This data would be even more helpful to the longitudinal component of the case study if the project was able to collect follow-up information on participants, perhaps one year after their involvement in a training or healing activity, about changes in their lives and work since their participation in the project.

[26] Of the 120 participants, 20 were residential school Survivors, 75 identified as later generation affected by the residential school legacy, 19 said they were neither Survivors nor later generation, and 6 did not know if they were a later generation affected by the Legacy. See: *I da wa da di* Project, Awakening the Spirit Gathering, September 28, 29, 30th, 2000, Report of Participant Evaluations, page 4.

Appendix 1) Interview Questions—*I da wa da di*

1. How well has this project addressed the Legacy of Sexual and Physical Abuse in Residential schools including inter-generational impacts?
2. What are the previously identified needs that the project is intended to address?
3. How would you rate the projects ability to address or meet those needs?
4. In your opinion, how well has the project been accountable to the community? (i.e. engaged in clear and realistic communication with the community as well as for community input)
5. How well have the methods, activities, and processes outlined in the funding agreement led to desired results?
6. Will the project be able to operate when funding from the Foundations end?
7. How well is the project able to monitor and evaluate its activity?
8. In your opinion, have community members become more knowledgeable of traditional healing practices than they were 12months ago?
9. Over the last 12 months do you think there has been an increase in the number of traditional healers?
10. Do you think there has been an increase in the number of women seeking help from traditional healers over the past 12 months?
11. Which of the below do you think are problems women face?

Poverty	Lack of Self-esteem	Depression
Physical violence	Racism	
Sexual Violence	Identity Issues	
Isolation	Single parenting	
Child Sexual Abuse	Parenting	

11a. Would you care to elaborate or add to the above list of problems?

12. In general, do you feel there is support among the leadership of the community for the healing process as it relates to the legacy of residential schools?
13. How did you hear about "I da wa da di?"
14. What do you think " I da wa da di" is trying to accomplish?
15. What type of changes have you seen in the lives of Aboriginal woman as a result of this project?
16. Can you describe any negative effects, if any, that this program may have had? If so, what do you think can be done to avoid these negative effects?)
17. How would you describe the program credibility in the community?
18. What are some of the things that tell you this project has been successful so far?

19. Do you feel that adequate support was provided:

    To begin the process of healing?
    During?
    Afterwards?
    Comments:

20a. If you have been a participant in one of the activities, can you describe what you have learned from these activities that you have been able to incorporate into your personal and/or work life?

20b. If you are not a participant can you describe any changes that you have observed in the personal or work life of participants?

21. In addition to the support provided by the project, which of the following supports do people need on their healing journey?

22. What evidence, if any, is there that Aboriginal women are re-gaining their traditional role as women in our society?

23. Do you think that women who participated in this project are re-building pride in being Aboriginal?

24. Can you describe any changes in women relationships or roles in the community? For example, sense of belonging, more active in the community, taking on leadership roles, etc.

25. Do you feel that women are feeling less isolated as a result of this project?

26. Do you think that there are sufficient services to assist families to break the cycle of abuse?

27. Are there any questions or concerns about the project operations that you would like to see addressed by an evaluation?