

Employing a Harm-Reduction Approach Between Women and Girls Within Indigenous Familial Relationships

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Abstract It is important to recognize that experiences of racial and gendered violence are a sad legacy of colonialism. The experiences of historical trauma are on-going. These affect the mental and physical wellbeing of individuals, families and communities. Addressing historical trauma through community-informed practices is central to creating space for meaningful change. This paper outlines results from a seven-week activity-based research workshop conducted on three separate occasions with urban-based First Nations and Metis women and girls (aged 8–12). Using a decolonizing theoretical framework, this paper examines data collected within three specific arts-based activities: empowerment bracelets, “I’m proud of you” charm bracelets and “Who I am” pictures. Women were hesitant to discuss future plans, as many were not confident that their daughters would be in contact with their maternal families when they become teenagers. Girls observed and mimicked the thoughts and actions of their mothers, step-mothers, aunts, older sisters and grandmothers. They demonstrated the role they already play within the discourse of what it means to be female living within their communities. This paper concludes with the implicit harm reduction approach women and girls used when exploring the impacts of trauma while envisioning a healthier future.

Keywords Harm reduction · Historical trauma · Intergenerational colonial trauma · Indigenous · Families

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Introduction

When working in community based Indigenous health research, it is easy to note the strengths that exist within communities, while acknowledging the ongoing challenges that many families continue to face related to systemic racism, barriers to health access, and challenges with service delivery. Within Canada, there is increasing awareness about the legacy of assimilation efforts and colonial policies, which resulted in historical trauma and trauma-informed responses among Indigenous individuals, families and communities.

The challenges that people face are striking. Indigenous women are six times more likely to be the victim of a homicide than non-Indigenous women (Statistics Canada 2014). Intimate partner violence, substance abuse (Chansonneuve 2007) and repeat trauma requiring medical support (Snider, Jiang, Logsetty, Strome, and Klassen 2015), are ongoing issues that many Indigenous women within Canada experience within their lifetimes. In addition to experiences of violence, Indigenous peoples within Canada experience a disproportionate burden of disease, lower educational attainment, and higher rates of involvement with the justice system (Adelson 2005). Through conversations with community members, the lead author (Cooper) became convinced that there must be a different way to conduct research that is strengths-based and identifies the needs and interests of Indigenous people within urban contexts who may, or may not be directly affected by the challenges listed above.

Through open-ended discussions focused on research priority setting, a project that concentrated on the needs of families to understand what is working and what they want to see happen within their communities was developed. Through these discussions it was decided that a project needed to have both research objectives and program goals in order to advance the understanding of health and wellbeing within both academic and community contexts. It was also decided that children needed to be a key stakeholder within the research project, if the project will be exploring what is necessary for their future wellbeing. Through her training in decolonizing methods throughout her graduate degrees, Cooper recognized that as a settler of Swedish-Sāmi, Polish (3rd generation Canadian on the maternal side) and British (7th generation on the paternal side) ancestry, it was essential to not only work with community partners and participants, but to find academic mentors from both Indigenous (Driedger) and non-Indigenous (Lavoie) backgrounds with expertise in Indigenous health research to oversee this doctoral research project.

With the knowledge that the development of a sense of both pride and ownership in research and programming is essential to achieve the fullest benefit among participants (Crooks, Chiodo, Thomas, and Hughes 2010; The Children and Youth in Challenging Contexts Network 2013), a study that worked with First Nations and Metis girls and female familial caregivers (mothers, aunts, grandmothers, older sisters) was undertaken. This paper reports on qualitative findings and examines two specific objectives: (1) what do First Nations and Metis women and girls identify as essential features to ensure their ongoing safety and wellbeing; and (2) to understand how First Nations and Metis women address historical trauma.

Background

The long-standing history of systemic racialized governmental practices has played a significant role in the experiences of the aforementioned realities (Truth and Reconciliation Commission of Canada 2015a, b). Two recent endeavours that have played prominently within popular media and national debate. The National Inquiry into Missing and Murdered Indigenous Women and Girls is currently exploring the causes of violence against the Indigenous women, girls and LGBTQ2S peoples in Canada (Government of Canada 2016). The Truth and Reconciliation Commission explored the experiences of Indian residential schools and the legacy that has been left by the practices and policies of these schools (Truth and Reconciliation Commission of Canada 2015a, b). Both of these highlight significant change needed to address the current situations faced by many First Nations, Metis and Inuit peoples, often as a direct result of historical trauma.

The Indigenous population in Canada is growing at rates that far exceed the general population. Currently, fifty percent of Indigenous people are under the age of 25 (Statistics Canada 2016). Youth are at the forefront of many interesting and exciting events, acting as spokespeople for their communities, advocating for strengths and challenges that they encounter and demanding a different future than the one many currently face (Murphy 2015; Wheeler 2017; Wilson 2001). Recognizing the inherent strengths and supporting youth is essential, especially when contextualized within the challenges that plague many communities. Within Canada, Indigenous youth are more likely to commit suicide (Kirmayer et al. 2007) and engage in substance abuse with the average age of first use starting as early as 11 years of age (Coleman, Charles, and Collins 2001). It is recognized that these actions are often related or in response to having experienced trauma, including historical trauma (Rice-Brown 2013; Snider et al. 2015). Sexually transmitted infection rates are higher among Indigenous teenagers (Devries, Free, and Jategaonkar 2009), and mortality rates are three times greater than that of non-Indigenous populations (Coleman et al. 2001). With the legacy of racialized trauma, and growing youth population in mind, conducting research that looks at improved health outcomes using strengths-based approaches is pivotal to realizing a different future. While there is research conducted with youth about the role and impacts of mentoring and education programs, these often do not explore the effects as seen and experienced within the larger family unit. It has been established that family relationships provide an important setting for determining autonomy and identity, yet research that focuses on the experiences of family members of multiple ages remains an underexplored area of inquiry (Kehily 2008; Rae 2006; Starkes et al. 2014). The disruption to attachment between parents and children was a central component of many government policies, and is a core mitigating factor in the mental health challenges experienced by many people who experience historical trauma response (Doucet and Rovers 2010; Walker 1999).

Addressing the experiences of colonization is essential to start to unpack barriers and create programming that leads to lasting change (Strega and Brown 2012). Historical trauma, or intergenerational colonial trauma, is a response to policies and

interventions that have resulted in health problems that expand beyond the lifespan of one individual (Duran, Brave Heart, and Horse-Davis 1998; Walters et al. 2011; Brave Heart 1998, 2003). Complex trauma experienced through a number of events within a community is a key component of historical trauma. Within Canada there are a number of such experiences that involved forced removal of Indigenous children from their parents through formal programs and policies during the past two hundred years. Indian residential and day schools (Milloy 1999; Truth and Reconciliation Commission of Canada 2016), the sixties scoop (Sinclair 2007) and the current child welfare practices (Blackstock 2003; Johnston 1983) have had a significant effect on thousands of children. Such colonial policies and practices have often resulted in traumatic psychological and social responses such as somatization, addictions, and mental health challenges that span multiple generations (Crooks et al. 2010; Evans-Campbell 2008; The Children and Youth in Challenging Contexts Network 2013; Brave Heart 1998, 2003).

Historical trauma crosses psychological and social boundaries. It provides an effective way to discuss the ongoing past and present legacies of colonialism and the deleterious experiences many people and communities have faced. To address and heal from this harm, counselling opportunities, which include traditional healing practices, need to be available, for individuals, families and communities (Cedar Project Partnership et al. 2008; Chandler and LaLonde 2009; Gone 2009; Kirmayer, Simpson, and Cargo 2003; Pharris, Resnick, and Blum 1997). People who are living with, and affected by, historical trauma may require a multi-faceted approach to healing that includes the process of reconciliation. This involves telling the truth about what has happened in the past, and what is currently happening within families and communities, acknowledging and seeking to understand what has happened that has led people to where they currently find themselves, redressing harms to try to ensure these do not happen again, and relating with one another through a place of respect (Blackstock, Cross, George, Brown and Formsma 2006).

A harm reduction approach is often described within health literature in conjunction with substance abuse and interpersonal violence. Harm reduction posits that people live their lives on a continuum, and that it is necessary to recognize the complexity of challenging situations people navigate (Nielsen and Dwhurst 2006). While this clearly relates to substance abuse and interpersonal violence, it equally applies to others trying to address historical traumatic responses. Interventions and policies need to work to improve individual and community life, recognizing that the behaviour exhibited may not cease to exist. Individuals may continue to remain within situations that have extreme risk and potential harm. Harm reduction approaches recognize that people directly affected by or who are the subject of a program or policy need to have the power to influence decision-making within said programs/policy (Gill 2006; Nielsen and Dwhurst 2006). It is essential to affirm and support people for who they are, and for where they are at, rather than focus on situations and choices that have led to undesirable behaviours or experiences. It is important to recognize the inherent vulnerability that exists for people who experience trauma as well as those living with addiction. It is also vital that people do not minimize or ignore harms and dangers associated with the situation or behaviour (Harm Reduction Coalition 2017).

A decolonizing approach to research (Archibald 2008; Kovach 2009; Wilson 2001, 2008; Tuhiwai-Smith 2012) works on many of the same principles as harm reduction. It is essential to recognize the need for participants to play a critical role in research design and implementation as well as in the dissemination of findings. Within qualitative participatory research, data collection should be directly relevant and beneficial to participants (Gagnon 2011). The research process must be designed to acknowledge the legacy of colonialism, and work at shifting power relations (Absolon and Willett 2005; Blaut 1993; Marks, Cargo, and Daniel 2006; Brownlie and Kelm 1998; Tuhiwai-Smith 2012; Tuohy 2003). Part of the Indigenous healing and decolonization process is recognizing the role colonization has played both historically and within contemporary contexts, in order to develop strategies to address the associated challenges as one works toward healing.

The creation and understanding of what constitutes identity can change (Cruikshank 1999) and people do not need to fit within socially defined categories of what it means to be Indigenous, a woman, a mother, a daughter, or any other socially constructed definition of self and other. There is an opportunity to create a different perspective of what lived realities are, or could be. Empowerment involves the shift of the power dichotomy and language used (Hacking 1986), allowing individuals to transform the meaning of the stories told and enable change (Mohatt, Thompson, Thai, and Tebes 2014; Tedeschi and Calhoun 2004). Finding ways for participants to feel comfortable to share their stories and their ideas is part of the process of creating a space for reconciliation and change to take place (Coiser 2011; Das 2003; Denham 2008; Rappaport 1995). A strengths-based approach, where protective factors to support wellbeing are highlighted, creates space for a shift in positioning and locus of control from the researcher(s) and participants to facilitate a different sense of ownership and capacity. This is achieved by focusing on shared strengths and the development of hope for the future.

Researchers operating in a strengths-based methodology, particularly when not led by a direct member of the affected community, serve as both facilitators and learners within the research process and relationships. It is essential that researchers remain mindful of the gift of knowledge shared by participants and the expertise that they have. It is the responsibility of researchers have to ensure respectful treatment and dissemination of the knowledge and experiences shared by participants, while always remaining cognizant that the researchers have the ability to leave that research space when participants do not, and that information and knowledge shared needs to respect the challenges and strengths of participants, their families and communities.

There are many strengths that can be found within Indigenous communities. Community and individual resilience feature prominently into academic literature on health and wellbeing (Denham 2008; Fleming and Ledogar 2008; Lavalley and Clearsky 2006; Wexler, DiFluvio, and Burke 2009; Wilson 2015). People are actively working to find ways to address challenges within their communities, resulting in important and influential work (Fleming and Ledogar 2008). Globally, many Indigenous people are working successfully to find ways to improve challenging situations, recognize strengths and remove barriers that have been established through colonial policies and programming. The protest of the Dakota

Pipeline at Standing Rock is one of the clearest recent examples of Indigenous activism, whereby people gathered from across the world in solidarity of the rights of Indigenous peoples and environmental stewardship (Johnson 2017; Lane 2018). Innovations in literature, art, and cultural revitalization are frequently used as tools to combat colonialism and to demonstrate the ongoing strengths and resilience of Indigenous peoples (Dubois and Saunders 2017; Emberley 2015; Episkenew 2009; Kope and Arellano 2016). These are many important efforts blazing the trail towards decolonization and improved wellbeing across the country and internationally.

Method

An intergenerational participatory activity series of workshops using an Indigenous partnership model were conducted between September 2015 and March 2016. A strength-based approach was used. The deliberate choice to focus on assets and strengths allowed the focus of discussions to centre around envisioning change rather than focusing on challenges. Three separate, seven-week long workshops were conducted with women and girls to collectively answer the question “what do you need to be happy, healthy and safe, and how do you make sure girls grow up to be happy, healthy and safe?” Each of the three workshops included a distinct group of participants. Each workshop session ran for 2–3 h one evening a week over 7 weeks, with the final week being a community feast. Participants recruited were women who self-identified as First Nations and Metis and had daughters, nieces or granddaughters aged 8–12 years within their care ($n = 24$ women, $n = 36$ girls). Participants lived within the city where the research was being conducted, and were able to commit to weekly sessions. Research objectives, developed in partnership with the Manitoba Metis Federation Health and Wellness department included: (1) assessing overarching community priorities of Metis and First Nations girls and their female familial caregivers in Winnipeg, Manitoba; (2) exploring the legacy of colonialism, especially as it pertains to health decision-making practices; and (3) determining potential barriers to knowledge uptake and providing insights to aid in the design of knowledge translation materials.

It can be difficult for people who have not had a lot of autonomy within formal activities to take ownership of a research space (Mukherjee 2002; Scoones 2011). Within this space, participatory activities (Archibald 2008; Fals-Borda 1991) were used to engage in decolonizing, qualitative methods (Adelson 2009; Chambers and Guijt 2011; Kovach 2009). A key component of this was the involvement of participants in defining their own goals and priorities for the time spent together. These were identified on the first week of the seven-week workshop. Each of the three workshop groups developed similar goals: (1) to create a platform for intergenerational programming and relationship-building activities for girls aged 8–12 years and their female familial caregivers; (2) to explore important health and happiness issues for First Nations and Metis girls and their female familial caregivers; (3) to provide opportunities for capacity building and skill development

in order to understand public health messaging; and (4) to provide a supportive space for personal growth and increased interest in wellbeing and health literacy.

Ethical approval was obtained from the University of Manitoba (ethics number: H2015:169). Consent and assent forms were distributed, and reviewed verbally, with a group discussion prior to participants reading and signing consent forms or providing taped verbal consent or assent. Women provided consent for themselves and the girl(s) participating in the study and girls provided assent for their participation. It is important to note that some women had more than one daughter within the stipulated age-range, thus sixty percent of participants were under the age of twelve. Participants were reminded weekly about the process of informed consent, and how they did not need to participate in activities if they were not comfortable with them. All the participants were given the option of having their given name or a pseudonym used within the research. This is in line with ethical considerations around how children often had their names changed when attending residential schools, as well as the experience of many archival resources which simply state “Plains Indian Woman” or equivalent phrasing. With the exception of one child, where custody issues were involved, all participants wanted their first names used.

It is important to note that the first names are common names and that identification based on first names is likely difficult. In this paper, quotations that are more sensitive have been anonymized or not used. The term “daughter” in this research is used in terms of signifying kinship rather than biological categorizations, in line with the normal description used by participants during, and outside of the workshop sessions.

Participant Characteristics

Participants self-identified as status First Nations, non-status First Nations and Metis. Identity seemed fluid and changed from week to week among some families. The average income of adult participants varied from \$10,000 to \$60,000 CDN/year, and reflected multiple household family types, namely: single adult caregivers, nuclear families, extended families and multiple families living within a single household. Education levels ranged from less than a grade 10 education through to a university degree, with most participants having some post-secondary training. Women had between one and seven children, with the majority having two or three children. Nineteen of the women were mothers of the girls who attended and five of the women who participated were other family members who had been raising the girls for a minimum of four years at the time of data collection. The division of age between the girls was fairly equal between the ages of 8-11 years. At the time of the study, it was reported by both girls (self-report and peer-report) and adults that some girls were engaging in risk-taking behaviour, such as drug use and stealing. Any disclosure made by girls was done with care-givers present. Most girls were in school at least 1 or 2 days a week. Many girls were involved in evening recreation activities, such as social clubs and dance lessons run by local non-profit organizations.

Workshop Design

Women and girls identified key themes of interest that formed the basis for weekly sessions through a series of elicitation activities, such as a ball-toss game with phrases for participants to answer such as “I like” or “I want” (Cooper 2018). These included a self-care night, a family night, and a neighbourhood safety night. Participants identified the kinds of activities they enjoyed or wanted to try during the evening sessions.

One of the innovations of this study was the advancement of decolonizing methods with an intergenerational participant base. Decolonizing research conducted with Indigenous children does not feature within Indigenous research methods. Weekly activities were designed to meet specified interests of participants with input from both children and adults. For example, one of the seven-week long workshop groups was more interested in activities that involved written literacy activities, whereas another workshop group was more interested in active play. The evening sessions were not divided into small break-out groups, rather all participants were involved in all activities that they collectively decided were of interest. Some activities were completed by all three workshop groups, such as an oral health game, whereas other activities, such as a storytelling scavenger hunt, were tailored to specific workshop group. All the activities were carried out with a positive, strengths-based approach (Cooper 2018). The seventh week of the workshop was used for a community celebration and knowledge dissemination/member-checking session.

This paper focuses on three specific arts-based activities that were conducted with each workshop group. Arts-based activities have shown to be good elicitation data collection methods within Indigenous research (Boydell, Gladstone, Volpe, Allemang, and Stasiulis 2012). These tools allow participants to take ownership in a different way of what they depict (Conrad and Campbell 2008; Conrad, Smyth, and Kendal 2015; Liamputtong and Rumbold 2008). The creative outlet also can provide an element of healing for research participants when they are trying to unpack difficult constructs (Lu and Yuen 2012; Schwan and Lightman 2015). The arts-based approaches used within this study were not based or modeled on previous research but emerged as a response to needs and desires as identified by participants. The first activity was a “secret-code/empowerment bracelet.” Participants spelled out a word they considered to be grounding and/or empowering using Morse code and seed-beads. This activity was done during the first few weeks of the workshop when participants were still building trust within the group context. As such, participants were not asked to elaborate on why a word was selected; however, some chose to share the meaning behind the words. The second activity involved making a “pride charm bracelet” by drawing pictures on a plastic substance called shrink art. The researcher/workshop leader turned the pictures into charms and put them on a bracelet, returning the jewelry to participants the next week. Girls were asked to draw pictures or write words to answer the question “You know your mom in a different way than anyone else. What makes your mom special?” Women were asked: “In a few years, when your daughter is 15, what do you hope she is going to be like?” The final activity was a “who am I?” picture. Participants were given a

selection of photographs taken throughout the workshop. Each participant picked one picture, pasted it on a piece of coloured paper and wrote words or drew pictures around the photograph about themselves. For the last two activities, participants discussed the meaning behind the images/words they selected. It is important to note that women did not coach their daughters on words or image choices for any of the activities beyond providing assistance with spelling.

Analytic Strategy

An NVivo 9TM software package was used to help organize the data. Data collected included photographs ($n = 877$) taken of participants and art projects, videos ($n = 99$, total video time: 3 h, 14 min and 39 s), audio recordings ($n = 19$, total audio time: 7 h and 4 min), and 60 h of participant observation (field notes were completed). With the exception of photographs and videos, data were imported into NVivo 9TM and analyzed for broad themes. A coding guide was developed (Hankivsky et al., 2014). Initial themes were identified by participants within the workshops. These, along with emergent and data driven themes were explored (Guest, MacQueen, and Namey 2012). Throughout the workshops, women and girls indicated thematic areas that were of most pressing concern for being able to live happy, and safe lives. The authors discussed the core themes and the lead author (Cooper) engaged in reflexivity to unpack theoretical and applied issues that underscored both participant and cultural discourse around the key themes raised by participants. Reflexivity (Berger 2015; Pillow 2003) and discourse analysis (Keller 2011; Nairn and DMcCreanor 1991) were central to the inductive process (Braun and Clarke 2006) applied during analysis. Responses of women and girls were analyzed separately and together. Data from girls were analyzed based on age to see if any patterns emerged among younger girls; however, none was noted. Women/girl dyads were compared for similarity and differences in responses. Photographs and videos were compared for thematic nuances, including the use of space. Participant drawings were also reviewed for thematic nuances. The drawings were compared with the transcripts for consistency in the visual and verbal representation of data. While approximately a third of the workshop was audio-recorded, much of the information shared during the workshops was captured through field notes and observations as participants often were more comfortable sharing thoughts when the recorders were not turned on.

Results

Harm reduction and self-determination were key themes present in the three arts-based activities discussed within this paper. The first activity discussed are empowerment bracelets, which acted as a tool to re-focus the intentions of both parents and children. The second activity discussed are pride bracelets. As a visioning activity providing important context towards understanding the priorities of both adults and girls. The third activity discussed are “who am I” pictures, where participants explored their sense of self. After completing each activity, participants

had the opportunity to expand orally on the elements of the activity. Following descriptive findings from the art projects, quoted material is provided that demonstrates constructs of importance to adults and to children such as strength, autonomy and support networks.

Determining Activities

When participants were asked what kinds of activities they would like to do over the next weeks, both women and girls, struggled to answer. Many adult participants became visibly anxious when asked questions like “what is something you like to do that makes you happy?” The apparent anxiety over answering this question was the same if a person was asked to answer immediately, or if she was told that we would be talking about the concept the following week. Participants seemed to have an easier time discussing what their families and friends like to do, rather than what they liked to do. When participants were asked to answer the question “why?” anxiety seemed to rise substantially.

Offering participants tools to help identify their own priorities and reaffirm agency was a central request in each of the three workshops. Participants wanted to create products that could be taken home and facilitate further discussions within their household. The participants also wanted tools that would allow for the incorporation of cultural knowledge, if they desired, recognizing that not everyone is interested in or familiar with traditional knowledge. Participants also wanted materials that would be more difficult to be destroyed by young children, thus paper crafts were discouraged. The three activities discussed were designed to meet these identified needs.

Empowerment Terms

The “empowerment bracelets” offered an opportunity for participants to centre themselves using a simple re-focusing activity. Within the first few weeks, it was evident that many participants were struggling to stay relaxed and focused within the workshop, especially when interacting with their daughters. As a group, we discussed how often there are things that happen in life that may be frustrating or try our patience. Participants were asked to think of a word or phrase that they can say to themselves when things seem to be overwhelming. Participants were given a sheet with Morse code letters, and a sheet to write down the word or phrase they wanted to use for their “secret message bracelets”. A selection of seed beads was available for participants to use to spell out the words and make a bracelet to wear. The sample bracelet used as a demonstration spelled out the phrase “Always Try”. Figure 1 depicts all of the words selected for the “secret message bracelets” in a word cloud, with the most used words appearing largest and the least used words appearing smallest.

One-third of the girls used the word “love” as their mantra. “Happy” was the next most commonly used term. Words like “brave”, “peace”, “relaxed”, “patience”, and “respect” were also among the words used by girls. One girl, upon discussion with her mother, decided on “forget bad things”. Another wrote: “I hope you believe in yourself”. This girl insisted that this final message was for her

Fig. 1 Empowerment word cloud



mother and gave her mother the bracelet. Girls would ask the women what word they had picked, and the women would explain the word or phrase, and their reasoning, to their daughters and the other girls present.

Women were more inclined to pick commonly used slogans such as “live, laugh, love,” “happy thoughts” and “never look back” than girls were. One-third of the women had love as part of their empowerment slogan; however, there was little overlap within families between the girls who picked love and the women who picked love as a key sentiment.

Some of the women used harm reduction messaging such as “remember patience”, “never give up”, “forget”, and “love yourself”. The phrase “in an infinite loop” was used to describe the ongoing challenges with the child welfare system, although when the woman who was initially going to use “in an infinite loop” completed her bracelet, she decided to replace this phrase with the term “respect”. Many of the women wore their bracelet to the workshops weekly, and could be seen touching the item when their children were being boisterous and inattentive or when a new task was introduced that may have been more challenging for them.¹

¹ Participants wrote words in Morse code on a piece of paper to use as a template. Participants were not asked to put their names on the paper, although they were asked to hand in the adult and child papers together. Therefore, name attribution for this activity was not possible.

Pride Bracelets

When women were asked to identify what they thought their girls would be like at fifteen, many women struggled, saying that they do not think that far in advance. Many revealed that they usually only plan a day or two in advance. Some discussed planning a season in advance for major events, such as family trips. Most women said they had not thought about the future for their daughters. Some expressed that they are hesitant to dream about possibilities, given the rates of missing and murdered Indigenous women and girls. They expressed sorrow at the reality of many young Indigenous women within the city. Women did like the idea of making a tangible gift for their daughters. Most included a combination of images and words, as is depicted in Fig. 2. Many felt this would give their daughters a concrete item to show them that they were loved and cared for.

When girls were asked to draw pictures or write words about what makes the woman who brought them to the workshop special, most had a plethora of ideas, although a few girls who had challenging home lives struggled with the activity. The girls were more inclined to draw pictures of tangible items such as flowers, animals, plates of food, cups of coffee and happy faces, and activities they did with their family members, rather than to write words, as is depicted in Fig. 3. When girls did write words, the words often mirrored characteristics women used to describe their daughters. These overlapping words included “strong”, “loving”, “friendly”, “pretty”, “caring” and “kind”. Although about a quarter of participants drew cultural motifs such as pow-wow dancers, none of the participants elaborated on specific cultural motifs within this activity. As women explained the meaning behind the images they had drawn, girls were often surprised at what was depicted, expressing their thoughts with questions such as: “you know I like to dance?”

“Who Am I?” Pictures

Women had discussed how being unable to explain what is special about herself may lead to unwanted behaviours and experiences for their daughters in the future. One of the final activities completed within the sixth week of the workshop was a “Who Am I?” picture. Photographs taken during the workshop were printed and distributed to participants. They were asked to pick an image and paste it on a piece of cardstock and write words or draw pictures that represented who they were. This creation would form the front cover of an individualized picture storybook created for each family as part of honouring and returning results to participants (Cooper and Driedger 2017).

Identifying oneself within the context of a family or community was important for the majority of the participants. Many participants wrote down activities they enjoyed doing. Girls often wrote down their favourite toys, or toys they wished they had. Girls frequently referred to themselves as a friend within their pictures, and many said that they are happy and funny. A third of participants referred to themselves as caring, with half of all women referring to themselves as caring. Most participants did not refer to personal physical attributes, or cognitive intelligence. All of the girls completed the activity; however, a number of the women were



Fig. 2 Bracelet created by a woman for a girl



Fig. 3 Bracelets created by girls

uncomfortable with talking about themselves. Some of the women who did not complete the activity expressed the desire to do the activity, but did not have enough self-confidence to express items about themselves of which they were proud. They followed these sentiments in hoping that their daughters would never have this difficulty. A visual example of this art project is not included to respect confidentiality.

Explaining Key Concepts

When participants were asked to expand on the words and images they chose to use within the three activities described above, historical trauma, and healing through

harm-reduction approaches emerged as key sentiments. Historical trauma, a sense of the future, and knowledge that there are support mechanisms in place for girls were very important to women. The women hoped their daughters would learn from their experiences. They recognized that their experiences shaped the decisions they have made, and hoped that their daughters would learn from them so that they would not face the same hardships.

My family has had its ups and downs and craziness, but we are in a good place this year [...] I ran away at 12 and just stayed away. I was independent at 13. I feel amazed that I have all my kids with me at home. We all have love, and that's amazing. I feel like it's good, considering where I came from. Georgina, adult.

I'm a survivor. I'm part of the Sixties Scoop² which has left me without parents. How do you be a parent when you haven't had parents who've raised you? I made it through that. I'm past that. Now I need to look at my daughter and raise her. Teach her so she doesn't go through the abuse I went through Julieen, adult.

Women would describe how they have handled the challenges that they have faced in their lives, and how they hope that their daughters have coping skills to be able to be assertive. This was especially important to parents as they reflected about who they are as individuals and the choices that they have made that have led to the women they have become.

I wrote 'bitch'. It's written in yellow, so it's there, but it's not standing out so much. It's something that's underneath. Life experience has taught me, unfortunately, how to get things done. If you're nice, people walk all over you and what not. You have to have a little bit of bitch if not people are going to try to... they're either going to think that you're 'a bitch' or you're going to be 'the bitch.' So that's what it is unfortunately[...] I mostly I want my daughters to have just like that part of my personality that way they don't get walked over and what not, so they actually have the assertiveness to actually take care of themselves. Jackie, adult.

I want her to never give up. Some days are bad, some days are good, but just keep going. Keep holding on. Karyn, adult.

I want my daughters to know to just slow down. Even at 20 you think that you're an adult, but realistically you're still learning. I had my daughter at 20. It was scary because I moved out. I got my own place and had this little human being that I had to be responsible for. I thought at the time I'm an adult. But 5 months down the road I found myself back with my mom because I needed

² The sixties scoop defines a period from the 1950's to the 1960's within Canadian history where children were forcibly removed from their families and either placed within the child welfare system or placed for adoption either within Canada or internationally. The rationale for removal was often vague, and not a reflection of true safety concerns (Blackstock 2011; Dubinsky 2010; Johnston 1983; Strong-Boag 2011).

guidance. So that's my advice. Slow down. Don't try to grow up. Enjoy your life. Get your education, and just live. Just be happy. Elizabeth, adult

Many women were worried that their daughters are going to face challenges in life. They wanted girls to be prepared for hardships. Women believed that it was important for girls to have a realistic expectation of the types of challenges they would face. Often these discussions were positioned within discourse around racialized identity as women.

I want my daughters to know when they grow up they're not always going to meet people that they like. The world is not always going to be fair, but you've gotta get along. Just learn as they go along and adapt, because it's not always going to be the way they hope it is. Violet, adult

There's always gonna be mean people, but you gotta just let them be and keep moving forward. There's always gonna be someone nicer around the corner. Rena, adult

Even when faced with challenges, women wanted their daughters to know that family will be there to support them. They also wanted girls to know that there are good people in the world that they can count on, even if they have had negative experiences.

It's hard to say what she's going to be like. It depends on who she meets. I hope she fills herself with positive people and people who think and feel the same. And if she concentrates on her passions, like her music and dances when she can, she will do better. Flow, adult

Be loyal to her family, to the people who love her and are loyal to her. Nikki, adult

I want them to know that I'll really stand by their side, encourage them, love them and cheer for them. Georgina, adult

Women want their daughters to be strong. While girls discussed strength in terms of the ability to carry items or use physical violence, women explained the concept of strength as inner strength, rather than physical strength. Women positioned strength as being able to overcome addictions, bullying, racism and other challenges that they might face. When women discussed what it means to be strong, the discussion of recognizing the importance of self-care was highlighted.

I put 'strong'. I want her to be strong because as you get older, especially in your teenage years, it gets really hard, and in high school it's really hard, and I just want her to be strong through it all. Cheryl, adult

I want her to live a life that is healthy and strong, inside and out. Georgina, adult

I put 'strong', because I want her to grow up to be a strong woman. Someone that can hold it together when they have to and let it out. Cry when they need to. Karyn, adult.

“Confident” was a word often used in conjunction with the term “strong” when women were discussing their hopes for their daughters. The concept was often described in terms of interacting with other people, rather than a sense of pride in oneself.

So she’s never sitting at home wondering what to do. Rena, adult.

[K]ind of like the proud, and I don’t want her... I want her to be happy like if she walks in a room [...]to be friends with everybody to be social. Julieen, adult.

The girls wanted to make sure the women know that they are listening to all the messages and lessons shared. Girls want women to know that they do hear what their caregivers are saying, even when they appear to not listen to the message. They also want women in their lives to know that they appreciate the help and support provided, and that they do want the help and support.

I’m pretty, but I don’t think so.... I’m a fun loving person. Audrey, girl.

‘I’m ugly I’m ugly’ - that’s what my sister says. My mom wants us to know that we’re pretty. Alicia, girl.

My mom’s smart cause she sometimes helps me with my math homework. Kierra, girl.

Mommy, slow down, I’m walking in your footsteps. Solecito, girl [requesting assistance with an outdoor activity].

Girls discussed how they worry about the women in their lives. They notice how hard women work to try to ensure that their voices are heard. Just as women want girls to have a social support network to turn to, girls want women to know that they will do their best to be part of that support network.

My mom is brave because she’s willing to fight for whatever the cause is. Jayla, girl.

I want her to know that I’ll always care about her. Anytime she needs help, I’ll help her, and I’ll always love her. If she’s crying, I’ll be by her side. Callie, girl.

I love my mom, I care for her, and I don’t want anything to happen to her. Dominique, girl.

Girls are proud of their mothers. They want women in their lives to know that they recognize what they do for them. Girls also want women to know that they are trying to be respectful of the priorities that caregivers have worked to instill, such as respect and individuality.

And I put her name, cause she’s my mom, but she’s also her own person. Milla, girl.

I want her to know that I’m strong and I can take a lot. I want her to know that I’ll always go to school. I’ll never let a boy hold [stand in] my way and I want

her to know that I'll always be there for her and I just want her to know that I'll make her proud when I grow up. Mysti, girl.

Discussion

In order to assure that girls had the tools necessary to be safe and healthy, adult caregivers highlighted the need for acceptance of aspects that have happened in the past, the need to acknowledge struggles, recognizing that these are part of life experiences, and to find ways to continue to move forward. Harm reduction principles posit that health involves recognizing the harms, facilitating opportunities to meet people where they are at, and to work within a context of dignity and compassion for all people (Harm Reduction Coalition 2017). Women and girls want to have a future that is happy, healthy and safe, and are working towards finding pathways to make such a future a feasible reality. Envisioning pathways to improved success can be challenging when there has been a disruption, and continues to be a disruption in one's life. The ability to be happy and safe is a challenge for many people. This can be directly linked to colonial practices and policies. Many of the colonial disruptive policies have resulted in systemic trauma spanning multiple generations. It will take time and patience, with the application of dignity and compassion tenants (key harm reduction components) to be able to experience a different systemic reality for Indigenous women and girls.

The words that people use matter. There are lists of characteristics associated with being a “good mother” that have been embedded into popular discourse. Equally, there are lists of things that define a “good daughter” within popular discourse (Pomerantz 2010). Often within public discourse, certain words are used to describe how girls should conduct themselves, such as gentle and sweet. These are frequently posited within contradictions, as a person is good or bad, nice or mean. Griffin (2004) argues that the series of contradictions for what defines a girl makes her an impossible subject, lacking agency and authority over her own life. Seeing oneself as fitting within these themes can also be a protective measure, as participants who identify as good, smart or brave are more likely to be able to withstand societal pressures that often result in very negative outcomes, such as death (Emberley 2015). While some of the words used by participants fit within how the ‘ideal woman or girl’ is constructed in the literature, these constructs were not exhaustively used by participants. Sharing support and emotional care within familial contexts seemed to be more common, demonstrating a harm reduction approach.

The girls who participated within this program were at a pivotal period in their identity formation (Pomerantz 2010). The girls who were involved were looking to the women in their lives for advice and direction, often mirroring the actions of their caregivers. For example, sitting in a specific way, holding their hands a specific way, or writing words in a specific style that was strikingly similar to that of their caregiver was commonly observed. The words they used to describe themselves were similar to those their female familial caregivers used. Women were often surprised to see that their daughters were watching and learning from them. When

women had difficulty expressing hopefulness for their daughters' futures, the girls also had trouble naming intangible aspects that demonstrated future wellbeing. Many girls were genuinely concerned about the health and wellbeing of their adult caregiver. Girls would often try to build up the self-esteem of their caregivers and demonstrate the importance and value that women had within their lives, even when women had difficulty doing so. Girls wrote phrases thanking their female familial caregiver for loving them. They called the women in their lives 'cool,' 'awesome' and 'simply lovely'. At times, girls were parroting back expressions the women and other girls in the workshops had said such as "I love her" or "she's strong". When asked "what do you mean?", girls would have creative examples about times when their female family caregiver demonstrated what empowerment could look like such as standing up for what she believes in, asking for help, or acts demonstrating physical strength.

Although Indigenous cultures were not mentioned in great detail, traditional teachings were central to many discussions. All participants self-identified as Indigenous and the workshops were held within Indigenous spaces, an Indigenous library and an Indigenous community-based organization. Participants posited the importance of the seven sacred Anishinaabe teachings which are said to be key components of living a good life (wisdom, honesty, truth, humility, respect, honour and courage). These concepts formed the basis of many of the empowerment terms used. These terms were used to describe who women thought girls should be as they grow up during conversations, but they did not always see these as tangible characteristics that would be able to define who they are, especially the concept of courage. While participants knew of the teachings, neither girls or adults saw these characteristics from the seven teachings as characteristics they personally possessed. These terms were not typically used in either the "pride charm bracelets" or the "who am I" pictures. At times, cultural motifs would come through in more obscure contexts, such as a child depicting her mother as a wolf or another girl depicting her sister as a butterfly. The mother depicted as a wolf had ancestry within the wolf-clan, although she did not identify as such within the workshop until her daughter asked her to confirm to the group that her family was part of the wolf-clan. The girl who drew butterflies dances "women's fancy shawl" with female family members at pow-wows. Fancy shawl is a specific traditional dance that features prominently in pow-wow dancing and pow-wow competitions. Women who dance fancy shawl are often said to look like butterflies or represent butterflies, and relates to traditional stories about the role and power of women. Given that participants drew these designs suggests that culture is not necessarily something that is spoken about, but something that is lived and experienced. Historical trauma and the effects of colonialism were mentioned by women, and approaches to unpacking trauma were discussed. Women did not speak directly about residential schools, but did speak of the Sixties Scoop, of relocation issues with moving to the city, about domestic abuse, about addictions as an escape measure, and about the child welfare system. It is important to note that many historical harms have been associated with talking about Indigenous culture, and many people continue to face daily micro-aggressions related to their cultural identity such as name-calling, refusal of service, and difficulty finding employment. A key aspect that was raised by women was the

desire for girls to have the skills and strength necessary to be able to believe in themselves, even in the face of such abuses.

Women explained that they want their daughters to have a different future, one that is filled with hope. They spoke of the need to develop positive coping strategies to deal with future challenges. Women want girls to have positive, meaningful relationships with people who are loyal, and supportive. Women also expressed hope that girls will always be able to draw on teachings and experiences they have as children, especially dancing and singing. Women discussed their own lack of parenting role-models, as well as a lack of community support for raising children, a legacy of colonial practices and policies related to forced removal of children from their natal homes. They expressed hope that their daughters will always know that their mothers are there to be a support for them. These are all important stages on the path towards healing. Healing from cultural trauma and micro-aggressions requires healing from within. It involves recognizing and building upon strengths (Wesley-Esquimaux and Smolewski 2004). It also involves providing a space for intergenerational healing to begin (Coiser 2011; McAdams, Reynolds, Lewis, Patten, and Bowman 2001; Rappaport 1995, 2000).

Responses to historical trauma include somatoform pain, depression, anxiety, and violence (Evans-Campbell 2008). Experiences of violence (suicide and interpersonal violence) were discussed by every adult, and most girls. One of the known suicide protection measures in Indigenous communities is to be able to envision a future (Chandler and LaLonde 2009; Guthrie, Butler, and Ward 2009). For many of the participants within this project, asking them to imagine what the future would be like within a three to five-year period was extremely challenging. Some women did not want to think about the future. They explained that they fear that they will not know where their daughters are, or even if they will be alive when their daughters turn fifteen. Women discussed the rates of murdered and missing women, of youth suicides and homelessness, explaining that they worry this will be the future for their daughters. When participants raised these fears, they were reassured that although this might happen, the rates of murdered and missing women, youth suicide, and homelessness were high 15 years ago when they were teenagers. Women were reminded that they are here with their very special little girls. They were reminded that those fears do not need to become realities. Participants seemed to take comfort in these reassurances and were able to re-focus and create charms for the bracelets their daughters would have. For those who were really struggling, they were asked to depict what girls were like today. None of the participants worried about potential negative effects of planning for a positive future for their daughters and stated that the idea that they might 'jinx' the future was not a concern.

Participants wanted to see changes made that would improve the lives of both current and future generations. In the future, they want to be involved in activities that influence their families, and they want to know that their daughters will have the opportunity to stand up for themselves if the need arises. This research allowed women and children to function as equal actors within the research process. Women would ask girls in the workshop for their thoughts and ideas before providing their own thoughts, encouraging girls to share their ideas and commenting on how much girls noticed and remembered from what they had been told or what they had seen.

At times, women would correct their daughters if a story being told was imagined by the girl, correct statements that had been misconstrued, or gently redirect if the information being shared was private, such as specifics about familial mental health challenges. Empowerment, agency and resilience, within the scope of this project are closely related as participants seemed to explore aspects of these concepts interchangeably. Many women wore their ‘empowerment’ bracelets for weeks after making them. They talked about how it helped them remember what is important, both for themselves, and their families. Women and girls discussed safe places to keep their charm bracelets so that they can “have them forever”.³

Limitations

It is important to note that there were some absences during the weeks of activities, thus the number of participants who completed each activity varied. Some women were uncomfortable with describing themselves and chose not to participate in the “who am I?” activity.

This project was conducted within an urban centre and results should not be generalized to rural or reserve contexts. Participants self-identified as First Nations and Metis. As such, no conclusions can be made as to the specific perspectives of any one cultural group of people. Participants were from a variety of different demographic categories. The results did not appear to vary depending on family size, age of female caregiver, education or employment status of female caregivers.

Conclusion

In order to be able to ensure safety and wellbeing of women and girls, participants explored key concepts implicit to a harm-reduction approach in order to address historical trauma. The girls within this study are at a pivotal age. For the girls within this study, the influence of women was more significant than that of their peers. Many girls between the ages of 8–12 years have not had their first sexual experience, they are still in school, and are still living within a familial home environment. Girls may have started to engage in risk-taking behaviours, such as self-harm. Women recognized that girls will have challenges in the future, they will make choices that may be harmful and they will likely have negative experiences. They want their daughters to have the tools to navigate these challenges, to be accepted for who they are, and to “never give up” [Julieen].

By employing a harm reduction approach to interactions with and by families, individuals will be able to accept where they find themselves within the healing journey. Historical trauma often leads to a number of negative outcomes, and at times these occur simultaneously among communities and families. While harm reduction approaches are often associated with domestic abuse scenarios, and people living with addiction, this study found that harm reduction needs to span

³ Voice attribution was not possible, due to background noise that affected the quality of the recording.

beyond these categories in order to create a safer and healthier environment for all girls and women. By accepting people for where they are at, and trying to reduce risks and provide support, it will be possible to shift the dialogue about health and safety from one of what it means to not be hurt, to one of what it means to be happy and healthy, thus creating a safer future for Indigenous women and girls.

Compliance with Ethical Standards

Conflict of interest On behalf of all authors, the corresponding author states that there is no conflict of interest.

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