

## Native Family Violence in Lethbridge

Joan Wierzba, Betty Bastien and Elsie Bastien

In the fall of 1988, four professional women working in Lethbridge organizations met to discuss a recurring problem of wife battering within their clientele group, Native women. These professionals (three Native and one non-Native) all worked extensively with Native women experiencing problems, from unemployment to family violence to depression. Out of these early meetings to discuss case planning, it became evident that more information was needed to seek solutions. It became apparent that the present social service delivery programs were not meeting the needs of this group. The group members believed that in order to begin to meet the needs of this clientele, the clientele must identify their own needs and propose solutions. Hence, a project was born. The project consisted of a literature search, agency and client surveys and training workshops. The following paper reports on these activities.

### Literature Search

A thorough search through the literature revealed little about Native family violence, and less about treatment issues specific to Native people. The focus of the search was confined to urban Natives, based on the assumption that reserves may furnish some culturally specific supports that urban service providers are not likely to dispense, further isolating the urban Native family.

A few selected sources on Native suicide, alcoholism and drug abuse were used because these articles have culturally specific treatment recommendations that are also relevant to family violence.

The Nechi Institute and Four Worlds paper, "Healing Is Possible,"<sup>1</sup> discusses the importance of holistic treatment for sexual abuse and related issues. The authors believe that treatment of a Native individual needs to involve the extended family system, and even community change. They believe in healing, rather than punishment, for abusers. They encourage the whole family (not just the identified "victim") to express their emotions

within the extended family setting, with the emphasis on caring for the victim and the responsibility of the offender. The offender is confronted by the victim/family, and may (or may not) be prosecuted. The offender receives support, as does the offender's spouse. An interagency strategy is set up for each situation, involving chief and council, representatives of the child protection department and Crown prosecutor's office, police and elders, and a sexual abuse specialist.

Maurice Oates,<sup>2</sup> a Native psychologist, believes in a similar treatment approach to Native sexual abuse. He sees it as an issue that involves the extended family, which gathers with the chief or an elder, so each member can have his or her say. The alleged offender is initially approached by a neutral Native social worker or elder. An educational program is prescribed for the family, security for the victims is arranged and charges are laid if the offender repeats. The end of the crisis is marked by a "reparation feast," a closing ritual.

The treatment ideas recommended by these sources are helpful for on-reserve situations. The urban Native family may not have its extended family resources available; but these on-reserve programs can be adapted to urban settings with the services of elders and Native counsellors working with the offender, victims, offender's spouse and other family members.

According to John G. Red Horse, a Native social worker from the United States, in "small cities, there is a community within a community, where elders transmit a world view."<sup>3</sup>

Another author recommends a return to traditional ways in treatment. Kathleen Long (a nurse who has worked in isolated areas of the north) suggests reinstating tribal traditions and practices with which youth can identify, providing preventive and therapeutic counselling and education, using community role models, and enhancing social support groups.<sup>4</sup>

Richard W. Nutter,<sup>5</sup> an Alberta social worker, believes that providing advocacy is important to help Native clients/families access services. He also believes in strengthening the extended family relationship, helping clients/families to develop a support network and using counselling to help clients make changes in their lives.

Crisis intervention services, twenty-four hours a day, are strongly recommended by two proponents. Blanchard,<sup>6</sup> a noted suicidologist, suggests telephone lines and a walk-in office operated by Indigenous workers (even if volunteers), with in-service training, supportive counselling and police specially trained and integrated into the process. Raymond and Louise Obomsawin,<sup>7</sup> both Native mental health professionals, suggest the importance of Native transition houses staffed by Natives, public awareness workshops, family treatment and special

programs for children who have been affected by alcohol or drug abuse or violence in their families.

Karen Melberg,<sup>8</sup> lastly, argues the importance of home visitors, able to communicate in English or the Native language, to act as teachers and role models.

Murray Armstrong, an Alberta mental health consultant, summarizes Native population of Canada statistics, which indicate that the Native population is increasing at a faster rate than the general population, yet only 18 percent of Natives in Canada complete grade 12, compared to 75 percent of the general population.<sup>9</sup> A recent study by the Lethbridge Native Friendship Society indicated a staggering 81 percent unemployment rate in Lethbridge's (urban) Native population. These depressing facts are conducive to an inordinately high rate of suicide, substance abuse and family violence. Armstrong recommends community-based treatment services with educational services provided for parents and care-givers, as well as children and adolescents. He suggests preventive, holistic service with significant Native input at all levels, and community awareness programs.

These approaches have been implemented by Alkali Lake, a BC reserve, which has successfully transformed its community to one of alcohol and drug abstinence. Alkali Lake also uses these approaches in its training delivered to other bands.

Dr. Bea Medicine, noted Native educator, in a study examining reasons for attempting personal change regarding sobriety, concluded that forces that propel change include religious beliefs or ethical considerations.<sup>10</sup>

Paul Pascaros and Sanford Futterman, in research on the peyote ritual of the Native American Church, found that a merger of psychological and theological disciplines helped to promote self-actualization and a spiritual consciousness.<sup>11</sup>

All the above authors have valuable suggestions, with which they have experienced some degree of success, for treating dysfunctional Native families. The opportunity in Lethbridge to incorporate these in comprehensive services would likely help reduce the incidence of Native family violence.

## Agency Survey

Services available to Native families in Lethbridge ranged from federal Indian Affairs assistance to provincial social services through agencies such as Lethbridge Family Services (primarily counselling and homemaking services), the Sexual Assault Centre (primarily twenty-four-hour crisis line), and the Samaritans (twenty-four-hour suicide crisis line). There were no Natives on the local police force, and the vast majority of service

providers in the above agencies were non-Native. Some staff at these agencies candidly admitted that they believed that Native people were hesitant to use the services because of the lack of Native workers and the lack of understanding of their culture on the part of most of the non-Native service providers.

Thirty-five questionnaires were distributed to key staff in agencies that were likely to encounter Native family violence among their clientele. Services polled varied from alcoholism treatment services and the women's shelter, to police and other law-related services, to post-secondary school counsellors and Native liaison workers. About two-thirds of the questionnaires were returned, which is a fairly high response rate.

A profile of respondents indicates that 61 percent worked in small agencies of four to eight full-time employees, of which female employees outnumbered males, three to one. Forty-eight percent of the agencies represented had no Native on staff full-time, and 78 percent had no part-time Native staff. While we could not specifically document this, we speculated that the Native representation was predominantly from the Native agencies, leaving the general agencies basically non-Native. However, the data indicated that the non-Native agencies, too, wanted to co-operate in helping Native people deal with family violence.

Sixty-two percent of the respondents indicated that they had been at their current work place from one to three years. Only 38 percent were long-term employees (the two longest being of ten years' duration). This was significant because evidently the agencies had a high turnover, and the majority of respondents were relatively short-term. One potential implication of this turnover is that a long-term treatment strategy for family violence may assume low priority in a high-turnover setting.

Forty-eight percent of the participants reported they had training that was culturally sensitive and specific to Native issues. About half identified post-secondary academic work as this training, while the rest identified workshops. While we did not know the specifics, it is worthy of mention that none of the participants identified family violence training. A question for subsequent exploration would certainly be whether the training was perceived as adequate.

Thirty percent of the respondents worked with few Natives, while 34 percent identified the major part of their caseload (60 to 100 percent) as Native. We speculated that the first group worked in general public (non-Native) agencies, while the second group likely worked in Native agencies. When asked what proportion of Native families are affected by family violence, 65 percent of the respondents believed that 61 to 100 percent of Native families were affected. However, in spite of this belief, there were virtually no services geared specifically to this group.

Sixty-five percent of those polled identified alcohol as a "trigger" of family violence, 35 percent identified poverty as a "trigger" and the same proportion saw learned behaviours (family history) as a "trigger."

Forty-eight percent of the respondents saw counselling and treatment as the primary aids to stopping spouse and child abuse, with 17 percent identifying less drug intake and the same number less alcohol intake. Interestingly, 26 percent also felt that education about the rights and roles of women and children would be helpful.

To eliminate spousal abuse among Native families at a community level, the respondents indicated that they felt community awareness was most important (44 percent) and more in-service training to agencies was seen as second (22 percent). More awareness for community in general and for "helpers" was seen as crucial.

Interestingly, 91 percent of the respondents believed that a family violence offender can change and stop offending. Yet when asked how many offenders *do* change, the response was more pessimistic: 44 percent believed that only up to one-fifth of offenders change. We can only speculate as to whether they perceive current treatment models as ineffective, yet hold the belief that treatment has the potential to be more effective; or whether they believe offenders stop for other reasons.

Interestingly, 57 percent of the respondents felt that the most important thing to consider, if they were to design a program specifically to deal with Native family violence, was cultural awareness. This is significant, as even respondents from general agencies saw the importance of knowing about the culture. Thirteen percent felt that support and education were important.

Asked what the Lethbridge community can do to assist in the elimination of violence in Native families, the responses proved most interesting. Twenty-six percent said it was important to support the Native community in its efforts to deal with the problem. Seventeen percent saw the importance of understanding and the elimination of racism, while another 17 percent wanted more resources and co-operation between agencies. Thirteen percent wanted equal opportunity in the community (which again is an acknowledgement of racism) and another 13 percent specific programs for Natives.

## Summary

The respondents, from a broad range of agencies and services in Lethbridge, identify family violence as very much a part of life for Native families. They see alcohol as a primary trigger of the violence, and see treatment as the best hope for reducing the violence.

The respondents identify community co-operation among agencies,

directed at helping Natives deal with their problems, as important. They emphasize the debilitating effects of prejudice and discrimination on Native people, and the effects of internalized oppression. They want to pool resources and share information to provide better service to Native people.

They also see the need for community education and training of staff in cultural awareness, so they are better equipped to deal with Native people on their own ground, rather than from the vantage point of the dominant society. They need training in cultural issues and in family violence treatment to be more effective when working with Native people. With this training, agency staff will be better able to help Native individuals and families who are grappling with the crippling effects of family violence in their lives and in their community.

## Client Survey

The client questionnaire provided a picture of the daily issues of family violence that confront urban Native women.

A local Native woman who is held in high regard by the community was hired full-time for two months to survey Native women in Lethbridge. This woman was chosen because she was generally respected, had familiarity with potential candidates and had shared the same experiences as the local women. We hypothesized that potential respondents would feel more comfortable sharing their responses with her than with a non-Native surveyor unfamiliar to them.

The training of the interviewer included a half-day of instruction on interview techniques, a weekly supervision meeting and consultation as needed.

Potential subjects were recruited through the local Native service agencies, such as Indian Affairs, Native Friendship Society and Native Employment Services (formerly Native Outreach). In the sixty-three questionnaires that were completed, the respondents showed us that they were well aware that family violence was a fact of their lives, that they had opinions on the causes of violence based on their own experience, as well as ideas on how to reduce it.

When asked about their personal lives, 91 percent of the respondents said they had personal experience with family violence. While these women identify psychological and verbal abuse as the most common (ranging from blaming at 88 percent, to swearing at 82 percent), a significant number had also been subjected to slapping (77 percent), hitting (64 percent) and punching (54 percent). Sixteen percent reported being touched unwillingly and being forced into sex with partners.

A shocking 75 percent of these women reported growing up in homes

where they were a target of family violence. This high number reflects the family cycle of violence as being perpetuated and repeated in following generations, in an ever-increasing tragedy.

Again, although they identified psychological verbal abuse as the most frequent, with yelling at 54 percent, physical violence was also significant, with hitting at 33 percent and punching at 25 percent. We can only speculate about the slow, inexorable erosion of the self-concept of a child growing up in a home where violence is everyday experience. Chronic victimization has frightening implications of hopelessness and passivity, which affect the whole family through a pattern of internalized oppression in family violence.

Forty-six percent of these women identified alcohol as a factor in their child abuse. While it would be comforting to simply point the finger to alcohol as the culprit, we cannot ignore that 27 percent said that alcohol may be a trigger by lowering inhibitions, but it is not a cause of violence.

Seventy percent of our respondents stated that they have been recipients of violence at the hands of a relative. This sadly confirms the family unit as a place of danger and high risk, instead of security and protection.

When asked about their current or most recent relationship, 67 percent of the women acknowledged experiencing violence. While psychological abuse was most common, with yelling at 64 percent, and name calling at 62 percent, some 54 percent of these women are in a current (or most recent) relationship in which they are slapped, 46 percent are pushed and 43 percent are hit. In general, therefore, they are worse off than they were in the past, reporting higher incidences of physical abuse in the present than in the past.

Half of the women polled are currently single and, among those in relationships, two-thirds report violence in the relationship. We can only speculate that many of the women are alone because of lack of choice in terms of relationships free of violence.

The main causes of the violence from the perception of the women are alcohol (60 percent), money problems (21 percent) and being suspected of cheating (16 percent).

These women in relationships coped in ways that tend to show powerlessness: while 37 percent ran away, 25 percent withdrew and 24 percent cried. These ways of coping manifest the degree of helplessness and passivity that come from severe lack of self-confidence, a result of long-term abuse. Some sought help by calling family (18 percent) or police (19 percent); some called a friend (13 percent) or a shelter (11 percent). One result of urban isolation, separation from extended family who live on the reserve, is that women are forced to use the police and

shelters more. Of the 44 percent of the respondents who said specifically that they did seek help, 27 percent went to family, 25 percent went to police and only 12 percent to any social agency.

We may ponder why more women do not reach out for help from agencies. Perhaps they are hesitant to reveal their problem to the agencies to which they are most likely to go (Social Services, Indian Affairs). These social services are premised on an intrusive philosophy; approaching these agencies would involuntarily place the family at risk. These agencies' policies are designed to deal primarily with financial need. Women may fear that if they reveal too much about the reality of their lives, their children may be taken away and put in foster care. However, among the women who sought help, 21 percent reported that they were not believed and 16 percent that they were not understood. These respondents perceived a lack of understanding of their circumstances by the agency. Eighteen percent reported that the place to which they went for help could not help them. This is a pointed reflection of the lack of help available for these women when they are in a desperate situation.

When asked what would be helpful to Native women and families in a similar situation, much to our surprise, an overwhelming 59 percent stated that they felt a Native Family Services type of agency would be helpful, 22 percent identified Native Counselling as an aid, 21 percent pointed to the importance of the Alberta Alcohol and Drug Abuse Commission and 16 percent stressed shelter. Eight percent stated that a Native women's support group would be helpful. It is interesting to speculate about why some women felt that Native Counselling, AADAC and a shelter would be helpful, yet few of the women polled used these services. A comprehensive Native agency would conceivably provide outreach to families in crisis, and provide services separate from financial and investigative roles, so families would not have to fear disclosure and could obtain much needed support services, including a Native shelter for families in crisis.

Fifty-four percent of the respondents knew of local services dealing with family violence, with the greatest number (22 percent) identifying the local women's shelter as a known resource. Eleven percent identified Alberta Social Services, and only a few women identified other resources. Forty percent of the women have used services, and 33 percent know others who have used these services, but only 25 percent stated that they found them helpful. It is of interest to note that a larger number than usual (56 percent) provided no response to this question. One might speculate that some women may have chosen not to respond rather than to state that the service(s) was/were not helpful, or perhaps not used.

Women identified several key aspects of the services they used as



being helpful and unhelpful. They felt that most important in terms of help were: being supported, and acceptance of who they are (16 percent); having shelter and time to think (10 percent); not being judged for not leaving their partners (6 percent); and staff not criticizing the partner (6 percent). Most important in terms of being unhelpful were: referrals (16 percent), and discrimination or racism against Indians (14 percent). To seek help is difficult in a crisis. To go and merely be referred, passed on to some other place, can be perceived as a rejection and a let-down. To seek help and feel discrimination is even worse. It is notable that the *Lethbridge Herald*, on 21 November 1989, reported on local hearings held by Fil Fraser, chair of the Alberta Human Rights Commission. He reported that discrimination is strong in southern Alberta and is directed against all minority groups, including, but not limited to, Native people.

When asked what advice they would give to individuals who have just begun to work with Native people affected by family violence, 56 percent of the respondents understand the need to support and accept the people as who they are, and 51 percent pointed to the importance of learning more about Native culture. Thirty-two percent suggested the need to be patient and not give up, while 30 percent suggested that staff not criticize women who choose to remain with their partners. Clearly, the respondents are sensitive to the complexity of the issues involved and have likely been in the situation with agency staff and can identify well with all aspects of the problem. The women were articulating the contradiction that Native people can face when dealing with the dominant society's institutions. Culture and an acceptance of women as people seem to be issues. A major obstacle for these Native women in dealing with non-Native institutions was their perceived lack of acceptance; and inherent in the lack of acceptance is the ignorance of their cultural values and customs. Being Natives dealing with predominantly non-Natives when seeking help, these women see understanding and acceptance of their cultural values as being crucial on the part of care-givers, if these care-givers are going to help. An emphasis on the family is part of these values, providing support for the family unit rather than for the women as individuals in isolation.

The final aspect of the questionnaire was a request to list suggestions for the community to deal with family violence. Sixty percent of the women felt that hiring more Native personnel in all service areas that deal with the public was of primary importance. Given Lethbridge's proximity to two major reserves (Blood and Peigan) with total populations of over ten thousand, and the extent of the social problems on these reserves and among the Natives in the city, it is logical that all service agencies have some Native personnel, and it is shocking that few so far have done this.

Information about the respondents themselves follows. Most of the women surveyed were between eighteen and forty-eight years old, with the greatest number (38 percent) between eighteen and twenty-eight. This is consistent with the predominance of youth on reserves, due to high birth rates, compared to the mainstream population of Canada. Twenty-nine percent of the women were educated to grade nine and 54 percent had grades ten through twelve as their highest grade completed. Thirteen percent had some college or university. The highest proportion (32 percent), had grade ten education.

We see, therefore, a predominantly young population that is literate yet does not, apparently, often seek help outside the family network. These women come from a rural environment (reserves) that is socially isolated from the "outside world" of mainstream society. While they have some formal education, they likely lack the survival skills to negotiate successfully city living in a sometimes complex and hostile environment.

Forty-nine percent of the women identify themselves as Catholic, with 14 percent Anglican, 14 percent United and 10 percent Native Traditional. Even though 94 percent of the women surveyed did have a religious affiliation, few sought out their religious leaders when seeking help as a consequence of violence.

Seventy-five percent of the respondents reported monthly incomes of less than \$1,000. Added to the 22 percent who reported incomes of \$1,001 to \$1,500 per month, 97 percent had monthly incomes of \$1,500 or less. With 50 percent reporting children to support, the reality of Native family poverty is strikingly clear. We see the "institutionalized poor" who are dependent on help for survival yet are subjected to poor services and institutional racism.

Among women with children, 43 percent had two or fewer, and 77 percent had four or less. Twenty-nine percent of the respondents supported grandchildren as well.

Forty-one percent of the women were of Cree descent and 46 percent of Blackfoot origin, of whom 40 percent were Blood and only 6 percent Peigan. This was surprising in light of the proximity of Blood and Peigan reserves in southern Alberta. Perhaps because many of the more "local" Blood and Peigan city families may have been away during the summer on the nearby reserves, the Natives remaining in the city for the summer (and thus available to answer the questionnaire) were of a higher number from reserves further away.

It is of note that Cree people have relocated to Lethbridge from Saskatchewan and northern Alberta. While local Bloods and Peigans may move back and forth from the city to reserves at different times of the year (for school, work or other activities), Crees tend to remain in

Lethbridge and make Lethbridge their permanent home. They do not have the support of extended family around them and they live in isolation here. It is thus even more important that local agencies have Native personnel, so that these families will be more able to receive the services they may desperately need.

Family violence is a constant reality in the lives of urban Native women. In growing up, many were abused within the family by relatives and later in relationships. They have children who see their abuse and may themselves be abused, and the cycle of violence perpetuates itself.

Half of the women in our sample were single parents; virtually all lived in extreme violence and poverty, had few services to help them, and lived in a state of fear.

Many of these women coped with the violence around them and directed at them by internalized anger or by directing it outward in non-productive ways. They did not often reach out to agencies for help, but when they did, they were not always believed, nor (as perceived by the respondents) helped with empathy for their circumstances.

These women rightly identify cultural issues, as well as sobriety issues and family treatment issues, as important. Without treatment of the whole family unit, the Native family will disintegrate into single parent units: mothers with children who know their fathers as visitors rather than as "family."

### Community Training Workshops on Family Violence Issues

Two half-day information-gathering workshops were held, seeking input from particular women who had experienced family violence, in reference to their perceptions of underlying causes and circumstances that lead to family violence in the Native community. The workshops were designed primarily to identify the training needs of the participants; and secondly, to facilitate a self-help group among the participants if they so desired. The rationale was that it was fundamental that the training sessions be inclusive of material that the group participants determined to be significant.

The participants in the community-training workshops were recruited by referral from local agencies, with selection determined on an individual basis. Each referral was reviewed for the following three characteristics:

1. Leadership potential: assessment made by the referring agency based on the participant's history.
2. Community profile: whether the individual had participated in community activities and events and was generally respected by the Native community.
3. Personal experiences in family violence, either as a child or adult.

Recruitment on the basis of these three characteristics was essential for two reasons: to focus on particular areas of family violence with a group who had shared experiences; and to encourage group cohesion and the initiation of a community network. About twenty women were selected, of whom twelve accepted. Three dropped out of the workshops before completion.

Six subsequent half-day workshops focused on how people gain and lose self-esteem, communication skills and how they operate in violent family relationships, dynamics of family violence, child abuse and sexual abuse, and parenting skills. The workshops ended with a banquet, skit, and positive reinforcement.

### Evaluation of Workshops

All areas of presentation were viewed as valuable to the participants, particularly the section on self-esteem. Participants were asked to rate the workshops on a scale of one to ten, with ten being the highest value. The questions were related to information content, value to participants, and enjoyment. Except for a single nine, all were rated as tens.

### Conclusion

In the last decade family violence has been added to the agenda of social and political leaders, creating an awareness of its victims and the realization that Native people are living with high levels of violence. The research project provided appalling statistics on the incidence and types of violence, and the daily violation of Native people through racial discrimination in the larger society. As R.D. Laing puts the issue in the simplest of statements, "When we destroy a people's experience, they become destructive."<sup>12</sup> This statement alludes to a litany of violence against Native people that has virtually destroyed their essence of life. However, in spite of this litany, the Native spirit has survived, through the power and source of its culture.

Native treatment programs must incorporate Native values, customs and rituals through specific cultural practices that provide a structure for sustaining Native people as a distinct cultural group. Such a structure would facilitate the journey of introspection, the journey that creates the source of power for self-actualization and autonomy.

Throughout the research project, the culture of the people was perceived by the respondents as a direction for the treatment of violence. They perceived cultural programs as an avenue to address the feelings of self-hate and self-esteem, which are integral to the dynamics of family violence, and which are compounded by the litany of assaults on Native people.

Even though they possessed feelings of helplessness and anger, many of the women were still strongly committed to maintaining a relationship with their spouses and providing a home for their children. It is through this strength and the belief in the institution of family and the support of familial relationships that treatment can begin to deal effectively with violence.

The idea of a Native human resource development centre can be researched and developed for the treatment of family violence. The concept of Native spirituality must be the foundation for such an initiative, because it is through this concept that the extended family can be the basis for spiritual and human development. Native people perceive the concept of spirituality as an inclusive world view based on acceptance and co-operation. This approach would augment existing roles, responsibilities and kinship systems, with emphasis on supporting and nurturing family members, as opposed to blaming and judging. These ideas are incorporated in the Nechi Institute's concept of treatment. Nechi Institute believes in the healing of the whole family, rather than isolating the victim or the abuser. This concept will facilitate growth for all members of the family. Native people would have the opportunity to reconstruct family roles and norms that are intrinsic to their culture and, with enhanced self-esteem, would improve their functioning in the present-day mainstream social milieu.

However, paramount to the implementation of such an initiative, training and community awareness must occur in order to educate families about the destructive nature of family violence so that existing patterns can be replaced with more traditional cultural behaviour. Through the idea of choice, families can begin to make changes.

A Native family resource training development centre should include:

1. A training program for professionals: an accredited program for the theoretical and practical application of Native principles and models.
2. A crisis shelter based on supportive treatment and training for families in crisis.
3. Role models and mentors from the Native spiritual community for residency at the centre for the purpose of teaching and counselling.
4. Publications for disseminating to other communities the models developed at the centre.

A centre that is premised on Native concepts of family and support systems must be incorporated into the human services professions if the professions are to promote well-being and self-determination among their client group.

## Acknowledgements

The project would like to acknowledge Brenda Eastman, Alberta Native Child Care Worker, and Patricia Chuchryk, Professor of Sociology at the University of Lethbridge, for their work in the developing and implementing of the project. We express our appreciation to the many Native women who shared willingly and openly. Thanks also to the federal Secretary of State's Department for generous funding, and to the agencies that provided support and information.

## Notes

- 1 "Healing Is Possible," paper prepared by Nechi Institute and Four Worlds-Native Training Institute, Direction Training, May 1988 (no author).
- 2 Maurice L.B. Oates, Jr. (Ya-ga-hlo-o), "Dealing with Sexual Abuse in a Traditional Manner," (n.d.).
- 3 John G. Red Horse. "Family Structure and Value Orientation in American Indians," *Social Casework* (October 1980): 462-67.
- 4 Kathleen Long. "Suicide Intervention and Prevention with Indian Adolescent Populations," *Issues in Mental Health Nursing* 8, no. 3 (July-Sept 1986): 247-53.
- 5 Richard W. Nutter. "An Integrated Model of Child Welfare Practice to Serve Different Alberta Ethnic Groups," *The Advocate* (December 1988), p. 13.
- 6 Joseph D. Blanchard, Evelyn L. Blanchard and Samuel Roll. "A Psychological Autopsy of an Indian Adolescent Suicide with Implications for Community Services," *Suicide and Life Threatening Behavior* 6, no. 1 (spring, 1976): 3-9.
- 7 Raymond Obomsawin and Louise Obomsawin. "A Modern Tragedy: Family Violence in Canada's Native Communities," *Vis-a-vis* 5, no. 4 (winter, 1988): 8-9.
- 8 Karen Melberg. "Reaching the Children of Saskatchewan's North," *Entourage* 1, no. 4 (fall, 1986): 26-33.
- 9 Murray Armstrong. "Exploring the Circle: A Journey into Native Children's Mental Health," Alberta Children's Mental Health Project, Department of Social Services and Community Health (1986), p. 4.
- 10 Bea Medicine. "New Roads to Sobriety," *New Directions in Prevention Among American Indian and Alaska Native Communities*, (Seattle: Oregon Health Service University, 1982), passim.
- 11 Paul Pascaros, M.D. and Sanford Futterman. "Ethnopsychedellic Therapy for Alcoholics: Observations in the Peyote Ritual of the Native American Church," *Journal of Psychedelic Drugs* (July, 1976), passim/incomplete.
- 12 Jamake Highwater. "The Primal Mind," *Visions and Reality in Indian America* (New York: Harper and Row, 1981), p. 189.