EDUCATION FOR RESILIENCY:
An Examination of Risks in a Native American Youth Environment

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by

Paula du Hamel Yellow Horn, M.A.

Student no. 11276422
# PhD Thesis

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THESIS DECLARATION

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person nor material which to a substantial extent has been accepted for the award of any other degree or diploma at Charles Sturt University or any other educational institution, except where due acknowledgement is made in the thesis. Any contribution made to the research by colleagues with whom I have worked at Charles Sturt University or elsewhere during my candidature is fully acknowledged.

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Paula du Hamel Yellow Horn
This thesis examines Blackfoot (Kainai) Native youth risks in contemporary society including alcohol, drugs, and crime. The overall purpose of the thesis is to investigate and address environmental, social, physical, and mental issues associated with risks, in both their rural and urban environment for Kainai youth in Southern Alberta, Canada. The research and fieldwork conducted observes Native American Peoples, specifically Kainai youth risks, and explores resiliency and factors contributing to resiliency in support of Native American youth. Not only do I examine the individual, but I examine multiple variables and connections, including the community, to guide my analysis.

My research framework is supported by Pierre Bourdieu’s theory of social realities - the ‘field’, ‘Habitus’, and ‘capital’. The research undertaken considers the social, cultural, and economic realities existing in Native American communities and therefore investigates what values are associated with them and the rationale behind their construction. More specifically, I examine Native American inter-generational traumas stemming from colonization violences, and, intragenerational traumas – Native American tendencies to incur self-violences and perpetuate continual cycles of violences.

The purpose of this thesis is to identify the social realities of risk to help develop resiliency in Native American youth in contemporary Native American environments. Thus the research focuses not only on helping young peoples as individuals, but also on helping Native American communities and non-native communities to deal better with the consequences of colonization and assimilation practices of Native American Peoples (First Nations, Inuit, and Métis) in the history of Canada. My research aims to do the latter by showing how alternative social practices are needed in Native American communities, framed (in Bourdieu’s terms) within alternative
social fields and alternative forms of social capital that support the formation, development, and maintenance of alternative dispositions in at-risk Indigenous young people – that is, an alternative Habitus for the young people involved. This alternative Habitus will be one that sustains the resiliency of young Native American Peoples.
DEFINITIONS

I will be referring to the First inhabitants of North America which includes those defined as Aboriginal, Indigenous, First Peoples, First Nations, Métis, and Inuit in Canada, as Native American Peoples. All peoples are ‘native’, ‘indigenous’ or ‘first’ to somewhere in the world, but Native Americans are native, indigenous, and first, to the land mass of the Americas, and specifically in this paper, to North America. The term ‘elders’ will be spelled and used with a capital E for Elders because they hold a special title of respect, teaching, and wisdom, that is integral to Native American social structure and should not be confused with elderly or aging populations. Native American Peoples is a proper title and I use it to reference the larger body of over 2000 Native Nations in the Americas, including Métis and Inuit Peoples in Canada.

Native American Peoples have definite and unique original and historical names to describe themselves thus where appropriate, I use these precise names for Native American Bands, Tribes, or Nations when referring to these groups specifically.

This thesis reports a study focusing on the Blackfoot Peoples. There is a group of proper names used for the different groups of the Blackfoot Peoples. It should be understood that the diversity in the naming of the Blackfoot Peoples has been a creation according to historical literature. Much of the contemporary literature and literature by or of the Blackfoot Peoples references these variations, evoking the struggles/challenges for the Blackfoot Peoples to communicate to Europeans their inherent names, sovereignty, rights, and Traditional governance. When referring to governmental, cultural, or ceremonial practices of Native American Peoples, the word Traditional will always be capitalized as it is a proper term in the Native American community and holds intense meaning of respect and honour to Native American Ancestors.
The four Blackfoot nations are altogether known as the Siksikaisitsitapi (‘Blackfoot speaking real people’), occupying Alberta in Canada, and Montana in the United States. The Blackfoot Peoples have been documented by various authors and known by various names since contact which are:

- Blood or Kainai or Kainah;
- Northern Peigan or Blackfeet or Piikuni or Aputosi Piikani or Apatohsipikani or Aapatohsipikani or Skinnii Pikani;
- Siksika, Sik-si-kau or Blackfoot or Northern Blackfoot; and,
- Southern Piegan (sometimes the i and e is reversed in the US side spelling) or Amskapi Pikuni or Amaskapi Piikani or Blackfeet or Aamsskaapiipiikan; and/or other variations of the names of the four Blackfoot nations.

Thus for the purpose of this text, the following definitions by which Native American Peoples are known, may be documented in my quotations by their various authors as: First Nations, Inuit, Métis; Native Americans; Canada’s First Peoples; Aboriginal; Indigenous; American Indian; Aleut and Alaskan Natives, or by their proper inherent names as stated previously. All refer to the first inhabitants of North America.

Finally, the thesis will not elaborate the details of Native American spirituality nor Blackfoot spirituality and practice, although this thesis will refer to dimensions of spiritual practice in terms of healing, health and welfare for individuals and community. For a detailed and in-depth understanding of Native American spirituality and in particular, Blackfoot spirituality, please see Dr. Betty Bastien’s work Blackfoot Ways of Knowing (2004). This thesis does explore religious, spiritual, and faith engagement to a certain extent due to quantitative data and qualitative observations and ethnography. What is important to understand in terms of my own ontological conclusions in this thesis is the differences of Blackfoot spirituality and spiritual practice, and the
spirituality and spiritual practice of Native American Peoples more generally, from Christian
religious or faith based spiritual practices. For example, to be 'Blackfoot' is "to be human among
Niitsitapi" and to be ontologically responsible spiritually as a Blackfoot person, in order to be a
Blackfoot person, one must experience "the sacred, Ihtsitaipiyo'pa" (Bastien, 2004, p. 84), where
the being comes together spiritually with 'self' through the individual's spiritual journal, growth
(which includes knowing ceremony, language, customs, and ancestral history), and in finding the
Blackfoot identity, or who they are 'to be' as a Native American Blackfoot person. Christian
religions, and other faith based spiritual practices, have been organized in a certain kind of way
based on monotheistic theology which has been constituted in particular social forms and
doctrines, with institutional relationships (such as organized churches, mosques, and temples)
and symbolism (statues, altars, and dress) as well as other material and human infrastructure like
books or clergy, priests, and gendered hierarchy. The social organization of Native North
American spiritual practices and the material economic forms these practices take, are very
different from Christian and other faith based religious organizations, in that Native American
Peoples' spirituality and being are orientated to the natural world culturally, socially, and
materially, and to natural orders that are embedded (even if hidden) within the visible world which
propels them to coming to understand (and understand more deeply) the orders that can be
successively 'revealed' to Native American children, youth and adults as and when they grow and
mature in their spirituality and spiritual practice.
CHAPTER 1
Introduction

This research discusses Native American social realities in order to recommend, or to recommend further investigation of strategies, actions and support mechanisms that will give agency to Native American youth resiliency against social risks. Based on the quantitative and qualitative research findings of this study, the researcher considers that effective resiliency strategies include educational initiatives specific to cultivating resiliency in Native youth; alcohol and drug awareness courses at all schools and programs in the community; and, the re-estabishment of Native American Traditional and historical resilient ways of being in the overall contemporary Native American environment. To show the potentiality of these ways of being, the research also investigates aspects of the culturally-specific Traditional knowledge and social practice of Blackfoot Peoples that can and in some places does, create and cultivate resiliency in the Kainai youth environment.

The research acknowledges that governments, Non-Governmental Organizations (NGOs), and private organizations in Canada are becoming increasingly aware of First Nations, Métis, and Inuit historical socio-cultural, socio-political, and socio-economic conditions and issues that stem from colonization violences. As one specific initiative demonstrating this increased awareness, the government of Canada is currently organizing a Truth and Reconciliation Commission (TRC) as a result of a class action suit filed by the Assembly of First Nations (AFN) to investigate crimes committed against generations of Native American Peoples in Canada at Indian Residential Schools (IRS). The commitment from Canada aims to address one hope for Native American Peoples - that a healing process for victims and for those suffering from the generational abuses

1 To not only avoid repetitive citation but to embrace a Native American philosophy open and free to all, throughout this thesis I will refer to ways of being, ways of knowing, and coming to know in context to the Native American or Native American Peoples. These terms are from Dr. Betty Bastien’s book, Blackfoot Ways of Knowing (2004) which will be discussed further in the final chapter.
as a result of IRS, including First Nations, Inuit, and Métis communities, will be expedited by this TRC.

On the basis of the research reported here however, it may be argued that the TRC alone cannot reconstruct optimal conditions in Native American communities. This study suggests that there needs to be a clear foundation of understanding by Native American Peoples as to why policy, programs, other community initiatives and/or mechanisms that are meant to be stabilizing to create harmony, health and balance for Native American Peoples are simply not working. The detrimental social, cultural, and economic fields constructed and caused by numerous colonization violences continue to exist, and continue to cycle, breeding and evolving more violences, abuses, and illnesses that exist and are maintained in forms that are recognized as dysfunctional communities.

The 1996 *Royal Commission on Aboriginal Peoples* (RCAP) discussed the need for role models, mentorship, community programs and family support for Native American youth. Many Native American communities, both urban and rural, identified psycho-social factors within their adult populations that have produced inabilities for many Native American adults to cope within the family environment (RCAP, 1996a, pp. 59 – 97).

My work investigates various psycho-social, economic, educational and environmental factors and the impact they have on the socialization experiences of Native American youth. Based on the analysis of social relations as understood by Pierre Bourdieu, my research suggests there are identifiable fields in both urban and rural Native American communities where effective social change can alter consciousness, thereby supporting youth resiliency against risks.
1.1 Background

In Southern Alberta, in the areas of Pincher Creek, Fort MacLeod, Cardston, and Lethbridge, are two Native American reserves – the Bloods called Kainai, and the Northern Peigan called the Aputosi Piikani Peoples of Brocket, Alberta. Historically, these groups were known as two of the main bands of the Blackfoot Peoples who roamed the Great Plains from Montana to Northern Alberta and eastward into Saskatchewan. Their current existence, culture, happiness, sufferings, and losses result from a series of historically constructed maneuvers entwined with European contact, settlement, and assimilation which have in turn created an intricate web of consequential social fields for their Peoples and communities.

With colonization came settlers; cattlemen; the whisky traders; buffalo hunters; and, a new form of social structure evolving from the colonial Imperial system – capitalism. The capitalist economy meant to engulf and capture Earth’s raw resources, specifically those resources in Canada such as the fur trade, and later Canada’s forest and minerals. Native American Peoples stood in the way of England, resisting English access to land resource wealth and power in North America. The creation of the Dominion of Canada facilitated an economic structure which provided, developed, and found more resources, increasing the production of resources and trading them worldwide. Canada’s lands possessed wealth exploited by Imperial Britain, reaching vast markets while accommodating “the emerging capitalist society that was England” (Miller, 2000, p. 156). Conglomerate resource based businesses bent on acquiring the lands occupied by Native American Peoples succeeded by using a series of colonization strategies that exploited Native American nations.

From the time of Columbus, contact in southern North America, Central America and South America, proceeded with Spaniards and other Europeans bringing disease, genocide, and
slavery to Native American Peoples (Wright, 1993; Warner Bros., 2004; Means, 1995; Churchill, 1995, & 1997; Steele, 1994; Weatherford, 1991, 1988). In Canada, Native American Peoples experienced the suffering and diseases that came to the Americas in that early contact period.

For example, research is still under way to determine whether there was a deliberate campaign to spread the Variola Major Virus known as Small Pox amongst Native Americans in Canada and the United States prior to and during the creation of the reserve impound. It has been said by Ward Churchill (1997, pp. 151 – 157) that Europeans purposefully infected gift blankets and other trade goods with Small Pox because they knew that Native Americans were particularly susceptible to this European illness. Although other scholars question Churchill's claims that the spread of Small Pox was instigated intentionally, there is valid evidence that during the Eastern settlement in North America and “Pontiac's Rebellion” there was in fact deliberate distribution of infected Small Pox blankets to Native American Peoples (Adams, 1997, p. 2). Miller (2000) supports this view stating that British troop strategist “Amherst retaliated by urging the use of germ warfare against warriors. ‘Could it not be contrived to send the Small Pox among those disaffect tribes of Indians?’ he asked a subordinate” (p. 92). Whether the idea was implemented may as yet be undecided, but the evidence makes it clear that the British at least considered such a plan.

More importantly, contact for Native American Peoples in the north, forced them to deal with the French and British who were in a race for land and resource wealth against the Spanish, Portuguese, and Dutch. Native American Peoples in Canada had little choice but to collaborate with France and Britain as war partners, guides, traders, and, later, supplying goods for The Hudson Bay Company and The North West Company (Sioui, 1992; Dickason, 2002; Carter, 1999; Ewers, 1958; Treaty 7 Elders and Tribal Council, 1996; Arima, 1995). Then, with the
formation of the nation-states in North America, (Canada and the United States of America),
Native American Peoples were enslaved, (via reserve systems, imprisonment, welfare, denial of
citizenship, and denial of recognition of their sovereign nations); owned, (via political policies,
residential schools, boarding schools, segregation laws, enfranchisement and assimilation), and
forced to starve – by being cut off from hunting and made to farm in some cases without
appropriate farm land, equipment or machinery (O’Meara & West, 1996; Keenan, 1997;
Champagne, 1994; Thornton et al, 1982; Chapman, 2004; Bird et al, 2002; Milloy, 1999).

Colonial expansion encouraged many European immigrants whose mandate for citizenship in
Canada or United States was to contribute profitably to the state’s economy, to conquer and
claim lands that were the territorial grounds of Native American Peoples (Taylor, 2006; Wright,

In conclusion, policies to dominate and assimilate Canada’s Native American Peoples began as
early as 1637 with the “Jesuit settlement at Sillery in New France” (Royal Commission On
Aboriginal Peoples, 1996, p. 12). Moreover, “In 1857, the Province of Canada passed an act to
Encourage the Gradual Civilization of the Indian Tribes” (ibid., pp. 12 – 13). For the Blackfoot
Confederacy Peoples, the horrors of European settlement included the loss of many Blackfoot
families to disease, massacres\(^2\), starvation, and the destruction of their Traditional culture by
fundamentalist Christian ideologies.

\(^2\) “An Algonquin tribe composed of Piegan, Blood, and northern Blackfeet bands, the Blackfoot were a warlike,
buffalo-hunting people of the upper Missouri River region. A poor relationship with whites began when a member of
the Lewis and Clark Expedition killed a Piegan. For more than half a century thereafter, trappers and missionaries
who ventured into Blackfoot territory did so at the risk of their lives. In 1870 the Baker Massacre on the Marias River
effectively ended Blackfoot resistance, and by the end of the decade most of the tribe had moved to Canada”
(Keenan, p. 22).
The Blackfoot Struggle

The Blackfoot Confederacy Peoples are known as ‘cross border peoples’, and in 1880, the US army “had forcibly removed the Blackfeet to the reservation, where they were confined for the first time”, and even then, there wasn’t enough food from the government to supply the Blackfeet population (Samek, 1987, pp. 42 – 43). The depletion of the food sources for many Native American Peoples because of European settlement, incurred starvation - they would soon become dependent on European handouts. For the Blackfoot Confederacy Peoples, it was the end of their freedom as an autonomous sovereign nation.

Canadian Indians who were surviving in Montana on the last of the buffalo and by killing cattle had realized by 1881 that the buffalo were gone. Starving and sick, they began to return to Canada, traveling largely on foot, having lost their ponies to raiders and whiskey traders. It is estimated that between 1879 and 1881 at least a thousand Canadian Blackfeet died. With the disappearance of the buffalo, the entire confederacy became dependent on the largess of the Canadian and American governments…Meanwhile, Indian administration in the United States also failed to deal with the rapidly unfolding crisis. Even though Indian agents had been assigned since 1855 to those Peigans remaining on American soil, their presence proved to be of little help to the starving natives (ibid., pp. 40 – 41).

There is still a question remaining under investigation today whether the governments were responsible for the starvation of the Blackfeet because they sought to secure the Native American population on reserves.

The experience by Major John Young, the man who served as Blackfeet agent during the transition period from hunting to a sedentary existence, epitomized many of the problems faced by American Indian agents…For eight years, the agent corresponded with Washington officials about the need to provide the Blackfeet with sufficient sustenance, but officials never indicated that they paid the slightest attention to his Field reports. As a result, some six hundred Blackfeet starved (ibid., p. 41).

Documentation demonstrates that in Canada and the United States, the governments of Ottawa and Washington were negligent in fulfilling their promises, supplies, and duties to Native American Peoples. No doubt, in various instances, negligence was intentional to discourage and erase partnerships agreed in Treaties between Native American Peoples with both nation-states, as evidenced with the history learned from the removal of the Cherokee Peoples from their
homelands in Eastern North America to Oklahoma (Anderson, 1991; Ehle, 1988; Foreman, 1932). For the Blackfoot Confederacy Peoples, their fight was not with cotton or sugar cane producers, which had led to the destruction of the Cherokee lands and thousands of Cherokee perishing, but rather with ranchers who had their eyes on Blackfoot lands for cattle profit.

Young’s trouble began in 1881 when Montana cattlemen, through their territorial representative Martin Maginnis, agitated for the permanent confinement of the Blackfeet to their reservation. Although under the treaty of 1855, the Blackfeet possessed the right to hunt on the ceded territory for ninety-nine years, by the early 1880’s they began to clash with the cattlemen who invaded the area. To feed themselves, many Peigans were forced to kill cattle roaming over the former buffalo range, and these killings infuriated the ranchers who, in turn, blamed the agent for handing out inadequate rations…Young correctly suspected selfish motives behind these attacks, for in June a delegation from Washington, headed by Martin Maginnis, arrived to investigate the northern reservations and to negotiate for their reduction…it pointed out the Peigans were quite willing to part with a portion of the reservation in exchange for supplies, implements, houses, and cattle. This dismal situation ultimately paved the way for the breakup of the Great Northern Reservation in 1888 (Samek, 1987, pp. 43 - 44).

By cutting off their natural sources of food supplies such as the buffalo, and, limiting government food rations, the Blackfeet caught on the Montana side were forced into giving up what little land they had been given in a one sided treaty negotiation, reducing it again to a tiny reservation.

Meanwhile, the whisky traders of European descent who went westward through the United States, crossed into Canada trading alcohol for fur, raw resources, buffalo, and to usurp Native Americans on their territories while creating alcoholism that would cultivate chaos in Native populations (Dempsey, 2002; Kelly & Kelly, 2000/01; Miller, 2000; Carter, 1999). Canada sent the North West Police to stop the traders and to protect Canadian lands from the infiltration of rogue US citizens.

The presence of a Canadian police force would strengthen the Canadian claim to the West, and the constabulary would expel the American whiskey traders who were debauching some of the Indian bands of the southern plains from a series of ‘whiskey forts.’ ...The Plains Indians recognized the beneficial aspects of the police presences. ‘If the police had not come to the country, where would we all be now?’ asked Crowfoot, a Blackfoot chief, in 1877. ‘Bad men and whiskey were killing us so fast that very few, indeed, of us would have been left today. The
police have protected us as the feathers of the bird protect it from the frosts of the winter’ (Miller, 2000, pp. 208 – 209).

Whether the Canadian government’s intention was to protect the Blackfoot or to secure their lands for development under a Canadian nation-state is open for debate. However, there was no doubt that government policies in the United States, beginning as early as the 1790’s, were to be influential in government policies for Canada. Furthermore, the mindset of colonial acquisition for both countries was entrenched in the view that “Indians possessed the land and whites wanted the land”, and was not going to stop anytime soon, continuing into modern history (Adams, 1995, p. 5).

**Canada’s Indian Policies**

A variety of official policies, proclamations, and Acts helped pave the way for colonization violences against Native American Peoples up to the final assault against their children and generations thereafter. These began with the first major political policy to affect Native American Peoples: The *Royal Proclamation of 1763*. King George III recognized Canada’s Native American Peoples as sovereign nations, declaring that their cultural heritage would be protected under the Crown. The Proclamation is frequently cited in legal actions when Native American Peoples argue for the protection of their historical rights. However, although the Royal Proclamation is regarded as offering some protection for Native American Peoples rights, and is thus often called “the Indian Bill of Rights”, it is still a document created from a Eurocentric position that imposes Crown Law upon previously sovereign Native American Peoples and that, by its proclamation, usurped their sovereignty (Indian and Northern Affairs Canada, [INAC], 1996). Britain’s victory over France in Canada in 1763, might thus be seen as a key factor in the history of the persecution of Native American Peoples (Frideres & Gadacz, 2008, pp. 16 - 17). It is conceivable that if the French, with their strict Catholic mandate to not spread alcohol,
guns (Miller, 2000, pp. 59 – 61), their Jesuit policy not to have residential schools for Native American children (ibid., p. 65) and their flair for adapting to Native American culture, (Miller, 2000; Sioui, 1992; Van Kirk, 1980), then Native American Canada might have had a different history. British rule, and the interest of the British Crown in the acquisition of Native American lands, makes Britain solely accountable for colonization violences and assimilation policies that unfolded in Canada to the great cost of the Native American population.

The early history of tripartite relations between Indian nations and the Crown in British North America during the stage of displacement can be described in terms of three phases in which first protection, then civilization, and finally assimilation were the transcendent policy goals (INAC, 1996, 9:3).

Walkem and Bruce (2003) state that today, under Canada’s modern constitution, the “conflict between Indigenous Peoples and the Canadian state remains over lands and laws” (p. 11). The Constitution Act of 1982 included a new Section 35(1) whereby Native American Peoples were to be protected as citizens with treaty rights made historically between the Crown and their various nations. But as Walkem and Bruce argue, Section 35(1) “has not stopped the continued colonization and settlement of Indigenous Peoples territories and resources, it has merely provided another arena in which the conflict over lands and laws is waged” (ibid.).

Following the 1763 Royal Proclamation, a succession of Acts and policies caused recurring traumas for Native American Peoples. The Crown’s Government of the Province of Canada passed the Constitution Act of 1867 to establish “jurisdiction over Indians and Lands reserved for the Indians” (Henderson, 2007, p. 1). The 1868 Province of Canada Act laid the foundation for “subsequent legislation” that would promote the assimilation of Native American Peoples “into non-Indian society” (ibid.). The ‘Enfranchisement’ legislation of 1869 established that Native American Peoples who wanted to get an education, work, leave the reserve, or marry a non-

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3 “The Jesuits even experimented with a boarding school for Indian youths, but quickly gave it up when they saw the boys’ unhappiness” (Miller, 2000, p. 65).
Native would be dis-enfranchised from being ‘Indians’, and thus give up their Native American rights, culture, language, and status. The Indian Act of 1876 then “attempts to consolidate many Indian Laws and makes Indians wards of the government…the Act governs all aspects of Native life including the denial of the right to vote in an election” (Thunderbird, 2007, p. 1). The Indian Act’s subsequent revisions over the course of 100 years included:

1884 - Ceremonies Banned; 1887 - Indian Agent Determines Who Is An Indian; 1888 - Half-Breeds; 1895 - Reserves Belong To The Crown; 1910 - No Trespassing; 1911 - Government Can Take What It Wants, When It Wants; 1920 - Enfranchisement Amendment; 1924 - Amended To Include The Inuit People; 1927 – Indians Banned From Raising Money For Legal Purposes To Fight Their Persecutions; 1951 - Yoke Of Oppression Starts To Be Lifted; 1960, - Canadian Status Indians Gain The Right To Vote In Federal Elections; 1985 - Bill C-31 Amendment To Constitution Act (ibid.).

It was during this time, through the policy and Act years, that ‘residential schools’ in Canada were created. Designed to create psychological, cultural, and sociological destruction of the Native American culture and paradigm through the assimilation of Native American children, the residential school would create a legacy of family destruction, heartache, and death.

From the perspective of the present, it seems clear that residential schools caused inter and intragenerational traumas that are a major contributor to the profile of psychological risks for Native American youth today. Indeed, the residential school era appears to be a core contributor of environmental risk issues explored in this study.

The Ultimate Assimilation Method – Introduction of Indian Residential Schools (IRS)

In 1803, Thomas Jefferson declared that “Indians, having land in abundance, needed civilization; whites possessed civilization but needed land” (Adams, 1995, p. 6). The subsequent possession of Native Lands and implementation of assimilation policies in Canada and the United States was
to lead to further colonization traumas for Native American Peoples, as becomes evident from a review of documents from both governments from the late 1800s to 1996.

The intentionally constructed mandatory attendance and boarding of all Native American children in industrial and residential schools was undertaken as a definitive assault aimed at stamping out Native American Peoples cultures. In United States, as early as 1818, a civilization assimilation policy was constructed by the House Committee on Indian Affairs. The Committee recommended to Congress that to assimilate Native American Peoples, Congress must “Put into the hands of their children the primer and the hoe, and they will naturally, in time, take hold of the plough; and as their minds enlightened and expand, the Bible will be their book” (ibid.).

In Canada in the 1830s following Jefferson’s efforts, an Imperial policy was implemented aiming to quell the ‘savage’ and ‘civilize’ the natives. Later, the Davin Report of 1879, chaired by Nicholas Flood Davin, was commissioned and produced. Davin investigated industrial schools in the United States specifically targeting Native American children. He believed that his research justified to the Canadian government and Christian churches in Canada, that the state should and could effectively eradicate Native American cultures through education.

The Founding Vision of Residential School Education, 1879 to 1920, a curricular and pedagogical strategy that made the schools sites of ontological struggle seen most clearly in their attack on Aboriginal languages. The thought even before the deed – that is, before the residential school system took full physical shape across the country – was violent in its intention to “kill the Indian” in the child for the sake of Christian civilization. In that way, the system was, even as a concept, abusive (Milloy, 1999, pp. xiv – xv).

As horrid as the word kill is, it can be associated literally to residential school deaths/suicides and the future deaths/suicides of many Native American Peoples. The systemic traumas stemming from the residential schools era had overwhelming effects for many of those who attended them,
and must be regarded as responsible for many of these deaths (Walker et al., 2006; Thatcher, 2001; Health Canada, 2002; Milloy, 1999). In Canada, questions about unmarked gravesites and missing children who attended these schools continue to be under discussion (Globe and Mail, April 24, 2007; The Honourable Jim Prentice, Minister of Indian and Northern Development, June 14, 2007). Victims’ stories are beginning to be heard by the public, and state and church officials will be made to answer to surviving families. Unfortunately, the traumas of victims and survivors of Indian Boarding Schools in the United States have yet to be addressed.

1.2 Residential Schools and the Production of Inter and Intragenerational Risk Factors: Mental, Environmental, Psycho Social, & Physical

Many Native American youth are confronted by various kinds of risks in their environmental surroundings: risks to their physical being, their sexuality and gender, their emotional balance, and their psychological well-being. Many of these risks may have their roots in the trauma caused by the colonization violences that have afflicted Native Americans over generations. Native American poverty, violence, illnesses, suicide, and substance abuses are serious issues today as a historical consequence of social policies that have failed to ameliorate, and that have in fact increased these environmental risks. Native communities urgently need solutions to the problems they face, in the form of social processes and programs that will expedite healing from colonization violences for Native American cultures and future generations. Most Blackfoot youth face risks at school, in their community, at home and in their peer environment with respect to poverty, violences, illnesses, suicide, and substance abuses.

Residential Schools

The Blackfoot Peoples were victims of the first residential schools in Alberta. The first Alberta boarding school was opened in 1862 and was named the “Blue Quill’s Indian Residential School (Lac la Biche Boarding School; Hospice of St. Joseph); Lac la Biche” (Aboriginal Healing
Foundation, 2003b, p. 5). Blue Quills was a Roman Catholic institution moving to the area of Brocket, Alberta, in 1898, to the reserve of the Aputosi Piikani Peoples. Four other residential schools were established in the area of the Blackfoot Peoples.

- The Immaculate Conception Indian Residential School (Immaculate Conception Boarding School; Blood Indian Residential School) Stand-Off; Roman Catholic; opened 1884; closed 1926;
- Peigan Indian Residential School (Victoria Jubilee Home); Brocket; Anglican; opened 1892; closed 1965;
- Immaculate Conception Boarding School (Blood Indian Residential School; St. Mary's Mission Boarding School) Stand-Off; Roman Catholic; opened 1911; closed 1975 (ibid., pp. 5 – 6); and,
- St. Paul's Indian Residential School; Cardston; Anglican; opened 1900; closed as an IRS school in 1963 and then became a government hostel (Kainai News, 1972).

In many North American Indian residential/boarding schools, Native American children were severely punished for being Native, using their Native language, observing their own cultural practices, or engaging in other culturally appropriate behaviour - some lost their lives. Andrea Smith, Amnesty International United States of America's (AIUSA) Interim Coordinator for the US Boarding School Healing Project and the AIUSA's Bunche Fellow coordinating their research project on Sexual Violence and American Indian Women, states:

The list of offenses committed by church officials include murder by beating, poisoning, hanging, starvation, strangulation, and medical experimentation. In addition, the report found that church clergy, police, and business and government officials were involved in maintaining pedophile rings using children from residential schools. The grounds of several schools are also charged with containing unmarked graveyards of children who were murdered, particularly children killed after being born as a result of rapes of Native girls by priests and other church officials. While some churches in Canada have taken some minimal steps towards addressing its involvement in this genocidal policy, churches in the U.S. have not. Because the worst of the abuses happened to an older generation, there is simply not the same level of documentation or vocal outcry against boarding school abuses (Smith, 2003, p. 1).

In Canada, Native American children were beaten; raped; tortured; belittled; told not to speak their languages; told not to communicate with their siblings; and, washed with DDT and other poisonous chemicals and spoken to as ‘dirty little indians’ (Milloy, 1999; Personal Communication, residential school victim, 1995).
Reports forwarded from a local agent and a police constable set out the case of George Baptiste, who had run away from the Anglican Old Sun’s School. On being brought back, the boy was shackled to a bed, had his hands tied, was stripped and was “most brutally and unmercifully beaten with a horse quirt until his back was bleeding”...Graham brought forward another incident, the beating of Arthur Dorion until he was “black from his neck to his buttocks” at the Anglican MacKay School in Manitoba...The very next year another boy fled from the school almost naked and barefoot” and was found by non-Aboriginal men after a week in the bush “nearly out of his mind” from being “whaled black and blue” (Milloy, 1999, pp. 146 – 147).

The residential and boarding school era highly affected many attendees to the point where a large number of people committed suicide inside the schools as children, outside at home as children or thereafter as adults because of this horrific experience (ibid.). It is important, in terms of the current state of affairs for Native American Peoples today, to recognize the Legacy of these generations of Native American Peoples who still continue to internalize and externalize the abuses they experienced. Specifically, the residential school experience for Native American cultures is directly accountable for many of the psycho-social illnesses, abuses, and addictions experienced in current Native American communities in Canada and the United States.

Furthermore:

As a result of boarding school policies, there is now an epidemic of child sexual abuse in Native communities. However, because of the shame attached to abuse, there has been no space to address this problem. Consequently, child abuse passes from one generation to the next (Smith, 2003, p. 1).

Over the last 30 years in Canada, many organizations and communities have been "active in raising awareness" about sexual abuse in Native American communities (Aboriginal Healing Foundation [AHF], 2002, p. 53). Much needed studies continue to be conducted in relation to just how much sexual abuse of Native women and children there is in First Nations, Métis, and Inuit homes. A 1987 report in Winnipeg found an "epidemic of child sexual abuse on reserves"

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4 Legacy is being introduced in its capitalized form because of future references in this thesis where it has been used as a proper title by the Aboriginal Healing Foundation in labeling the heritage of traumas endured by Native American Peoples who were victims of Indian residential schools in Canada and their offspring thereafter (AHF, 2003a).

Inuit communities confirm that there is a high rate of sexual abuse of their children, and Métis women also reported high child abuse and sexual abuse among their community members (ibid.). Family violence studies are continuing, but previous studies have shown that this is an area of real concern. Northern Native American communities estimate “40% of children have been physically abused by a family member” (ibid., p. 56). Additionally, a study conducted in the North West Territories “found that 80% of Aboriginal girls and 50% of Aboriginal boys under eight years of age were sexually abused” (ibid.). Bopp and Bopp’s 1998 study found evidence that most of the children abused were repeatedly abused and that offenders were mostly male, someone from the family, perhaps medicine men or “elders” and that the behaviour passed from one generation to the next (ibid., p. 57).

Systemic Trauma from Indian Residential Schools

In the societal structure accompanying the cultural ‘lock-down’ at residential schools, a range of psycho-spiritual, socio-economic, and socio-cultural strategies were also created by colonial policies since contact to instantiate social fields supporting colonization violences. Söchting, Corrado, Cohen, Ley, and Brasfield (2007) have examined trauma in Native American populations and specifically in regard to sexual abuses stating that “childhood sexual abuse history was associated with three or more psychiatric diagnoses in adulthood” (p. 320). Additionally, their study found that Complex Post-Traumatic Stress Disorder (Complex PTSD) was encouraged by “interpersonal trauma” at the child to adolescent stage when sexual abuse was committed by a family member or person in authority whom the youth valued and trusted (ibid., p. 321).

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* Psycho-spiritual is a term used by many authors defining spiritual practices that incorporate psychology such as “…supplementing spiritual content with psychological teachings; interpreting or explaining the spiritual through psychological concepts; validating the spiritual through the alleged science of psychology; integrating the spiritual with psychology. The term applies to the spiritualizing of psychology as well. For example, transpersonal psychology, the Field’s latest stage, has vocabulary and concepts which are blatantly religious. Consider this quote in the Association for Humanistic Psychology (AHP) Newsletter: ‘AHP has always held spiritual concerns close to its heart…We have championed the return of spirit to therapy’ (McMahon, 2001, p. 1).
Aboriginal family violence and abuse is, on one level, a socio-political phenomenon with roots in historical trauma and complex community dynamics, it is also extremely ugly, destructive and personal. It hurts real people. It destroys intimacy and turns a loving home into a living hell. And, if there are children in the home, research shows that the chances are extremely high that they will be seriously harmed and possibly damaged for life, especially if they are made to witness prolonged abuse of their mothers or are themselves abused (AHF, 2003d, p. 28).

Family violence in Native American communities includes child abuse, wife abuse, Elder abuse, and abuse of the disabled, in the forms of physical, sexual, and verbal assault. Native American Peoples in Canada feel that violences are not coming from an "offender-victim relationship", but have more to do with the dysfunction of an entire community (Health Canada, 1993, p. 3). This conclusion suggests that there is a need to examine the social fields at play in such communities and to discover why the existing social traumas are reproduced so persistently.

1.3 Research Questions and Hypothesis

In August 2002, the research question to guide my research was ‘During the socialization process of Native American youth, where are the risk areas, how can they be addressed and how do they contribute to success or personal resiliency in the transition to adulthood?’ Since this time, I have continued to use this question as a basis for my research discovering ‘a circle’ of many additional factors that have become part of the research investigation and analysis.

A strong underlying philosophy for my research in regards to what produces resiliency for Native American youth, is the question of identity. The question is posed in an analytical sense as to Native American identity or Native American ways of being in relation to what kind of identity are

7 ‘A Circle’ is emphasized here to demonstrate the circular connection of cause and effect in terms of multiple variables found to influence conditions in the research. Further, this research approach is from a Native holistic viewpoint whereby the understanding of the Medicine Wheel is acknowledged in that the circle represents all connections in the process of life – including the beginning of life, maturity in life, and in finality of life in death only to recreate itself again in producing life – also and more importantly this term is used allegorically to understand the researcher's process in studying Blackfoot social fields and the life path of these social fields in how they are created, sustained or maintained and then recreated again socially, culturally, and economically affecting the social space of individuals.
Native American youth seeking. Like all young people, Native American Youth are seeking ways of being and seeking their identity asking themselves ‘what is it to be’? As people, we can be the “producer of experience or a consumer of experiences produced by others” (Kemmis, 2006, p. 42), in the choices we make in how we will be and conduct our daily lives.

**What Is It To BE?**

Investigating risks for Native American youth in their environment requires understanding the history of risk factors and how risk is constructed within social fields of societies. The late French Sociologist Pierre Bourdieu, took the “old philosophical notion” of the Greek Philosopher Aristotle’s concept called hexis, later translated into Latin as Habitus, and revamped it sociologically to surpass the tension between “objectivism and subjectivism” to analyze “the way society becomes deposited in persons in the form of lasting dispositions, or trained capacities and structured propensities to think, feel, and act in determinate ways”, (Wacquant, 2004, p. 1). To consider the experience and social affect of colonization violences in Native American communities and for Native American Peoples, it is essential to examine the individual being or from a Bourdieuan perspective, the Habitus of a person in terms of their social space and in their relationship with various social fields where they are engaged on a daily basis – their home, school, work, and community environment. A person may adapt to circumstances, learning new information and transform because of the social fields they encounter. Colonization violences have nurtured a type of resiliency for survival in many Native American Peoples as well as fostering learned psycho-social and psycho-spiritual ‘habits’ that have guided “them in their creative responses to the constraints and solicitations of their extent milieu” (ibid.).

In terms of how society is deposited in one’s being and its relationship to social fields of Native American children and youth today, they are on the receiving end of experiencing generational
colonization violences brought on through historical annihilation policies of Native American societies and the Legacy of Indian residential/boarding schools in North America. Native American children, or any children for that matter, learn from adults and their surroundings, processing, adapting, and constructing learned dispositions in order to exist and ‘fit in’ to the world they are brought up in to live.

Historically, Native American cultures in Canada did not embrace violences, in fact Canadian Native American cultures practiced love, peace, sharing, understanding, and harmony to keep balance between humanity and human needs with all life of the natural Earth. Experiences today for many Native American children/youth where psycho-social illnesses exist or where they are exposed to violent environments (i.e., home, social relations, or in the non-Native community) are directly linked to historical colonization violences that disrespected not only Native American Peoples and cultures, but other world Indigenous peoples, the Earth’s resources, and many life forms living on this planet. An example of resource based colonization violence on other life beings in North America is the massive extinction of the buffalo that once roamed the lands in droves. The buffalo were left for dead almost to the point of extinction by hunters who skinned them for their fur, and gutted them to supply machinery belts for the industrial revolution (Discoe, 2008, p. 1). Furthermore, the continued slaughter of the buffalo by US army soldiers was to cut off the food supply for many Native Americans 8 so that Native America would be weakened in their fight against various European colonizers (Wildcat, 1997, p.1). Colonization violences have altered the social fields for Native American Peoples and therefore have altered the individual Native American social space. Moreover, colonization violences brought down Native America’s social structures or Paradigm in their societies – impairing where they live, when and what they learn, and how they live – or are to Be – attacking their very being.

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8 The Buffalo provided food for mid-West and Western Native American Peoples.
To seek how a paradigm of a society can be changed, this research examined the individual in relation to the whole of a community both historically and in contemporary times. Bourdieu theorizes that learned dispositions - *Habitus* - result from a person's social space and affected by outside influences from various social fields that they engage. Thus experiencing inter and intragenerational colonization violences would mean that an individual's Habitus participates in the production of, and internalization thereafter of systemic traumas. Traumas are passed down through family generations and contribute to the makeup of the social fields in a community through cultural, social, economic and psychophysical social *fields* where Native American Peoples exist and will exist in the future as a Peoples within any given or particular community.

The notion of who we will *Be*, also in relation to the activity of the term ‘*being*’, and how this relates to Blackfoot youth today, finds that this research question is in itself momentous - especially when we attach the word ‘human’ to understand ourselves as ‘Human Beings’ and our obligations to this term in today’s societies. Native American activist (Radio Free Alcatraz) and former National Chairman of AIM the American Indian Movement in the 1970’s, the poet, musician, and actor, John Trudell, (Santee Dakota), tackles this question and captures the essence of the meaning of *being* most elegantly:

> We’ve got to know who we are – to know our identity – if we’re going to make it. A tiger knows it's a tiger and it does tiger things; a wolf knows it’s a wolf and it does wolf things; and we’re human beings but we’re not doing human being things. We may be doing human things, but we’re not doing human being things because the being – that’s the balance (Trudell quoted in Chapman, 2001, p. 271).

Knowing today that colonization and industry have destroyed balance and harmony on this Earth worldwide for flora, fauna, and the human race, it is no surprise that the question of *who are we*
as Human Beings and what have we become in the 21st century persists. Colonization violations set out to remove the being from the human in Native America, by destroying the balance and connection with the Earth that was understood through living the Native American way of life, therefore destroying the Native American social paradigm. Colonization propaganda that spread violence against Native American Peoples was facilitated through various media and communication strategies such as literature, doctrine, and policies. This propaganda supported the notion of European superiority to validate the colonization of Native American Peoples. It included marketing and campaigning violences, supporting assimilative policies through methodologically devised systems of propaganda constructed to define Native American Peoples and their ways of being as “inferior and uncivilized, even ‘savage’” (Martens & Daily, 1988, p. 110). Ultimately, the purpose of the propaganda was meant to sway Europeans into thinking they were superior and to destroy or damage the Native American person’s psyche or being, which included their psycho-social, cultural, and spiritual wisdoms. In examining the dictionary explanation for Being which is the “nature of a person”, their historical evolution; biological growth; psychological profile; cultural development and spirituality; and social constructs (Oxford, Dictionary of Current English, 2001, p. 74), it tells us that in being, we are individually responsible for the life we choose to lead and the conditions we construct in the life path we follow. However, when someone else inflicts their own definition of being on another, this destroys the individual’s balance within themselves – it removes their ownership of their own humanity - it removes their ‘human identity’.

The research in this thesis seeks to understand what has occurred psycho-socially in the past for Native American Peoples and the ramifications of psycho-social traumas today. The research observes social infrastructure and patterns associated to social behaviours in terms of the interaction between peoples in the analysis of risk for Native American youth. I examine the
historical evidence of policies, assimilative doctrines and their effects – how they are intertwined with Native American culture and ways of being in contemporary society. I observe and analyze how a Native American youth sees her/himself and conducts her/himself as an individual or ‘actor’ in a social field they subject themselves to, and what Habitus is constructed within them through the “systems of dispositions such as the present past that tends to perpetuate itself into the future by reactivation in similarly structured practices”, (Chiwen Liu, 1997). The following diagram demonstrates the dynamics of self-identity in relation to social space and social fields that an individual engages. The individual consumes knowledge from their surrounding social space in a social field, becomes that knowledge in representing and/or sustaining it, and participates in structuring that knowledge as a producer of that knowledge. The individual’s social experience continues to contribute to the structural existence of that knowledge where it then is received back to the individual and becomes a factor in the individual’s identity.

From the Culture, Media, and Identities Series. Bourdieu & Passeron (1977)

An Individual can choose an identity to ‘Be’ in being that supports a certain social field or fields. For most individuals, they begin to find their identity in their early to late teens (Thatcher, 2001; Popov, 2000; Borba, 2003; Ormrod, 2003). Others may struggle with that identity because of disturbing social experiences and are able only to really define themselves at some later point in
their lives. Manion and Wilson (1995), examining risky behaviour of teens who were exposed to abusive environments as children, state that “adolescents with histories of maltreatment would show increased levels of internalizing and externalizing behaviour problems, and also would show deficits in their social competence” (p. 10). A healthier personal identity needs to be considered when examining recovery from risks and colonization violences in the processes of decolonization and cultivating resiliency for Native American youth.

Bourdieu’s theory of Habitus identifies agents as constituting the “social world by engaging embodied instruments of cognitive construction; but it also asserts, against constructivism, that these instruments were themselves made by the social world” (Bourdieu, [1997] 2000, pp. 175 - 177).

If our social world is constructing a specific scenario to which we are exposed, it is not long before we become a part of that construction through participating in the context of its structure, embodying its values, and creating repetitive patterns of it for its continued existence. We are perpetuating the continuity–in–change of this social world because of our learned dispositions – our Habitus – which rephrased is active living dispositions, and thriving dispositions within our conscious, those things we have learned, our learned knowledge, our upbringing, our nature as a person.

**Identity and Being**

John Trudell argues that there has been a loss in Native American Identity because of colonization policies and programs that were imposed upon Native American cultures, and strongly recommends that Native Americans today re-link themselves to the biological, social, and holistic connection with the Earth in order to regain their identity:
As human beings we’re part of an ancestral lineage, our DNA comes through the millennia, so our relationship to power is in the earth because that’s where we physically come from and our relationship to power is in that DNA ancestral lineage because that’s where the ‘being’ part of us has been riding all this time. And our relationship to reality is in that – that’s our identity of who we are – and I think that all the programming that has taken place, has taken place to remove our identity (Trudell quoted in Chapman, 2001, p. 270).

Other research studies agree with Trudell in terms of identity being important for Native American’s, especially Native American youth, and recommend that a strong Identity for cultivating resiliency is essential in the early years of a person’s growth (Borba, 2003; Berry, 1999; Assembly of First Nations, 1997; Curwen Doig, 2003).

The cycle of shame, blame, and self-loathing must stop. These are the most devastating barriers that our people must overcome. A lack of self-esteem, self-confidence, and a confused cultural identity impede our students as no physical barriers can...the greatest barriers of all: mental, emotional, and spiritual dysfunction. These barriers are the greatest hindrance to the success of Native students. The effects of these barriers reflect Native reality: Natives have the highest school dropout rate, alcoholism rate, drug addiction rate, suicide rate, and the highest percentage of people in jails (Lickers, 2003, pp. 56 – 57).

Trudell’s analysis regarding programming, fortifies Licker’s statement above, where a programmed and damaged Native American psyche is recommended as needing positive cultural identity and “self-esteem” for resiliency (Ormrod, 2003, p. 57). Colonization policies, residential schools, the media, governments, and inter and intragenerational traumas, have aimed to destroy Native Peoples’ identity in that these mediums have been used to teach Native Americans to relinquish their cultures and their identity to European culture and identity. Identity confusion for many Native American children both historically and in contemporary times has led them to lose confidence in their Native identity. Many Behaviorists’ believe that “people’s behaviors are largely the result of their experiences with environmental stimuli” (ibid., p. 300). Looking back to colonization policies and the environmental stimuli produced by various government programs, including the residential/boarding schools Legacy that targeted the annihilation of Native
American cultures, Native children were conditioned and molded to give up their Native identity during the most influential identity building phase in a child’s psyche. Native American children and youth were programmed at the residential school to become what they were not, white, however “Aboriginal children did not enter these schools uneducated: rather they were re-educated to fit a European model” (AHF, 2003a, p. 17).

Racist ideologies historically continued in academic research where researchers discredited “thinking that is not Western, but also engage in practices that imply that people who do not prescribe to their worldview are genetically inferior” (Duran & Duran, p. 18, 1995). Public oppression accompanied the broader environmental oppression of the reserve with the oppression experienced by many children at residential schools, and was specifically constructed by governments to reach into the Native American community life and family life to de-empower them as Peoples. In my opinion, governments and policy makers knew that their actions would greatly impede and disseminate Native cultures, but also knew that their actions would cast a shadow over Native social orders in coming future generations – and that was their point, to weaken Native America thus weakening the Native American hold on the lands and resources in North America. Explicitly, for Native American children and youth both in the past and today, raciology⁹ has occurred at the time in their lives that Behaviorists’ categorize as a time when youth learn that which brings an “individual into an adult who has unique characteristics and ways of behaving” (Ormrod, 2003, p. 300). Damaging a child’s psyche through racist remarks and actions builds inferiority complexes, leading them to a lack of confidence and identity in themselves and their being. Racism and racist remarks produce one type of psychological warfare that may weaken identity and open a whole new door of learning for those who have weak identity. The question is whether the weak in identity are taught or learn by their own

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⁹ An ideology derived from racism that colonialism attributed and accepted as true in its pursuit to morally legitimate itself as superior in order to acquire Indigenous lands and resources.
engagement in their environment, risky things or resilient things. The weak in identity are vulnerable to the outside world, outside social space, and outside social fields where their being can be infiltrated and influenced by other dominant psyches or ‘actors’ in social fields.

**Survival Instincts**

In consideration of many Behaviorists’ definition then, we therefore suppose that a person’s ways of behaving and unique characteristics, are part of the makeup of a person’s identity, and, part of how that person will respond to environmental stimuli. However, not all Behaviorists’ agree with the finalities of outside learned behaviours as a result of response experiences. Psychological inquiry is studying the “responses that learners make” as decisions of their own intrinsic cognitive reactions to environmental stimuli, as well as the examination of cognitive pathways to determine internal thinking such as studies conducted by DeGrandpre, 2000; Forsyth & Eifert, 1998; Rachlin, 1991; Rescorla, 1988; B. Schwartz & Reisberg, 1991; A.R. Wagner, 1981; where a person may not be influenced, engaged, and responsive to a dominant social interaction (ibid., pp. 300 – 301). This opens the discussion and analysis of risks and resiliency further - whereby resiliency could be seen as playing a dual role, existing in two very different pathways, positive or negative, as healthy or unhealthy, and correlates to the makeup of the ‘Habitus’ and ‘field’ in which a person involuntarily and subconsciously subjects themselves as an actor in their social world. Thus, we need to examine risks and resiliency as not only a characteristic learned by the cultivation of resiliency in response to outside influences, but also as one that is already present as an inherent survival mechanism within a person, responding to environmental stimuli instinctively as that individual’s personal protective shield. For example, many people drink irresponsibly on purpose (and their children may learn to do so from them) to forget about their problems, or to run away from issues that they think they just cannot handle – they are using alcohol to help them handle an issue or tragedy, and to them, this is a survival mechanism. A
person who feels inadequate may repeatedly seek unhealthy social relations, physical relations, and emotional relations to not deal with their immediate realities – again perhaps a survival action. Another example would be emotional control or uncontrollable emotional behaviour, where a person may leave a threatening situation without addressing the situation calmly, seeking refuge somewhere else so not to deal with their emotions in the issue – again this can be a survival reflex from the Habitus (a learned set of dispositions) and the being of that person – how they perceive themselves to Be in any given situation where they qualify the need to survive that situation.

1.4 Native Social Realities & Bourdieu's Theory of Social Relations

The first commitment in this research was to investigate risk and resiliency research of Native American colonization violences and to know ways to recognize them in relation to contemporary social risks. The importance of detail in observing risks and resiliency faced by each individual was revealed to this research in the awareness that the individuality of risks provoked the research to understand that they will not be solved until they are also being solved at the group or community level. What this research enabled is the understanding of the necessity for the pre-conditions or pre-existing social conditions or forms of life - Native American Peoples’ ways of being and ways of knowing – that is not only an inherent quality existing in the Native American but also are key components to the historical social order I call the Native American Paradigm. In order to re-establish this paradigm, what is being experienced now in the community must be changed, recreated, and transformed to change the historical conditions of colonization violences. The individual’s being – or from a Bourdieuan perspective, Habitus - must be informed to impose new conditions for the cultural, social, and economic fields in the community and this must be done collectively. The collective or group needs to reconstruct itself, and to recreate itself so that
it will commit to the change of the community to function as a healthy community, not just a healthy individual.

In proposing the above theory from the initial observations undertaken in this research, a relationship was found in Pierre Bourdieu’s sociological concepts of the human world and societies to further analyze research observations, data, and findings. Bourdieu identifies and theorizes three key concepts of human practice in his 1984 classic study Distinction: A Social Critique of the Judgment of Taste. In Distinctions, the concepts of Habitus, Field and Capital, are envisioned in a formula to understand the relationship between all three key concepts.

\[(\text{Habitus} \ (\text{capital})] + \text{Field} = \text{practice}] (Bourdieu, 1984: 101).

This formula describes the relationship of one’s social being existing in this world - a person acquires a range of consistent learned schemas and dispositions (Habitus), united with assets (capital), being motivated to create and continually recreate various firm and controlled social conditions (Field/s) which they then have ownership to and diversely imitate and adapt.

In respect to an individual’s Habitus or nature becoming, various social fields in which they engage through social relations, and various types of capital they acquire from these social fields, contribute not only to their own knowledge and responses, but strengthens the existence of that social field because of their engagement in it (practice). There are cultural fields, social fields, symbolic fields, and economic fields associated with cultural capital, social capital, symbolic capital, and economic capital.

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10 The original 1979 French publication titled La Distinction, was translated into English by Richard Nice, six years after its original French release. The book was voted 1 of 10 most influential books in the 20th Century by the International Sociological Association. Its foundation is Bourdieu’s findings while conducting empirical research – his conclusions on social realities - developed through direct and indirect observations of the social world from 1963 to 1967/68.
Social capital is the advantage or gain that is shaped by an individual's position in a formation of relationships. Violences in Native American communities and violences experienced by their young, such as getting young people addicted to substances, are constructs of Western social, economic, and cultural capital. However, each capital construct created, in any community, whether it is Native American or non-Native, is because of the way a community constructs itself and participates as a community in terms of social, economic, and cultural fields. A community or communities, where individuals come together as a group, could be responsible for creating resiliency to risks or in producing risks by how they participate in the construction of a social field or social fields. We could therefore hypothesize then that a group may also be subjectively constructing capital in their community and thereby establishing a methodology for the construction of a social field or other social fields in their community that contribute to a person's Habitus - or from a Native American perspective ways of being. An epistemology or belief, a philosophy of knowledge is established in the community based on the social fields that exist in the community.

**Discovering the Native American Paradigm**

Colonization violences historically influenced the already existing and strong Native American Paradigm to produce a new negative paradigm for Native American Peoples - reactive to the negative fields and capital that were occurring and giving rise to, solidifying, and enforcing negative social environments – The Western (Eurocentric) Paradigm. This historical anti-Native paradigm has become one research focus in investigating risks and resiliency in how the Native American community has established risky patterns and gone into feedback loops of risk where the community as a whole can't back out.
My research and observations led me to reflect on my being – my own existence as a Native American in various social, cultural, and economic fields during my life, in my fieldwork, and in relation to diverse schemes and dispositions that I have accumulated in my upbringing and learned behaviour and also to reflect on how I participate in the creation of social fields. Through deep thought, Traditional Native practice, and analysis of my existence as an individual and as part of the community and collective in these fields, I discovered the Native American Paradigm. More specifically, I mapped out the intellectual processes associated to true Blackfoot ways in coming to ‘know’ in ways of knowing, and in terms of being for constructing identity. I found that this paradigm can, if stemming from a negative foundation, manifest itself to seek positive healthy outcomes or sets of relationships which in turn automatically rights itself to be resilient against risks - including issues, situations, events, and traumas. Thus this historical pre-contact original Native American Paradigm coming from Traditional Native practices has, within its practice, an abundance of safety mechanisms in its knowledge or Habitus where its construction is resilient to Foreign paradigms, recreating itself to absorb, deflect, and transform information whatever it may be to ensure the survival of its own methodology and structure.

Native American Peoples acknowledge that their communities are suffering illnesses and because of their awareness of colonization violences and community issues directly related thereof, this demonstrates that the Native American Paradigm is re-emerging because there is a collective reflection taking place by individuals within their communities that will lead to a paradigm shift. Also, Native Americans today are becoming more and more proactive with healing initiatives to rectify colonization violences in their communities. Nevertheless, the task at hand is still how to provoke total and immediate change in a positive manner, to restore the Native American Paradigm in social fields, capital constructs, and Habitus, to promote resiliency.
My analysis of social capital in the Native American community suggested that ‘social capital’ is defined by a person being a member of a group and in good standing with a group who participates in ‘like’ things others are doing. In regard to risky or resilient behaviour of a group, an individual who participates in the ‘social field’ of that group is participating in the construction of that ‘social field’ in that community.

Bourdieu situates the foundation of social capital not only in social structure but equally through social connections. Social capital for Bourdieu is, “the aggregate of actual or potential resources which are linked to the possession of a durable network of more or less institutionalized relationships of mutual acquaintance and recognition – or in other words, to membership in a group” (Bourdieu, 1985, p. 248). Bourdieu’s theory is influential to this research when determining how society can produce dispositions and schemas that contribute to the individual Habitus, because its centralized premise is on the ‘return investment’ to possessors of social capital where an incentive becomes the “deliberate construction of sociability for the purpose of creating this resource” (Portes, 1998, p. 4) – in other words, social capital becomes the resource produced in the social field because it is maintained by the participants who participate in the field and continue to engage in that field thereby creating a stability for the existence of that social field in their community.

For example, to be a ‘man’ in certain communities, an individual will go fishing, hunting, chop wood, work on cars, drink beer, and lift heavy things that women will not volunteer to do. Therefore, being a ‘man’ has the requirement of doing certain activities and they are activities in that ‘field’ which is also part of that particular ‘social field in being a man’ – a form of recognition. Risks such as drugs and alcohol are not just dangerous as substances, but also because they are elements of social and economic fields because using or selling them can bring a person
social or economic capital. Substance uses are in a distinct field of substance use activities which in turn will then eat its young who are victims of that social field because of their social circumstances, i.e. children of substance users or children living in substance user environments, are at risk to be substance users themselves. Furthermore, feeling cool, tough, and getting high may be a feeling of invulnerability for a substance user, but that feeling of vulnerability returns at some point to the user during or after their ‘high’ and is often responsible for violences.

If we consider Bourdieu’s notion of capital in relation to a risky Native American community environment, the pusher of drugs or the bootlegger of alcohol become part of the capital of that community by producing the capacity for community members to have access to their goods. A drug pusher for instance is supplied by outside sources that are investing in the pusher’s ability to sell and promote the use of drugs - training them to increase clientele and spread addictive substances in the community. For example, spread of the highly addictive Crystal Methamphetamine in North America has been promoted through marketing strategies by pushers to increase clientele by mixing it into Marijuana, Ecstasy, Crack, Heroin, and Cocaine (The Crystal Meth Society of BC, 2008). Of course reasons for mixing the drug with other drugs is to increase users because the life expectancy of the regular Crystal Methamphetamine user is “as little as 5 years” (Wasco County Department of Youth Services, 2008). Therefore, it makes sense to the pusher to increase the clientele to ensure profits as other clientele become deceased and also contributes to the capital monetary gains within this drug community.

The findings of the research reported here suggest that the Habitus (learned dispositions) of the substance user/s in the Native American community are not only supporting the creation of social drug fields as a result of their drug use thereby supporting the drug economic capital in that community, but also creating socio-cultural capital producing social and cultural fields where
groups of individuals are participating, substantiating drug use and recreating the substance use in the community. This then is Bourdieu’s formula coming to fruition of the Habitus acquiring the many various capital within social relations plus the field and/or fields of social relations that equals or results in the practice of social fields and maintains the construction of social fields.

The historically-produced contemporary conditions for risks in Native American communities, deserves investigation through an approach to social science in understanding why these communities continue to experience colonization violences. Thus this research considers the human devastation of mental health for the individual and the connection of mental health to the whole function of the community. This research insists that all things are connected and follows ancient historical Native American beliefs and values where holistic practices sought harmony and balance between an individual’s environmental, spiritual, physical, emotional, and mental spheres for living good and in wellness for the individual and thereby for the good of the entire or whole community.
CHAPTER 2
Literature Review Introduction

In this literature review I examine empirical and holistic studies that discussed current issues of risk for Indigenous Peoples, specifically focusing on Native American Peoples in both Canada and United States. I investigated Native American risk literature and Canadian Native American Peoples in situations of risk to identify factors of risk in the everyday environment where resiliency is needed for Native American youth in Canada. The literature review contributes to the research analysis to determine what resiliency skills are present or need to be present for Blackfoot youth at home, in the community, in the city, at school and through interactions with others.

Literature search engines included: The Social Sciences Citation Index (SSCI); Anthropological Index (AI); Abstracts in Anthropology (AIA); The Congressional Information Service (CIS); The International Bibliography of Social and Cultural Anthropology (IBSCA); Current Index to Journals in Education (CIJE); CD-Rom and On-Line Databases of ERIC; PSYCLIT, SOCIOFILE, and LEXIS/NEXIS.\(^\text{11}\)

Research studies, books, and journals from libraries and private sources such as NGO and Native agencies, Native communities, Native authors, and specialists, the internet, universities worldwide, and governments were obtained and reviewed. Journals in sociology, psychology, criminal justice, social work, education, medicine, and addictions, contributed to the research in knowledge and understanding on human risk issues. Governments and NGO reports specific to Native American problems increased the research in reference to analytical thought towards what would constitute Native American resilient behaviour to the environments Native Americans face daily in the 21\(^{\text{st}}\) century.

Most studies found on Native American risk and resiliency and in education, were published in the United States (Brown, 2003; Cole et al, 2002; Day et al, 1998; Hoover et al., 1992; Hurlburt et al, 1991; Harrod, 1992; Jackson et al., 2001; Parker, 1984; Thorton et al., 1982). Many of these were limited to educational success and achievements, or to physical illnesses in epidemiological studies on diabetes and suicide rates. In Canada, there were very few Native American youth risk and resiliency studies encompassing the topic as a whole or considering all environmental issues that this research reported here has examined. Much research concentrated on statistical evidence and was empirical as well as linear in its approach to analysis regarding employment, poverty, illnesses, suicide, addictions, and education.

The numerous risk studies conducted in the United States of Native North American Peoples were conducted in high schools, colleges, and with university students, concentrating on learning strategies for Native American Peoples. Radda, Iwamoto, and Patrick (1998), Pewewardy (2002), Sing, Hunter, and Meyer (1999), Weaver (2000), Tippeconnic III (2000), Jacobs and Reyhner (2002), and Willeto (1999), have all investigated primary, elementary, secondary and post-secondary success for Native American students in the academic setting pertaining to motivation, cultural impact, and achievement.

Sing et al. (1999) researched Hawaiian education and found that the emphasis of learning for students reflects their Elders question of: “What do we want our kids to acquire in terms of skills, knowledge, and attitudes?” (p. 5). Of paramount importance to the Hawaiian Elders is that their community children and youth know “what our beliefs are about – the skills, abilities, morality, talents, and information they need to have as part of being Hawaiian” (ibid.). In other words, Hawaiian cultural knowledge also includes the “belief that the family is important” (ibid., p. 6).
Also, the collaborative connection from education to the Hawaiian community is deemed integral in the overall scheme of Hawaiian education for youth. In fact, Hawaiians say they have kuleana or responsibility to their Hawaiian Peoples which includes knowledge gained by empirical education because all knowledge serves as a purpose for this new Hawaiian paradigm in the 21st century.

The key is being able to define for themselves and being able to provide them an opportunity to make choices about their destiny in life. Part of being Hawaiian is being connected to your community and part of Education is what is it that you do that can help contribute to your family and community? If it's being a medical doctor then that's what you do (ibid., p. 9).

In listening to the Hawaiian Elders cultural mentorship, guidance, and support of their youth, their story establishes that structured youth learning programs facilitated by adults to instill resilient assets may work well for Native American youth. For example, Radda et al. (1998) investigating motivation, found, through a discussion on their quantitative study of Native Americans, that “students responded positively to the statements pertaining to task-effort and sense of purpose” (p. 13). The study clearly defined what was important for students in order to achieve success in education and this was “planning and goal setting...for students as they relate directly to envisioning a sense of purpose in education” (ibid.). It is clear through these studies that resiliency programs and efforts in the school environment, community, and family are essential components in a student’s success academically.

The literature search was expanded to include further investigation of social, cultural, and economic fields existing historically and today for Native American Peoples. The continued development and analysis of the initial research question encouraged this research to explore over 500 years of intricately constructed socio-political initiatives to unravel how the Native American Paradigm was destroyed in terms of Native American health, environment, and social interaction/relations. Further discussion on this issue will continue throughout this thesis but
more importantly and vital to the research findings in this research is the renewal of the Native American Paradigm which will also be discussed throughout this thesis and in the final chapters.

Studies of risk issues in Canada pertaining to Native American Peoples and youth in the fostering of resiliency include new National efforts to control alcohol use in the overall Canadian population. Literature found further looks briefly at Native American suicide, patterns in the evolution of risky behaviour for colonized people, and Native American teen behaviour. An overview of inter and intragenerational trauma, why resiliency is critical versus a study with an empirical assumption of why social risks are prevalent in a Native American community, argues that the empirical approach to Native American risk issues is historically faulty. The chapter ends by defining the fostering of resiliency in terms of a broader connection to the environment, for the individual and in connection to the immediate social community. The final remarks prepare the reader for the rest of this thesis that examines Native American social fields, economic issues, and culture revealed through the research of Blackfoot youth.

2.1 Analytical Models: Past Studies of Native American Risk Issues

Many Canadian risk studies of Native Americans have focused on research studies to create resiliency programs for diabetes, or addictions. More recent and current studies or conferences such as the Canadian Centre on Substance Abuse (CCSA-CCLAT) Substance Abuse in Canada, Youth in Focus, 2007; Atlantic Aboriginal Addictions Training Symposium, 2008; National Native Addictions Partnership Foundation, NNAPF, In National Native Alcohol and Drug Abuse Program (NNADAP), 2008; National Aboriginal Health Organization’s (NAHO) First Nations, Inuit & Métis Education History from a Health Human Resources Perspective (2007) and The First Nations Centre Des Premières Nations (FNCPN) Understanding Health Indicators,( 2007a); The

12 See Health Canada studies in References section, and First Nations and Inuit Health at http://www.hc-sc.gc.ca/fnih-sphn/index_e.html.
Aboriginal Healing Foundation’s *Historic Trauma and Aboriginal Healing*, 2004; and *Indian Residential Schools Resolution Health Support Program*, 2007; are examining mental health and its relation to traumas in terms of inter and intragenerational abuses. However, there are a lot of current programs now in Native American communities that stand on their own as healing initiatives but cannot produce any guarantees that victims will maintain their resiliency to particular risks. For instance, diabetes requires not only medical attention and medicine, but also exercise and proper foods to maintain a person’s health through this disease. But, poverty limits a person’s ability to pay for proper treatment and nourishment which is so very important in the case of the diabetic.

Similarly, for people suffering with addictions who may get ‘cleaned up’ in an addictions program, my qualitative research in the Blackfoot community has found that once rehabilitated addicts go back to the communities or living conditions from whence they came and where they learned the addiction, very few are able to maintain resiliency against the social and peer pressures in that environment and return to a lived and living cultures of addiction in the community - a living culture in the sense that it is constructed by social, cultural, and economic *fields* that influence and take shape in the *habitus* of addicted people in such communities. Furthermore, local services such as the law, justice, and medical, fail to address and implement measures of prevention for Native American Peoples reifying traumatic social fields that perpetuate addictive or criminal behaviour.

**Native Youth Risk and Resiliency**

In March 2001, Health Canada released a manual by Richard Thatcher Ph.D. RSW CCS, which specifically focused on Native youth issues. Thatcher’s work is intended to guide counselors in providing structured social and personal tendencies for Native American youth in high risk
situations and environments. His work is the best Canadian study of which I am aware on how to
teach Native American youth to be resilient. In particular, Thatcher recommends a specialized
setting in which Native American youth must choose to participate in, and show desire to learn
resiliency against social risks. The manual focuses on after school or summer camp programs
for early to mid-teens who live on-reserve. However, it seems likely that this program could
readily be modified to address Native American youth in the urban setting. The program deals
with individual realities, mentorship, and guidance for youth, teaching them to be confident in
their being and providing them with resiliency skills to make the right choices. Thatcher's
program is recommended for both on and off-reserve, where an urban centre has a Native
American youth component. His program promotes teaching skills which are coupled with
compassionate learning strategies that equip youth with resiliency assets in any given situation or
environment in the face of risks.

Labeled an intervention program, Thatcher credits many sources in general for contributing to his
guide. Social workers, social psychological studies, youth-teen studies, Traditional exercises and
knowledge that have been based on years of experience by many peoples, all contribute to
Thatcher's synthesis recommending how to teach resiliency to Native American youth in high risk
social environments. He describes his work as one that “no matter how original we would all like
our work to be, few of us can, with full honesty, disclaim that even our finest efforts are at best
primarily a synthesis of many things that we have learned from others” (Thatcher, 2001, preface).
He sees his guide as a conglomerate enterprise where “authorship can only be claimed jointly by
the forgotten originator and by the string of people who have altered the exercises to fit their
needs” (ibid.).
Thatcher’s manual for resiliency of Native American youth risk is 420 pages long and full of excellent person to person communicative resiliency strategies for Native American youth. Chapters 1.0 to 1.4 discuss Adolescence in pre-industrial, industrial and post industrial societies laying the foundation of understanding for the development of risky behaviour in teens. Then, in Chapter 1.5 and onwards, his work begins to hone in on the specific differences and additional struggles that Native American youth face in a comparative context to non-Native youth in Canada. Specifically he notes that Native American youth have a lack of exposure to opportunities as children, through teenage years, and as adults, making them more susceptible to risks.

While adolescence is a period of heightened social risk, it also contains the potential for youth to seize great opportunities and, in so doing, establish a clear, positive direction for the future. Unfortunately, too many Aboriginal North American children are never exposed to those opportunities (Thatcher, 2001, p. 11).

Furthermore, Thatcher explains that not only are Native American youth disadvantaged to opportunities that most other non-Native youth are exposed to, in regards to professional career choices, but also, they are disadvantaged health wise and socially, particularly in Canada.

It must also be recognized that to experience adolescence in Canada as an Aboriginal youth is to experience significantly greater than average risks to one’s health and social well-being. It is also to be at significantly greater risk than non-aboriginal youth of becoming an abuser of alcohol and drugs, including solvents. The likelihood of dropping out of school, facing a lifetime of unemployment or underemployment is also far greater for aboriginal youth than other adolescents. The likelihood of engaging in interpersonal violence and other forms of antisocial behaviour, including crimes against property, of attempting and succeeding in suicide and homicide, and in producing unwanted children through the practice of unprotected sex is also much greater for aboriginal youth than non-aboriginals. Aboriginal adolescents are also at much higher risk of engaging in self-destructive behaviour patterns. These behaviours include suicide, the ultimate act of self-destruction, self-scarring, and a pattern of reckless activity that pays little heed to personal safety. Speeding while joyriding, driving under-age or while impaired come immediately to mind and sniffing glue, gas and other volatile substances must also be included in this latter category because they are potentially lethal (ibid., p. 12).
Thatcher does not promote his work as a solution for Native American youth at risk, rather, he sees it as a “risk-reduction strategy” (ibid.). Also, being not Native American himself, as he clearly states within his text, Thatcher realizes that the “influence on the program of non-aboriginal researchers and, indeed, the non-aboriginal ethnicity of the author, may be a source of concern to some aboriginal peoples” (ibid., p. 13). However admitting that Native American communities may opt out of using his guide, he still suggests that they consider it and adapt his program suggestions to their own needs “in several ways” (ibid., p. 12). Thatcher does remind the reader that he has vast experience with Native American communities and youth, validating his experience therefore promoting the use of his manual.

Thatcher defines Native American youth at risk in his strategy as stating that they are adolescents “at critical social risk” and are youth “encompassed by personal and social circumstances that will, predictably, lead to serious injuries to him/herself or others” (ibid., p. 18). He further reminds readers that Native American youth at risk will establish “long-term” patterns of “self-destructive or anti-social attitudes and behaviours” (ibid.). Concisely, Thatcher lists risky behaviour as substance use, suicidal tendencies, and sexual promiscuity. Overall, Thatcher’s guide cites the “McIntyre and White (1988)” study supporting their findings and stating that Native American youth at risk may stem from poverty; and/or dropping out of school; being children of alcoholics or the mentally ill; getting pregnant as teens; being suicidal as teens; “the homeless and runaways” (ibid., p. 18). Resiliency to risks for Native American youth in high risk environments has been reported by McIntyre and White (ibid.) as those youth who are able to separate themselves from their troubled parent/s; conceive a strong self concept and internal control; are skeptic of their parent/s worldview; and, have “at least one good parental relationship” (ibid., p. 19).
**Inuit Resiliency Studies for Risk**

The Ajunnginiq Centre of the National Aboriginal Health Organization (NAHO) recently published a handbook that discusses what research evidence has shown in terms of risky situations and in terms of “personal characteristics; the brain and resilience; environmental influences; and, the importance of thinking” (Korhonen, 2007, p. i). It also discusses the development of resiliency through confidence in one’s self, spirituality, and constructive thinking, and provides examples of resiliency training. Helpful strategies for resiliency are from examining different situations and educational initiatives that lend support in the development of a person’s social interactions. For example, the work discusses the brain and resiliency pertaining to “how biological processes such as brain structure and brain chemicals affect and influence how we think, feel and act” (ibid., p. 13). The research looks at the body's own chemical production and reaction to certain situations where the body's chemistry may “act as natural tranquilizers or relaxers; others are involved when we feel happy and confident; still others create feelings of anxiety or fear” (ibid.).

This research is hopeful and is investigating new medical studies and drugs being developed to maintain chemical balance in people who have emotional stresses. The research emphasizes that there are behavioral ways that people can practice to offset emotional reactions that lead to risky endeavors rather than coping by self medicating with alcohol, drugs, and/or exploiting others through violence. In fact, the research believes strongly in evidence which has proven “that behaviour and thoughts can change body chemistry and improve mental and physical health. Through practicing positive actions and thoughts, we can use nature’s own antidote to illness” (ibid.).

In relation to Native American Peoples, this research draws upon Elder teachings from the past and promotes Elders as knowing how to improve mental and physical health to be resilient and to provide coping skills.
This research work supports the literature review (2.0) and findings by Sing et al. (1999) of the Hawaiian Elders connection with their youth, as well as the Native American student motivation findings by Radda et al. (1998). It proves that the connection between Elders and community youth offers more than just teaching the oral traditions of their community’s culture to the next generation and that structured learning with advice teaches resiliency skills. The research shows that there is a real role defined for adults, demonstrating the importance of the older person’s guidance on the younger – of teaching youth how to react to experiences in life that all of us globally go through in times of happiness, sadness, poverty, loss, grief, richness, health and welfare.

These examples of research that promote structured adult-youth communication are extremely important for healing in Native American communities. One policy of Indian Residential Schools (IRS) was to teach Native American children European culture and this interrupted, and in many cases, eliminated the child's connection to their parents and relatives who would normally pass on the culture, language, and Native ways of being, living, and knowing to their children. The renewal of Native American languages and ceremonies today may incorporate resiliency teachings where an Elder advises the learner on how to handle life situations based on cultural wisdom and experience. Historically, the teaching of resiliency assets to Native youth was always a part of one’s culture in terms of growth, survival, skill development and achieving wisdom. No doubt there were efforts made by the community, parents and grandparents/Elders to help children who were victims of IRS experiences develop skills in coping with any horrific experiences – however these horrific experiences overwhelmed many Native communities. The question then becomes one where answers exceed the tangible realities of teaching and training structured life skills and moves into an abstract setting to see clearly why the construction of
detrimental social fields economically, culturally, and socially exist today in the Native American community – which is what this research examines.

Inuit research recommends narrative to influence mental pictures that are derived from positive family influences, environmental influences, spiritual factors, community roles, caring relationships, and promotes the importance of thinking things through thoroughly to handle situations in life. Inuit Elders have valuable comments for younger people in how to view situations they encounter in life.

If I have terrible thoughts or negative thoughts, then I won’t have a long life at all (Lucassie Nurtaraaluk).

The brain is very important because it controls everything…The fact that you can change what is on your mind, makes me believe that the brain is the most important part of the body (Aalasi Joamie).

My father noticed the frozen hands and said, Your hands are frozen but the rest of your body is functioning very well. If you lose your hands, you can still function well without them (Father to a young boy now an Elder).

Try to see things brighter and go forward more (Elder from Kangiqualujuaq).

I tell them try to leave it in the past, try to forget about it and move forward in life (Elder from Repulse Bay).

Life is short and they have to try to make up their minds to find things to do and be happy (Elder from Tuktoyaktuk), (ibid., pp. 22 – 24).

The research on Inuit resiliency stories examines the verbal-mental connection to the physical being, and may contribute greatly in creating resiliency assets in that it offers assistance in the construction of positive social fields in Native American communities.
A National Alcohol Effort to Moderate Alcohol Consumption

A Canadian health effort to moderate alcohol use, not specific to Native American Peoples, is being included as promotional material at the National Native Alcohol and Drug Abuse Program (NNADAP) events. Entitled *Reducing Alcohol-Related Harm in Canada: Toward a Culture of Moderation*, this booklet’s creation was the result of a think tank committee specifically created through Health Canada, the Canadian Centre on Substance Abuse, and the Alberta Alcohol and Drug Abuse Commission to create a national strategy to combat alcohol misuse (The National Alcohol Strategy Working Group (NASWG), 2007). The data tabled in the opening comments of the booklet state that alcohol related harm “totaled $14.6B taking into account the costs associated with lost productivity, health care, and enforcement” and that this is “double the cost attributed to illegal drugs at $8.2B” (ibid., p. iii). Alcohol is a “legal commodity” in Canada and although the NASWG states it “has economic and social benefits” and that “the strategy may not completely address the needs of First Nations, Inuit, or Métis, the working group supports additional work that more fully engages these communities and their leadership” (ibid.). Alcohol was introduced to Native Peoples through the inception of trade practices with Europeans. My research observed alcohol consumption in various Native American communities and the Blackfoot community, and for many not all, its use as a moderate drink lacked significantly. Historically, alcohol consumption through trade was promoted to seal a trade deal. For the Blackfoot, “white men’s water” (Ewers, 1958, p. 35) would become a significant good in trade.

At Fort George in 1794, the traders asked thirty beaver pelts for a “large keg.” They found it profitable, however, to make liberal presents of drinks before trading began. Duncan M’Gillivray, clerk at the fort, argued that liquor played a very important role in the Indian trade: “The love of rum is their first inducement to industry, they undergo every hardship and fatigue to procure a Skinfull of this delicious beverage, and when a Nation becomes addicted to drinking, it affords a strong presumption that they will soon become excellent hunters (ibid.).

Soon though, alcohol would become a tragedy in the Blackfoot populations.
Exploiting the Indians’ well-known weakness for liquor, the American traders used it as their primary lure to bring the red men flocking to their posts with buffalo robes, furs, horses, and women. To make their beverage even more attractive, the Americans mixed their alcohol not only with the usual branch water, but also with black chewing tobacco, red peppers, Jamaica ginger, black molasses, and other strong substances. Twenty cupfuls of this hot Indian whisky sometimes was given for a fine head and tail robe, three gallons for a good lively horse, and still more for an attractive Indian girl whose charms appealed to one of the traders. The Indians were warned not to drink the stuff near the fort. Some of them froze to death before they reached their lodges. In their camps drunken Indians quarreled and killed one another. Eighty-eight Northern Blackfeet were said to have been killed in drunken brawls in 1871. In a brief period two years later, thirty-two of the Piegan, including two prominent chiefs, were killed (ibid., p. 258).

Alcohol has continued its popularity in Native American communities since its inception, and in excess - to numb memories of colonization violences, broken treaties, poverty, residential and boarding schools, and more so today in reference to social relations of the field that has been established in that community since it’s historical introduction in trade. A strategy for the teaching and education of how to drink alcohol, may play an important role in the Native American community for those who are users of alcohol. For instance, the research put forth by the NASWG booklet addresses alcohol use through community observations and emphasizes the importance of control in the uses of alcohol.

Alcohol is no ordinary commodity. It is a legal psychoactive drug that enjoys enormous popularity and special social and cultural significance in Canada, as it does in other societies around the world. Alcohol serves a variety of functions – relaxation, socialization and celebration – often accompanying meals or incorporated into religious rituals and celebrations of holidays and events such as births and weddings. On the positive side, evidence also suggests that alcohol, consumed at low to moderate levels, can benefit the health of some individuals, for example, by reducing the risk of coronary heart disease (ibid., p. 3).

The booklet further examines the economic benefits of alcohol to the Canadian economy in terms of jobs, import/export, and tax revenues – it is clear that alcohol will continue to be part of the Canadian economy. But as we know, Alcohol historically played a critical and substantial role for establishing the nation-state of Canada in usurping Native American power and sovereignty over
lands and resources. And, Alcohol will not disappear from the Canadian economy because of its economic impact in the building and sustainability financially of this nation. More importantly, in terms of economic statistics in relation to health responsibilities discussed previously, the booklet states that the misuses of alcohol in reference to health, can cause accidents, injuries, “verbal abuse, violence, disability and death” (ibid.), and promotes action through a strategic educational initiative to raise “public awareness” (ibid., p. 7). There are “National drinking guidelines” discussing risky practice of alcohol use with many recommendations thereafter proving why people should drink responsibly (ibid.). There is also much valuable data arguing the case for responsible and moderate alcohol consumption in Canada through proving statistically how alcohol trends have affected peoples lives. Although the NASWG research is, in my opinion, late in its observations pertaining to alcohol risks and controlling alcohol consumption in the history of Canada, it is nevertheless a worthy endeavor. For people who are alcohol users, it educates them on the consumption and control of alcohol.

It seems that the NASWG recommendations of control and accountability of alcohol use are inspired and are derived from a response to earlier research generated by Korhonen in 2004. Her booklet examines alcohol addictions in the northern areas of Canada and Greenland specific to Inuit Peoples. While putting forth different treatment options, the one that stands out in this handbook is the control aspect of addiction to alcohol. Moderation management, harm reduction models, and guided self-change, are all counseling techniques suggested to help people gain control over themselves and to “solve their own problems if they are motivated, and given some guidance about what to do and can work at change in their home and community” (Korhonen, 2004, p. 16).
In terms of these studies and their relationship to resiliency building for Native American Peoples, the trends that are developing now in research studies are promoting teaching and self-healing initiatives through guidance, technique, and counseling strategies. This research is coming through an educational framework that has encouraged new learning – whereby more knowledge is being gained by research/story sharing, as well as more knowledge being dispersed to various organizations, communities and individuals because it has examined colonization violences, traumas, and the association of these experiences to addictions. The evidence gathered and synthesized has forced alternative thought to approaches of counseling and is now prompting new treatment options. What has been gained is the demonstration that responsible choices show not only hope, but healing that is possible by and for peoples who are suffering with addictions.

Native Suicide – A Link to Community Economic Development?

In 2001, a suicide prevention advisory committee for Native American Youth was appointed by the Assembly of First Nations (AFN) (Health Canada, 2002). The research clearly defined broader historical, social, and environmental issues contributing to Native American youth suicides and verified the increase in their susceptibility of suicidal tendencies compared to non-Native youth in North America. More disturbing, the research specific to Native American youth in Canada found an increasing risk occurring “at an alarming rate across Canada” (ibid., p. 23).

Statistical information gathered by the Canadian government states that between 10 and 44 years of age, suicide is one of the leading causes of death for “First Nations” (Health Canada, 2005, p. 43). The figures regarding Native American youth aged 10 to 19 “accounted for 22% of all deaths in youth” and “16% of all deaths in early adulthood (20 to 44 years) in First Nations” (ibid.). The data does not take into account the Inuit or Métis. Comparably and similarly to
Australia’s Aborigine population, Canada’s First Nations were “24.1 deaths per 100,000 population” compared with Aboriginal Australia’s Shoalhaven region at “22 deaths per 100,000” and in Queensland at “23.6 per 100,000 for the period of 1990 to 1995 (Hunter and Harvey 2002)” (ibid.). In the United States, Native American suicide rates were rising to a “threelfold increase in American Indian and Alaska Native adolescent and young adult suicides” with “some two to three times higher than the total U.S. population from 1979 to 1992” (ibid.).

British Columbia reported having had a per person count of “137.5 per 100,000 population” of suicides in communities where there were no protective factors such as community self-governance; community ownership of the land; community control of schools, health, administration, cultural services, police and fire services (ibid., p. 44). But, where there was “cultural continuity” with the kinds of protective factors as mentioned above, Native American communities’ suicide rates linked to suicide risks varied considerably - almost to the extent of no suicide for Native communities in control of their own lands, peoples, services, and cultural practices (ibid.). The research in this thesis supports cultural continuity-in-change as one aspect for social change and healing recommending the restructuring of community social fields by community peoples to foster resiliency, providing visible mentorship, hope, and pride in the cultural validation of ‘nativeness’ to youth in the community.

Examining economic dysfunction in comparison to economic success, in relation to environmental and social well being, provides further insight in establishing healthy Native communities. For example, a prosperous economically and socially stable Native community in Canada is the Osoyoos Indian Band of the Southern Okanagan area of British Columbia. The Band’s Mission Statement heavily emphasizes economic development which in turn emphasizes social stability:
The Osoyoos Indian Band is committed to achieving economic self-sufficiency within its businesses by the year 2005. This will be achieved through the training and education of our people which ensures that Pride of Heritage will guide us in developing our resources optimally both in socio-economic terms and for the benefit of future generations.

Our Goals:

• ...to increase the level of education in the following areas: academic, athletic, vocational and cultural - and that this responsibility will be shared by the Band, parents and students to be motivated to life long learning.
• ...to decrease the dependency on government funding through increased level of self generated income, joint ventures, leasing, land and resource development so that economically we can one day be self sufficient.
• ...to develop programs that reduce dependency and create community involvement that brings back the traditional Indian concepts of honour, caring, sharing and respect.
• ...to promote a well disciplined organization that will reduce the political influence within the Band and its agencies.
• ...to increase the standard of living opportunity for every Osoyoos Indian Band Member.

"Working with Business to Preserve our Past by Strengthening our Future" (Osoyoos Indian Band Development Corporation [OIBDC], 2005).

Within their tiny community of 400 peoples, band members have developed a golf course, an RV and camp ground, a winery, vineyards, a concrete business, a construction company, and various other local businesses. Additionally, they invite partnerships in development with non-Native peoples who have a "well thought out business plan to come and explore the opportunities we offer" (ibid.). The Osoyoos' willingness to invite outsiders or 'boundary partners', match what researchers in development encourage such as innovation and new partnerships, and has proven to create healthy socio-economic development in their community.

Also, their success includes their peoples continuing their historical practices in being competent survivalists with the land they live on, practicing holistic development and entrepreneurialism in partnership with the land.

Excavations in Osoyoos show that the Okanogan Indians were here for many centuries. They depended absolutely on nature for their livelihood, and storing supplies for winter.
They were survivalists, making their own medicine from roots, herbs, and balsam wood. Our people still follow these traditions today, which help to keep us strong and free of disease (ibid.).

The Osoyoos motto in commitment to their land in contemporary society as the provider socio-economically to their Peoples, has proved to be profitable ensuring not only their financial existence, but also their psycho-social health and stability as a community Traditionally. Their Chief, Clarence Louie, has recently been appointed as Chairman to the Federal government of Canada’s National Aboriginal Economic Development Board (Cotter, 2008). In an early 2008 spring meeting in Edmonton, Alberta, Chief Louie addressed Native suicide and what he believes would reduce psycho-social traumas for Native American Peoples.

Creating jobs and spurring economic development are the best ways to reduce the high suicide rate among aboriginal people, he said. And those jobs should be created by native people starting their own businesses and taking responsibility for their own communities. ”The best social program is a job”, Mr. Louie told the Edmonton Economic Development Corp.’s annual meeting. “And to the First Nations people here - not just band office jobs. The biggest employer should not be the band office. It should be the economic development side of your first nation. Today being a warrior means being self-supporting. Not living on welfare. Not continuously just hammering away at federal and provincial governments, but becoming employed.” Health experts estimate that the aboriginal suicide rate is about seven times higher than the national average. Mr. Louie, chief of the Osoyoos band in British Columbia’s Okanagan Valley, walks his tough talk. The Osoyoos band has developed and owns a golf course, a hotel, the Nk’Mip winery and other businesses. Unemployment on the reserve is a distant memory and the band employs many non-natives...The chief also had a blunt challenge for Alberta's corporate bigwigs. He called on companies to do business with natives' companies and to hire aboriginal relations officers to ensure cultural differences don't get in the way of everyone making a buck...Unless aboriginals share in Western Canada's growing prosperity, major cities run the risk of developing ghettos of poor native people, Mr. Louie warned. “The leaders in this room are the ones who are going to ensure that there isn’t an aboriginal poverty section in the city of Edmonton” (ibid).

I agree with Chief Louie that until such a time as economic disparity for Native American Peoples is in the past, current social fields in Native American communities will continue to host a barrage of traumatic issues - perpetuating themselves and imposing themselves socially in trauma for the peoples living therein. Chief Louie’s actions in his own community, and in advice to national forums, may contribute to a grassroots movement that may contribute to change the constructs of
risky economic social fields. What is evident in his recommendations is that entrepreneurialship in providing Native American employment to offset the risks of poverty are being examined in constructing resiliency assets to create resilient behaviour - and through the establishment of Native owned economic structures within Native American communities. But as this research recommends in proposing identity strength and social change, I argue that economic initiatives alone will not change social fields of trauma that many Native American Peoples are subjected to daily. Many people will still use substances, and still be violent even if they have jobs. A good example of this is the ranging drug abuse in Fort McMurray for the workers at the Alberta oil sands (RCMP, 2008).

Many of the thousands of workers who live in barrack-like accommodation at nearby mines and construction sites come to town on weekends, to drink a beer or ten, brawl, and buy sex and drugs. “This town is awash in cocaine,” says one long-time resident. Marijuana, crack and crystal meth are also widely used. Drug abuse in the northern oil patch is more than four times the provincial average (The Economist, 2007).

My research argues that real change for Native American Peoples and communities has to come from within the individual and within the community in all aspects of the community. This will require support from the outside in terms of the social space that the individual is susceptible to and also includes support of many more issues that are factors for the whole of the community, the whole circle, in every social construct and social field.

2.2 Predictors for Risk

According to Piaget, Adolescent students are in their Formal Operational Thought stages of cognitive development (Ormrod, 2003, pp. 29 – 35). Piaget claims that Formal Operational Thought begins between 11 and 12 years of age onwards into adulthood. Ormrod (2003) explains it in mathematical terms - where youth progress can be best identified by their ability to understand “such concepts as negative number, pi (\(\pi\)), and infinity”, as well as reasoning fractions, ratios, and decimals using them to “solve problems” (p. 30). Adolescent youth
Youth are now able to comprehend concepts with “little or no basis in concrete reality – concepts that are abstract, hypothetical, or contrary-to-fact”, leading to logical deduction of what is “valid is different from what is true in the real world” (ibid.). Skills in analytical thought to discern realities are imperative for youth. For many youth, it may be that during the early stages of their Formal Operational Thought cognitive development, they become able to identify what is or could be potentially harmful to them - especially in regards to substance use, peer group activities, and home relations. However, there is debate of Piaget’s theory in terms of not all youth developing their cognitive abilities at such an early age or rate as other Adolescents.

Ormrod cites: Byrnes (1988); Karplus, Pulos, & Stage (1983); Kuhn, Garcia-Mila, Zohar, & Andersen (1995); and Pascarella & Terenzini (1991), in arguing that many youth in high school and even young adults at college level are still developing their Formal Operational Thought processes “often having difficulty with tasks involving formal operational thinking” (ibid., p. 33). The speed at which each individual youth attains “formal operational thought processes probably appear later and more gradually than Piaget originally proposed” (ibid.). But, when it comes to developing reasoning power, psychologist Dr. David Myers agrees with Piaget, and states that most youth “achieve the intellectual summit that Jean Piaget called formal operations” (Myers, 2005, p. 126). He further professes that youth can, at this age, “reason hypothetically and deduce consequences” enabling them to “detect inconsistencies in others’ reasoning and to spot hypocrisy” (ibid.).

In discussing the above analysis and presenting Myer’s argument, it motivated my research to consider cognitive development of Native youth in association with other variables influencing psychological growth in their home and community. Because of psycho-social traumas stemming
from Indian residential schools, many Native youth may be disadvantaged in acquiring the
needed cognitive developmental skills necessary at the time in their Adolescence to enable
Formal Operational Thought and psychological growth because of stress factors in their home.
Further, inter and intragenerational traumas have in some cases, caused systemic mental health
issues or illnesses of the adult/s or guardian/s in a youth’s life stifling the ability of the adult/s or
guardian/s to cultivate psychological growth for some youth in their home/community
environments – maybe too, some youth are themselves experiencing mental health issues
because of their home or social environment. Colonization violences coupled with inter and
intragenerational traumas have meant that many Native youth grow up in a disruptive home life
and this may suppress skill development because a youth may live daily with stresses on their
mental health thus debilitating this phase of their psychological development. However when
Native youth are in the formal educational domain, counselors and teachers at school have a
chance to work more and more towards mentoring Native American youth towards positive
healthy life choices and teaching youth how to be resilient to risky behaviour. Therefore, the
question that arose in this research asks is the construction of risky behaviour by many Native
American youth associated with identifiable psychological inabilities during their Formal
Operational Thought developmental period? Mental health is a topic being investigated currently
in the risky behaviour of Native American Peoples of all ages as evident in the beginning of this
chapter. Another question is do we know yet or has research been done to investigate if Native
American youth who participate in risky behaviour, do so because they are yet to be nurtured by
adult mentors to teach discerning skills to provide resiliency assets such as reasoning and
deducing consequences of actions? There are adult mentors for Native American youth in some
communities and at some schools; Elders in Traditional gatherings; and Counselors in Native
Social Work. But is this enough? The Adolescent period is a time in the lives of youth when their
Formal Operational Thought period needs to be nourished in teaching youth resiliency assets.
Many Native American youth exist in overwhelmingly risky social, cultural, and economic fields which become their ‘teacher’ - responsible for teaching youth about a certain type of behaviour and, during this significant psychological developmental period of Formal Operational Thought where resiliency assets should be cultivated. Is their participation in risks, without a strong foundation in resiliency assets, setting the stage for further and deeper risky behavior now and later in life?

**Socially Learned Behavior**

Cynthia Wesley-Esquimaux, from the Georgina Island First Nation states that “socially-learned helplessness” because of colonization violences is often found where a people are dominated by an ‘other’ culture (IWGIA, 2007, p. 9). The colonized tend to lose their self identity because they are “unable or unwilling to act according to dominant social standards” (ibid.). She explains that their approach to the invading dominant paradigm is passive rather than active in “resisting assimilation” (ibid.). In identifying or defining the type of passivity that is produced, Wesley-Esquimaux described a passive “acculturation” to the dominant paradigm often associated to and through the use of substances, “family disintegration and suicide” (ibid.). She deduces that the dominant culture views this passive form of action by the Indigenous culture as weak thereby validating the need for the “external subject to represent it” (ibid.). In her view what then inevitably occurs, is the removal of the Indigenous person’s sense of identity or social self as a significant ‘other’ cultural human being. Moreover, within a colonized Indigenous culture as a whole, Wesley-Esquimaux concludes that the experience for them is one where the “historic trauma have become deeply embedded in the worldview of indigenous peoples, together with that sense of learned helplessness” (ibid.).
Her hypothesis is intriguing in relation to Bourdieu’s theory of social relations. If social fields in the case of Native American communities are regarded as being constructed inter and intra-generationally through passive resistance but nevertheless yielding, it means that there is acculturation into another culture’s dominating paradigm to the extent that the Native American culture itself, comes to include the social relation of yielding in the face of the dominant culture. In essence then, this is expressed in a reaction to the dominant social field where it is more or less continuously experienced as undeniably pressing upon the individual, who in turn reacts to this pressure of the domineering social field by trying to suppress the feeling and the existence of this pressure on their own Habitus. As discussed earlier, Habitus is culturally conditioned structures that exist in the individual’s own body and are dispositions/schemas of the intellect or from a Native American perspective – their being - invisible to the world but produced by a person’s own active participation in the co-creation or co-reproduction of social fields. This would be perceived as a ‘worldview’ for some such as Wesley-Esquimaux’s description, but in my argument, it is the social fields that are active in the Native American community which paint the picture of the worldview.

Colonized Peoples, or any person really who is being dominated to behave, live, and act in an alternate social order alien to their socially learned dispositions that construct their Habitus, may interpret domination as mental and physical pressure. I can only hypothesize the pressure felt internally as a tightening or squeezing, or smothering of that individual’s identity. Internalized mental pressure may lead that individual to deconstruct their cultural and physical identity whereby the reaction to incur a self suppressive action occurs to deconstruct their Habitus – or learned dispositions. This would account for the use of substances, violences, and behaviour damaging to that individual person as they strive to remove the pain that they – their being - may experience mentally by physical means through self-medicating.
Bourdieu’s theory of a person’s Habitus and their learned dispositions is as a history “between the socialized body and the social fields, two products of the same history that are generally attuned to each other” (Bourdieu, 1993, p. 46). Bourdieu describes the act of ‘action’ consisting in one’s body between social fields as unfolding in the following context:

Action is not a response that can be fully explained by reference to the triggering stimulus; and it has as its principle a system of dispositions, what I call the Habitus, which is the product of all biographical experience (so that, just as no two individual histories are identical, so no two individual Habitus are identical, although there are classes of experiences and therefore classes of Habitus – the Habitus of classes). These Habitus, functioning, so to speak, as historically assembled programs (in the computing sense), are in a sense the principle of the efficacy of the stimuli that trigger them, since these conventional and conditional stimulations can only work on organisms disposed to perceive them (ibid.).

In terms of Indigenous Peoples experiencing the wake of colonization violences, the mental pressure of historical violences felt by the individual perpetuates the removal of their identity where they continue psychological and physical self torture to compensate for identity losses. In the history of the destruction of Native American culture, language, ways of life, ways of being, ceremony, and so on, many Native American Peoples, as individuals and through their individual socially constructed Habitus, have reacted by the action of self-injury to acculturate passively to another culture or paradigm – to wipe out their feelings of colonization’s imposed violences that stole their identity through the loss of their own culture. Wesley-Esquimaux’s theory invoking the term ‘learned self-helplessness’ to describe these socially constructed and conditioned behaviours, can be investigated and identified more deeply as the Habitus or social body of the colonized individual responding to the social fields constructed where they exist as a human being, and where they define their identity.
Native American Teen Behavior Risks

A recent research project conducted a preliminary study on Native American teen women examining “aggressive and violent behaviour” (Van Der Woerd et al., 2006, p. 119). The study states that Native American teen girls are becoming more aggressive and that there is a definite risk of the spread of aggression and violence for them in Native American communities. However, the study found “no single variable...to predict involvement in aggressive or violent behaviour as either a victim or perpetrator” (ibid., p. 120). What is clear in this study is that colonization violences and historical to contemporary inter and intragenerational traumas, are to blame for the “historical and social events that have influenced Aboriginal communities” (ibid., p. 121). The methodology used in this study was a qualitative “127-item self-report survey” which “considered data from the 1,701 adolescents who identified themselves as Aboriginal” (ibid., p. 125). The analysis assessed the McCreary Centre Society's 1998 Adolescent Health Survey II (AHS II) that was administered to approximately 44 high school districts in British Columbia. Similar to the California Healthy Kids Survey used in this research, the AHS II asked teens about their health, sexual activity, substance uses, and connection to school and family. The survey found that 55% of the respondents were female in total, 84% were Native American and reported general good health; 46% of Native American girls declared themselves overweight but 57% reported they “were trying to lose weight” (ibid., p. 126). The survey investigated aggression and violence from a victim’s perspective, not a perpetrator response. The AHS II survey found that “60 percent of the girls reported that they had experienced verbal sexual harassment at least once in the past year, and 65 percent reported that they experienced verbal harassment at least once in the past year at school” (ibid.). The study states that the students experience was not gender sensitive and concludes this section reporting that 17% of both sexes reported “discrimination due to race/skin colour in the past year” (ibid.). Physical abuse, again not gender
specific in regards to the perpetrator, recorded 31% of girls being victims, 28% “victims of sexual abuse” (ibid., p. 127), and 29% of girls participating in fighting during the year (ibid.).

This research emphasizes that this was an explorative preliminary study examining violent and aggressive behaviour of Native American teen women, again not specific to perpetrator or victim. The analysis references Health Canada studies that indicate aggressive and violent behaviour stem from substance uses incurring abuses and mental health issues - where data found that Native American teen women had a lower self-esteem, lower emotional health, and that “aggressive girls were often diagnosed with anxiety or depression” (ibid.). The researchers question the interpretation of these results discussing previous social analysis by Health Canada, finding that the experience of violence in Native American communities is “related to morbidity and mortality for Aboriginal communities” (ibid.). It recommends research on aggressive and violent behaviour for Native American teen risks to find resiliency by considering the “historical context, to understand how history is operationalized, and to examine the role of history for Aboriginal people” (ibid., p. 128).

Furthermore, the research work mentions that future research seek to examine more carefully the historical to contemporary violences experienced by Native American communities in relation to young women’s aggressive behaviour. My thesis research not only examines historical events, but de-assembles history examining the social emphasis on the individual within the whole of the community. In reference to my research, the research findings on aggressive and violent behavior of Native teen women can be interpreted through the lens of Pierre Bourdieu’s social analysis of the body in relation to the construct of colonization violences impact on the individual being – or from the Bourdieuvian perspective, ‘Habitus’ - and their participation in the construction of their own social fields – both outside and within any community.
Sexually Transmitted Diseases

HIV infection reports in Canada are currently seeing a downward trend among the gay and white population, while new HIV infections among Native Americans is on the rise.

From 1998 to 2001, an estimated 605 Aboriginal people in Canada had positive human immunodeficiency virus (HIV) test reports, including 25.9% of all reports in Canada in 2001 with known ethnicity. Health Canada 2002a (Health Canada, 2005, p. 53).

The complexity of the disease as to why there is such an increasing rate of infection despite intervention and prevention education, is multi-faceted. However, the rate of infection is directly related to social environment, socially constructed behaviour, and socio-economic vulnerabilities and inequalities experienced by Native Americans. Since HIV infection is a relatively new research study for Native heterosexual Peoples, my research, while aware of this issue, does not investigate it fully other than as a ‘risk’ issue for Native youth - where sexually transmitted diseases in social relationships is discussed in both the quantitative and qualitative data findings of this thesis.

2.3 The Present Past

My data addresses risks and my insight is not alone in analyzing the various risks present in Native American communities. The Fall 2003 study of First Nations Peoples on-reserves (EKOS, 2004), reported that 48% of on-reserve Peoples are concerned about the quality and success of Native Americans in education. The graduation rates on-reserve in the 2003 study range from 17% for women to 21% for men (ibid.). The overall student population was 19% completing high school versus an 81% high school drop out rate (ibid.). Drop out decisions stem from first and foremost being: Pregnancy and family commitments; the need to work; racism; drugs and alcohol; issues with the Law; no money; lack of educational opportunities on-reserve; and feelings of insecurity in regards to educational abilities (ibid.).
In 1991, the Aboriginal Peoples Survey (APS) recorded 73% of First Nations Peoples acknowledging alcohol as a problem in their communities and 59% stating drug abuse as a problem (Lemchuk-Favel and Jock, 2004, p. 31). Svenson and Lafontaine (1999) reported that a Canadian substance use survey between 1990 and 1993 found that a “greater proportion of Native youth compared to non-native youth reported use of substances” (p. 16). In a full study of alcohol and drugs (National Native Alcohol and Drug Abuse Program, NNADAP, General Review - Final Report, 1998), drugs and alcohol were deemed consistent problems for Native American Peoples and seen as an extremely serious issue in their communities. The respondents for this study were the on-reserve Health Care workers, Social Workers, Leadership and NNADAP researchers. Illegal drug trafficking was said to be on the rise in Native American communities, and youth, as well as young adults, acknowledged their frequent use of illegal drugs and acknowledged that drug use was affecting the overall social structure of their communities (NNADAP, Health Service Workers Questionnaire – Basic Frequencies Report, 1998).

My research work explores how to de-colonize from these powerful violences. Native Americans must construct social fields which support an individual’s Habitus and in which is derived from actions of positive empowerment to support ALL social fields together and in every aspect of their existence. This means that in order to de-colonize, empowerment must exist in their home, work, relations, and private/personal environment, rather than in a single social field such as financial support for schooling, or a good job, because risks can exist in other social fields in their life, cancelling the benefits of empowerment in the one single field where there is empowering support. My research hypothesizes that all social fields physically exist in connection with each other.
My field research in Southern Alberta confirmed that risk for the young promising youth who excels in school and/or sports or arts, but whose surrounding environment, peers and/or parents/caregiver, relatives and/or neighbours are addicted to drugs and alcohol, is at risk in becoming a substance user. This risky environment for a growing child/youth exposes them to an atmosphere that may be socially structured around addictions. A youth exposed to this type of environment may have no other support to defend themselves against such a socially constructed environment. As discussed later in the research findings, some youth believe that this structured environment of addictions is their destiny. For them, colonization violences are perpetuated and fulfilled in risky environments, as they rise to follow the examples of their environment – internalizing and perpetuating risky behaviours. This is *intragenerational* trauma, where a person contributes to the construction of making or keeping a risky social field by their participation in sustaining the trauma. An example would be a promising student ending up with their grades dropping, getting into trouble with the law, possibly with peers, and at the highest point of risk, they may loose their life to a physical accident, or, as in many Native communities, take their own life by committing suicide – they become another statistic perpetuating trauma and reinforcing the existence of that trauma in a community’s social field.

**The Call and Need for Resiliency**

My study of ‘Risk and Resiliency’ focused on the Blood (Kainai) youth of the Blackfoot Peoples in Canada. The location for the study was Cardston, Alberta, and the ‘Stand Off’ Blood Reserve which is next to the town of Cardston. Cardston is a Mormon town, the dynamics of which being next to the Blood reserve, are interesting due to religious beliefs, morals, and values. Although not much different from Mormon beliefs, there is the Traditional practice of Native American values which encompass prohibition of alcohol and drugs, and promote spiritual growth. However, there is a dichotomy in Native American settlements that has disturbed their historical
cultural way of being and given rise to ‘risk issues’ among the population. Part of the local Native American population follows one or the other of the various religions and churches brought westward by European settlers such as: The Anglican faith; Roman Catholic faith; Lutheran faith; or Gospel faith; and, some Native Americans do not follow any structured religion at all, although spirituality is inherent in Native American cultures.

There has been an ‘erosion’ of most Native American religions because of colonial policies, the residential school system, and the child welfare ‘Sixties Scoop’. Thousands of Native children have stepped forward since the ‘Sixties Scoop’ by Canadian social welfare agencies, describing their pain and hardships having been raised apart from their culture and family.

The “Sixties Scoop” is a term that refers to the phenomenon, beginning in the 1960s and carrying on until the 1980s, of unusually high numbers of children apprehended from their native families and fostered or adopted out, usually into white families. While the authorities of the time considered these apprehensions “to be in the best interest of the child,” adult adoptees have articulated their sense of loss: loss of their cultural identity; lost contact with their birth families; barred access from medical histories; and for status Indian children, loss of their status (Reder, 2007).

Colonial violence’s caused many Native American societies to slowly remove themselves from practicing their culture. In Canada, the Canadian government’s assimilation strategy proposed the eventual extinction of Native American cultures by teaching skills and values of the controlling society whereby “Natives would disappear as a distinct cultural and political group” (Martens & Daily, 1988, p. 110). In the residential school, colonial policy targeted the young, punishing them if they sang Native American songs, practiced Traditional ways of being, or spoke their language. Students were generally educated in Christianity and “often told that old spiritual ways were evil and the work of the devil” (ibid.). Moreover, in reference to the residential school generations and the ‘Sixties Scoop’ child welfare program, intergenerational traumas include:

By the late 1980’s, child sexual abuse was coming to light and the Canadian government responded with the appointment of a special advisor to the minister of National Health and Welfare on Child Sexual Abuse in Canada. Especially shocking to the conscience of
Canadians were revelations that children who were in the care of church and state had been subjected to sexual abuse by their caretakers...In the early 1990's, these and other instances of abuse in child care, educational and correctional institutions across Canada were validated in public inquiries or police investigations that resulted in compensation packages to the victims (Aboriginal Healing Foundation, 2006a, p. 9).

Although some compensation for the initial survivors of residential schools and the child welfare roundup initiative has occurred and will continue to occur, survivors or children currently in government care programs still suffer. Many Native American parents' who were once children themselves and residential school victims and/or child welfare victims, are suffering with addictions, abuses, and illnesses, and many pass these on to their children. The resulting outcome is that the whole trauma cycle begins again, and their children are taken away from them and put up for adoption or sent to a foster home. This is inter-generational trauma, a teaching of abuses where abuses learned is passed down to the child who in turns passes it down to their children or others.

Fortunately, many Native American Traditional cultures and ways of being have survived the political teachings and assimilation policies of residential schools. It is through Native American spiritual practices that Native American Peoples will find resiliency and support mechanisms to deal with colonial violence's and current risk factors. What has happened in a variety of cases is that Native Americans who are not following their Traditional and cultural 'ways of being', have been left exposed to Western customs and vices which many of them are not equipped to handle. More specifically, identifiable risks are in the domain of sexuality & gender; substance abuses; sustenance; physicality; intellect; environment; and spirituality.

2.4 Conclusion

A study by Kevin P. Lyness of Alcohol issues related to risk, resiliency, and treatment for Native Americans in Alaska, states that the "sociocultural oppression of Alaska Native Cultures" is to
blame for the development of risky behaviour such as alcohol related suicides, child abuses, and violence (Lyness, 2002, p. 41). This statement by Lyness supports the analysis in reference to risks for Native Americans and to a certain extent, the research conducted by Health Canada in British Columbia of native suicide mentioned on page 48. Lyness’s work investigates the “destructive effect of White influence” on Native Americans in Alaska in terms of the culture, community controls, eradication of group dynamics, and dependency (ibid.). However, while Lyness’ work identifies the problems he fails to produce a well researched solution. His theory of building a healthy Native American community is stifled by his presumptions that resiliency for Native Americans today solely depends upon their reenactment of historical ways of living where he purports that Native Americans “had survived and lived a handmade life for many generations. Then others came in and seduced them away from their handmade life with many promises (the move from a subsistence economy to a cash economy)” (ibid., p. 46).

I simply cannot agree with Lyness’ analytical comparison that a ‘handmade life’ for Native American’s at risk would influence and establish healthy stable communities. As this research demonstrates in Chapter One first and foremost, Native Americans were not ‘seduced’ into their current communities crises – they met Europeans on equal grounds as sovereign nations and clearly stated this in their early partnerships of trading goods with the various trading companies. Secondly, political policies inflicting colonization violences were intentionally practiced to assimilate and eradicate Native American cultures. We are in the 21rst century of technology and most Indigenous peoples are worldly educated, with worldly careers, able and functioning in the global economy. Globalization is worldwide and only a few world Indigenous Peoples remain living the ‘handmade’ life that Lyness defines – and even then, global influence can be seen or detected in the most remote Indigenous communities. For instance, on my own journeys through
North Africa and Egypt, I came upon various Berber\(^{13}\) settlements where television, radio, and remote telephone communication modes prevailed. I was astounded to see this as I walked through deserts, hot, glowing, with a full pack on my back thinking I was in the last original place on Earth where Western technologies did not prevail. In comparison, our Native American youth are vibrant and involved in 21\(^{st}\) century technologies. They have iPods, computers, are into fashion, rap music, love Facebook, MySpace, Blackberry’s and other web communication devices to name a few, and are striving to seek their identity as Native American youth. But the disadvantages they face everyday in comparison to non-Native youth are from colonization violences in their communities where social fields that are detrimental to their development as healthy individuals exist and breed.

In conclusion, Lyness’ voice of reasoning the ‘handmade life’ as a solution for Native American Peoples, resonates similarly presumptuous statements of early invaders, political strategists, Anthropologists, and so on, deeming Native American cultures as savages and simple people without advanced knowledge comparable to the European. History has proven that reasoning like this validated colonization’s political policies of Native Americans needing to be educated, Christianized, and assimilated because they ‘missed the boat’ so to speak on advanced civilization. A much more informed and experienced voice supporting the environmental analysis of my research is that of deceased Métis Social Worker, Peter Erasmus, who describes real Native American communities and struggles, validating why there are risks, because of governments creating a “self-perpetuating system that promotes dependency” (Erasmus & Ensign, 1991, p. 5).

\(^{13}\) Berber Peoples are the “people native to North Africa” (Oxford, Dictionary of CURRENT ENGLISH, 2001, p. 76).
To eradicate colonization violences and to de-colonize, an individual or group must have a clean, healthy, safe, nourishing, and productive urban or rural environment. The community of the individual or group must create an economically viable and supportive mental and physical environment, as well as a strong cultural and spiritual existence for a stable and optimistic psychological profile which cultivates ‘Resiliency’ in its population.

While there has been much work by various Native NGO’s and organizations sculpting the Medicine Wheel to organize their strategies for successful support campaigns in various aspects of a functioning Native community, it is still unclear - the total connection of the Medicine Wheel encompassing all environmental influences. This is the most important wheel, the historical wheel where as Native Peoples, our entire environment was structured for resiliency.

For many Native American Peoples who experience violences, they need reaffirmation that they exist and are a strong, intelligent, creative self-sufficient peoples. They need to be empowered to overcome colonization violences and everyday belittlements that often face minorities. To do this, they need to know whom to BE and can find this by finding solace and comfort in others BEING (like them). The perpetual internalization of colonization traumas – creating the continuity of addictive behaviours has been empowering in the opposite unhealthy social dimension. The question that remains for the Native American individual to ask themselves is...to BE or not to BE... Moreover, it is a question of whom one chooses to BE – the field/s in which they play, and the Habitus resulting from the knowledge they acquire in which they are immersed and that will form the ‘nature’ – or being from a Native American perspective - of their person.
CHAPTER 3
Methodology & How Research Methods Are Perceived In Native American Communities

The study reported here employed both quantitative and qualitative research methods. Indigenous studies worldwide have mostly used qualitative methods to discover ‘ways of knowing’ in relation to human behaviour (Bernard, 1988, 1995; McElroy & Townsend, 1989; Pelto & Pelto, 1970; Barrett, 1996; McGee & Warms, 1996). In contrast, Western research of Native American Peoples in North America has often used quantitative methods (Tate & Schwartz, 1993; Aragon, 2002; Weaver, 2000; Radda, Iwamoto, Patrick, 1998; Hoover & Jacobs, 1992).

A large proportion of educational research, social work research, psychological research, and sociological research, has historical ties to the medical model of research where quantitative statistics aims to separate and study “in parts; the reality” objectively (Grinnell Jr., 2001, pp. 88 – 89). But qualitative research approaches have been reliable, open-ended, and appropriate for studies where multiple realities co-exist in social settings, allowing a holistic picture of these realities to be perceived. Historically, qualitative research methodology was mainly used in Anthropological research. In Native American communities, qualitative approaches are preferred in many different types of research, especially those by which Native American Peoples can contribute their voice and own the conditions they face found through the research study. Qualitative approaches in Native American communities by researchers allow the issues at hand to be examined and analyzed with Native American researchers or research participants and then published with Native American authority and consent by the researcher or research group (Weber-Pillwax, 2001; Cleary & Peacock, 1997; Green, 1993; Day, Blue, Peake Raymond, 1998).
By using qualitative approaches in this study, it was possible to cross-examine the quantitative
data collected in the survey and to explore Native American participants’ perceptions of reality in
the social fields where I conducted my research. I sought data allowing comparisons between
two different kinds of physical settings where Native American youth live and go to school. I
explored multiple factors that might influence risk and resiliency, aiming to identify conditions that
promote resiliency in the face of the social risks evident in these different kinds of settings.

Furthermore, I adopted a research framework that would allow me to explore the potential of a
historical and contemporary ‘Native American Paradigm’. Both quantitative and qualitative
methods of research were used in this study. The framework I used considered:
(a) perceptions of reality, (b) ways of knowing, (c) personal versus impersonal value-orientations;
and (d) applications of data.

A) **Perceptions of Reality** – *quantitative* research where existing or objective data is useful and
“reality exists outside any one person” (Grinell, 2001, p. 90); *qualitative* research where it is
the experience of the individual or group, subjectively, and is unique to each individual; and,

B) **Ways of Knowing** – *quantitative* scientific principles guide the research process - examining
specific areas of the research; *qualitative* research secures the entire experience of the
individual and within a specified number of participants – it may be referenced in context to the whole; and,

C) **Personal versus Impersonal Value Bases** – *quantitative* research is ‘objective’ with respect
to the researcher’s personal values in association to the research, whereby data can be
deposited and analyzed by other researchers who attribute no personal meaning to participants or data they synthesize; *qualitative* research is where personal beliefs, experience, and values influence the researcher’s interests - the researcher learns in mutual interaction from the participants; and,

D) **Applications of Data** – *quantitative* research applies existing and or generalized
data/knowledge acquired from research exploring issues concerning people or groups; *qualitative* research applies findings that demonstrate unique and in-depth knowledge of individuals and local settings.

There are many philosophical differences between quantitative and qualitative research. These
differences might be summarized as follows: *Quantitative* research studies one reality; dissects
knowledge using strict logistics in a deductive order; is value free or unbiased; and data is
quantifiably generalized in context to people, time, places, and conditions, separated from the individual or localized group who participated in the research. *Qualitative* research studies multiple realities, and, facilitates holistic research approaches. It applies knowledge constructed from the personal context and produced through inductive processes; both researcher and subject share the research process in gathering information/data; and research data gathered represents the individual or focus group’s voice, thus providing insight into that individual, event, or issue.

In the quantitative and qualitative data collection for this study, I proceeded in three stages: exploratory, descriptive, and explanatory. The exploratory phase is where, in the quantitative research, I described findings in relation to variables associated with the study, using existing statistical data from available public sources; and, in the qualitative study, where I made initial observations in the field. In the descriptive phase, I consulted the survey and explored relationships between variables on the qualitative side, including conducting interviews and identifying relationships that constituted groups and activities in the field. In the explanatory phase, I related findings of the quantitative study to an initial explanatory framework from literature on youth risk and resiliency, and in the qualitative study, I produced an analysis of qualitative findings using Bourdieu’s theory of social relations examining Native American social, cultural, and economic fields. The following table sketches these relationships:

<table>
<thead>
<tr>
<th>Exploratory phase</th>
<th>Quantitative</th>
<th>Qualitative</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A Public sources</td>
<td>D Initial field observations</td>
</tr>
<tr>
<td>Descriptive phase</td>
<td>B Survey</td>
<td>E Interviews and ethnographic analysis</td>
</tr>
<tr>
<td>Explanatory phase</td>
<td>C Model from Risk &amp; Resilient Studies</td>
<td>F Bourdieu social fields</td>
</tr>
</tbody>
</table>
3.1 Quantitative Analysis

Quantitative research is a deductive process. For this component of my study, I began with a broad conceptual framework based on previous studies of youth risk and resiliency that had been used in research on Native North American populations. The conceptual framework of risk and resiliency is without specific reference to Native North American youth, and was to examine in general the topic, and to acknowledge factors concerning youth risk and resiliency. The three methods of quantitative inquiry used included:

1) Descriptive Statistics; and,
2) Surveys; and,
3) Resiliency Scale – measurement of resiliency.

Additional considerations in the exploratory, descriptive, and explanatory quantitative research included: The variables associated to the study (exploratory phase); establishing two or more variables and their relation to each other in order to determine if change varies as Grinnell Jr. (2001, p. 103) believes with "change in the second variable" (descriptive phase); and to study 'cause and effect' of the relationship between variables (explanatory phase).

Descriptive Statistics

In the earlier stages of this study, my working hypothesis was that Native American youth are more susceptible to risk factors than non-Native youth in Southern Alberta. As the study proceeded, the research question became more tightly focused on risks for Native American youth in terms of their living environments and school environments under different conditions (on and off reserve). Moreover, the focus shifted from a general interest in exploring the differences between these settings, to a more intensive interest in understanding the risky behaviors of Native American youth in relation to specific social conditions in both kinds of settings. Specifically, my focus narrowed to questions concerning the risks posed by drug and alcohol use
and abuse, and the ways these behaviors were shaped in and by the social conditions in which these youth were living.

In order to put the phenomena of risk and resiliency among Native North American Peoples in a general context, I explored already available statistical data to assess whether “the relationship in our sample exists in the larger population…the population from which our sample was drawn and the exact probability that our finding is in error” (Grinnell Jr., 2001, p. 106).


**Surveys**

The sample selection for my study was teenagers aged 16 to 18 in grades 10 to 12. The sample size for my study ranged between 70 – 90 teens from two schools. In the Cardston high school study, Native and non-Native teens were compared and contrasted with the Blood reserve study
of teens attending Kainai high school. I compared gender, sexuality, justice, relationships (including peer groups, family, and scholastic groups), domains involving risk factors (including substance abuses, poverty, and health), and domains involving resiliency factors (including spirituality, religious observance, and support mechanisms).

I obtained permission from both school principals and counselors to conduct quantitative and qualitative research based on my research emphasis. I chose students from 16 years of age onward to be the target population because of vehicle licensing laws in Alberta allowing this age group to drive, making them more mobile. Further, students this age should be experiencing cognitive development that Piaget called Formal Operational Thought which he deemed as beginning around 11 or 12 years of age through their Adolescence.

Students were informed of the surveys and a letter of consent was sent home for a signature of consent to participate in the study. The model for the survey is the California Student Survey 2003-04: The Statewide Healthy Kids Survey Grades 9 and 11, produced by WestEd and published by The California Attorney General’s Office (2004). I obtained and signed a consent form of acknowledgement to reference WestEd in my study. I added a cover page and an additional foreword page asking students if they followed a religion, and if so, which denomination, if they were spiritual, and if they perceived these elements to guard them against risks. The sampling method administered in the survey provided students with a series of self-administered questions in one package. The survey sections are as follows:

- Background information: Age; sex; grade; ethnicity; and geographic information; and
- Use of substances: Alcohol, tobacco, and other drugs including Polydrug use; and,  
- School Environment: Violence, safety, harassment, and bullying; and,
• Local Environment: Neighborhood, community, or with an adult other than parents or guardian; and,
• Personal Health: Physical health and eating habits; and,
• Personal Description: Height and weight.

The body of the questionnaire consists of six sections labeled A to F. The broad content of each section will be outlined in the following paragraphs.

Section A: Background information, drug use and other risks
Section A begins with general background information as to a student’s age, gender, grade, cultural genealogy, and, how many times in one school year have they moved homes. It continues to ask students their physical activity per week and daily, their diet in the past 24 hours, if they eat breakfast or have ever had asthma. Then, the questionnaire introduces the next part of Section A, informing students that the following questions will “ask about use of alcohol, tobacco, and other drugs” (WestEd, California Healthy Kids Survey, 2003, Section A, p. 4). This part of the questionnaire is heavily devoted to asking students about drug and alcohol use or knowledge of it on school property. Section A concludes with questions regarding bullying, gang membership, safety, weaponry, and their grades achieved in the past year.

Section B: Social support
Items in Section B explore how students experience social atmosphere of their school in terms of social support and mentoring: social support for the student in their community, home, neighborhood, and with other adults.
Section C: Drugs and alcohol

Section C again comes back to questions “related to alcohol and drug use, violence, and safety” (ibid., Section C, p. 1). However, this time, the questions are more personal as opposed to knowledgeable of drugs and alcohol, asking students specifically if they are users of drugs or sellers, their experience thereof, and any knowledge of their own psychological effects stemming from the use of a substance.

Section D, E and F: Tobacco use, self-image and sexual activity

Section D addresses tobacco use, Section E self-image, multi-media engagement, physical activity, and sickness. And, Section F addresses sex and sexual intercourse which is also of concern in Native American communities with the current findings of STD's and HIV/AIDS in Native American populations.

Conceptual Framework

I divided my initial research question of during the socialization process of Aboriginal youth, where are the risk areas and how can they be addressed into two conceptual questions in order to focus on specific quantifiable data. I asked:

• What risks exist for Native youth? (Concept 1); and,
• What actions are being implemented to reduce the existing risks for Native youth? (Concept 2).

I used an established standardized practice to clarify variables that can be measured (operationalized) to determine the existence of a variable.

A sample question dealing with Concept 1 asked What risks exist for Native youth, and examined variables related to Alcohol, Tobacco, and Other Drug Use (ATOD) such as:
Alcohol and Drug Use

During your life, how many times have you been…

<table>
<thead>
<tr>
<th>0 times</th>
<th>1-2 times</th>
<th>3-6 times</th>
<th>7 or more times</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
</tbody>
</table>

Very drunk or sick after drinking alcohol?

<table>
<thead>
<tr>
<th>“High” (loaded, stoned, or wasted) from using drugs?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
</tr>
</tbody>
</table>

Drunk on alcohol or high on drugs on school grounds?

| A | B | C | D |

In reference to Concept 2, *What actions are being implemented to reduce the existing risks for Native youth*, a sample of questions considering variables in the nature of caring relationships, neighborhood and community were the following:

Caring Relationships

At my school, there is a teacher or some other adult…

<table>
<thead>
<tr>
<th>Not at all true</th>
<th>A little true</th>
<th>Pretty much true</th>
<th>Very much true</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
</tbody>
</table>

Who really cares about me.

Who tells me when I do a good job.

<table>
<thead>
<tr>
<th>Not at all true</th>
<th>A little true</th>
<th>Pretty much true</th>
<th>Very much true</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
</tbody>
</table>

Neighborhood and Community

Outside of my home and school, there is an adult…

<table>
<thead>
<tr>
<th>Not at all true</th>
<th>A little true</th>
<th>Pretty much true</th>
<th>Very much true</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
</tbody>
</table>

Who really cares about me.

Who tells me when I do a good job.

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<thead>
<tr>
<th>Not at all true</th>
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<th>Very much true</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
</tbody>
</table>

An example of other survey questions that contributed to Qualitative research

In the qualitative section of this thesis I discuss that other survey questions, as well as hypothetical concepts guiding my ethnographic study, contributed to my analysis in terms of formulating Nondirectional, Directional, and Rival hypotheses from which I would observe youth interaction in the community, and with adults. An example from the survey questionnaire which
would encourage my analysis and is related to school, home and community environment as well as investigating poverty, diabetes, and general physical health would be the following:

**Nutrition**

During the past 24 hours (yesterday), how many times did you...

<table>
<thead>
<tr>
<th></th>
<th>0 times</th>
<th>1 times</th>
<th>2 times</th>
<th>3 times</th>
<th>4 times</th>
<th>5+ times</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drink milk or eat yogurt? (in any form, including cereal)</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
</tr>
<tr>
<td>Eat French fries, potato chips or other fried potatoes?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
</tr>
<tr>
<td>Drink soda pop?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
</tr>
<tr>
<td>Drink 100% fruit juices such as apple, orange or grape?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
</tr>
</tbody>
</table>

**Resiliency Scale**

I measured resiliency against the background of the information found in my surveys. The Resiliency Scale examined external and internal assets of youth based from the various sections in the survey. The scale is calculated by whichever letters a student circles, A, B, C, or D, as stated in my survey section sample. These letters are given a numeric weight of values. Low scores are seen as lacking resiliency and high scores attribute to higher resiliency. Furlong et al., (2004) in the *California Healthy Kids Survey* found that students who had high internal assets were “more satisfied with school, family, self, and peers”, and had “more optimistic reinforcement expectations” towards goals and everyday objectives thereby validating researched assets in the Youth Internal Resilience Development Module [Resiliency Youth Development Module, RYDM], (p. 38). The resiliency scale determines associations to positive psychological qualities that are deemed constructive human qualities such as personal control; hope; and life satisfaction
(ibid., p. 5). The RYDM Theoretical Framework for The Youth Development Process, with resiliency in action is:

The survey provided variables that “can be objectively measured” (Grinnell Jr., 2001, p. 95) and contributed to the qualitative ethnographic data in that it identified certain areas for the qualitative research to examine. Thus quantitative data gathering was intended to reveal information pertaining to the existing circumstances and challenges that Native American youth in Southern Alberta face on a daily basis. Therefore, the data gathered for both quantitative and qualitative
research conducted is “presently accepted as true”, and “… is true only with varying degrees of probability” (ibid., p. 96).

In conclusion, the quantitative analysis in this study consisted of gathering statistics currently available from ‘risk’ literature on Native American Peoples in Canada and United States as well as administering a survey questionnaire, conducting interviews, and the use of non-probability or theoretical sampling for “selective observations conducted within a case” (Jorgensen, 1989, p. 20). Quantitative research was conducted with Native American youth both on and off-reserve at their high schools. The purpose for the survey, interviews, and selected observations was to compare and contrast statistics in “demonstrating causation by control and comparison of variables” (ibid., p. 19).

3.2 Qualitative Analysis – Approach

I approached the qualitative research as an In-Depth Case Study, where analysis and description stem from a “holistic examination of a phenomenon … to avoid the separation of components from the larger context” (ibid.). To validate my methodology and to reiterate the ideology behind my research, the approach in this study of social issues stemmed from a Native American understanding of the ‘circle’ and the motion of the circle with its connections to all life – that all things are connected, where there is ‘cause and effect’. My research aimed to consider the entire picture for the individual’s social space, the social, cultural, and economic fields in which an individual participated – where everything is connected to the individual’s existence within the whole of the community and environment in which they live. The following two pictures, Figures 3.2.1 and 3.2.2, are a sample of Native American Medicine Wheels used to depict the connection of the body to the social environment and the physical environment where humans exist.

14 See Jorgensen, Danny L., Participant Observation, A Methodology for Human Studies, Chapter 1, In-Depth Case Studies, pp. 19-20.
Figure 3.2.1 demonstrates a Medicine Wheel that has been used to interpret an individual’s connection to their community where unity in community issues will realize opportunities and equality for members of the community. Figure 3.2.2 depicts the Medicine Wheel from a general perspective in Native American culture showing the Peoples connection with responsibility to their environment and is part of Traditional understanding in ways of being and ways of knowing – this environmental respect is fundamental to the reality of the Native American Paradigm. The Medicine Wheel represents the 4 corners of the earth, and is read clockwise from the East (where the Sun rises), to South, West (where the Sun sets) and North. In terms of the human cycle of
life, the East represents birth and childhood, the South represents adulthood, the West represents elderly years, and the North represents death as well as beginnings and birth. The compass directions also represent the Four Directions geographically on the Earth, and the colours represent the four people groups on Earth: Caucasians, Native Americans, Blacks, and Asians. Figure 3.2.2 shows environmental connection to the air, land, water, and vegetation, reminding humanity that without the understanding of this connection, life could not exist on this planet. The circle represents our relationship and responsibility as Human Beings to protect the environment - our lives and our own balance and harmony depend on the environment. Historically and today, Native Americans also use the medicine wheel to provide many basic understandings in developing health, educational, social, economic, and justice frameworks. For example, over the past 10 years, more and more Native American organizations in health, education, governments, and social services, have re-instituted the Medicine Wheel into their research, analysis, and program development, along with using it to project a delivery of services and expectations for client results. Models are consistently circular with all methodology linking with the circle demonstrating ‘cause and effect’ where all is connected. In concluding, I would like to reiterate that the premise from which this study was derived – the inclusivity of all things – where human beings function in connection with their environment, was influenced by the circular understanding of connections based on the Medicine Wheel.

Methodology

Foreword

The limitations to the statistical data presented in this study include rationale such as: Not all students/Native youth were surveyed in the entire population between the Blood reserve settlement and the village of Cardston; this study represents a sample of the population; Native youth may have chosen not to answer various questions or to answer without concise data; and
finally, the data may have changed slightly to dramatically from the time my fieldwork specifically researching Blackfoot youth was undertaken (2003-2005), to the present.

**Application**

There was a risk of identification for the Native on-reserve school to conduct research in the Native American setting. There was also a risk of not wanting to admit to Native youth risks in the Cardston public school in order not to lose the moral advantage by the non-Native public education system. Informed consent was obtained from all involved in this study. All participants were informed of every aspect of this study. Participants provided a signed consent form to me stating that they understood the study fully and in all aspects, prior to any research being conducted. Participants’ confidentiality and privacy has been protected and all participants’ responses are anonymous.

An In-Depth Case Study, can “take a variety of forms, most of which do not involve participant observation [see Yin, 1984]. The methodology of participant observation, however, generally is practiced as a form of case study” (ibid.). As discussed previously, my research approach is from a holistic circular psycho-social and environmental framework akin to the Native American Paradigm. Mostly for qualitative data, the principles of Ethnography guided my work. However, in the practice of participant observation for my study, counselors at the schools and youth in groups were consulted on their observations of youth risk and resiliency and their own personal risk and resiliency to risks that contributed to my data.

My observations in the fieldwork I conducted of Native American youth, researched them in their community, at school, with adults, in peer groups and generally in both the urban village/city and rural reserve environment. Furthermore, my research was inclusive in studying the “culture,
society, community, subculture, organization, group, or phenomenon such as beliefs, practices, or interactions, as well as almost any other aspect of human existence” (ibid.). My methodology even if inclusive of multiple social, cultural and economic fields for Native American youth, was an intensive study interpreted as a single case. Comparative case studies of Native American youth risk and resiliency findings in the literature search were considered in terms of influential variables, and specific only to social, health and educational studies in both United States and Canada.

Literary statistics in support of my qualitative fieldwork pertained to education, employment, substance use, addictions, remoteness, housing, community structure, illness, death, sexual diseases, environment, and population. I also gathered much comparative information from government studies, particularly from a 2005 study by Health Canada for the year 2000. Other statistical evidence in support of my qualitative fieldwork examined provincial and territorial data.

Further, in my qualitative study of applied anthropological concepts such as ethnography, I considered Bourdieu’s sociological theory of social relations to discover data on social interaction for Native youth on and off reserve. The study also examined environmental variables that contributed to Native youth daily routines and patterns of thought in regards to risky or resilient behaviour.

I spent a total of four (4) years in the field for my study, researching Native American Peoples and youth on and off-reserve. I had conducted Fieldwork in Canada and United States examining risk for Native American Peoples in general and then examining risks for Native American youth in particular to understand the levels of risk and risky behaviour in the different Native American

language groups and Nations. Earlier qualitative/ethnographic research studies clarified specific issues to be addressed in this research. I found that there are differences in risks and resiliency factors for Native American Peoples between the geographical regions of the East, West, North, and South in North America. In knowing this, it required me to consider geographic location in terms of the economic, cultural, and social fields as a factor in determining risk and resiliency for Native American youth. For example, the Blackfoot Peoples of the Northern Peigan, Blood and Southern Piegan of Montana, are close to the small city of Lethbridge Alberta as well as just north of them, the city of Calgary and after that, Edmonton - again none of which are very large metropolitan or multicultural cities in comparison to Mohawk, Algonquin, and Huron Peoples of Eastern Canada being close to bigger cities such as Montréal, Toronto, and Canada’s capital city of Ottawa that are within their territories. The bigger cities in the East are very multi-cultural and have many groups of ethnic minorities living and working within them in comparison to the smaller cities existing in Alberta and Montana with a prominent Native to Caucasian ratio. Raciology is one risk factor in Western Canada to recognize and consider carefully when examining risky environments for Blackfoot youth.

To clearly conduct Emic research, it was necessary for me to move to Blackfoot territory and live as a Blackfoot woman. From March 2003 to September 2005, my fieldwork was specifically in Blackfoot territory on and off reserve, extending from Edmonton, to Calgary, Lethbridge, Brocket, and Cardston in Alberta, as well as Browning, Montana. My underlying intention was to research the socialization process of Native American youth, in relation to risks and resiliency. I used Bourdieu’s theoretical framework as discussed throughout this thesis, examining multiple social fields in the social relations of Blackfoot youth.
The typical model used for my ethnographic research was based on a phenomenological paradigm embracing a “multicultural perspective because it accepts multiple realities” (Fetterman, 1998, p. 5). More importantly however, is the active ethnographic practice of Participant Observation. From my field setting, it was my choice and aim “to build theories grounded in concrete human realities” (Jorgensen, 1989, p. 18).

I became a Blackfoot woman, immersed in the life of a Blackfoot, both on and off reserve. I lived as a Blackfoot woman in my home, in my personal and professional life and, in the geographical territory of my study. I was an educator at Blackfeet College in Montana; a guest lecturer for the Catholic and public school boards in Blackfoot territory speaking to Blackfoot youth; a Lecturer with the University of Calgary teaching Native Social Work to both Native and non-Native adults; I met a Blackfoot man; and, I then became a step parent to four Blackfoot youth who were exposed to risky environments when they lived in the territory and moved around to other family, friends, and peer groups throughout Alberta and Montana. Becoming part of the social, economic, and cultural field in this research study was critical in constructing the methodology to gather qualitative research data.

Jorgensen (1989) argues that Whyte (1984), Scott (1968), Hayano (1982), Wallis (1977), Forrest (1986), Douglas (Douglas and Rasmussen, with Flanagan, 1977), and Sudnow (1978), are all researchers who became ‘native’ in their studies to participate so that they may “observe and experience the meanings and interactions of people from the role of an insider” (p. 21). Each researcher varied slightly in the way they immersed themselves as subjects in the subject they studied. Hayano became a professional card player to study and investigate the art of poker and Wallis investigated Scientology where he only exposed himself to a “brief training period” (ibid.). For my research however, I fully immersed myself in the culture, Traditions, spirituality,
economics, politics, gender, social order, and community in order to have “access to the world of everyday life from the standpoint of a member” (ibid., p. 20).

After reviewing the literature relevant to the research questions for my study, I identified key concepts that guided my ethnographic work. The knowledge gathered from the literature search assisted me to think on multiple levels so that I was malleable to new experiences I encountered as I conducted my fieldwork. There is less concern for variables here, and, specifically in relation to this being an Indigenous study, I was more interested in listening to the participants’ voices to contribute to my analysis of understanding the conditions in which they lived – and which I lived as an Indigenous person (even if in both the roles of Indigenous person and observer/researcher I was coming to the community from elsewhere in Canada). The perspectives of participants added much greater depth to my research complementing and extending the perspectives available from my own fieldwork and literature searches.

I utilized the same format of exploratory, descriptive, and explanatory analysis techniques in the qualitative study as I did in the quantitative study. The Exploratory approach I took asked other observers and colleagues about their observations regarding Native youth risk. Following the Descriptive approach, I asked participants to tell me what they think and know of Native youth risk. And finally, in the Explanatory approach, I asked more specific questions of informants to tell me exactly what they felt were the risks for them or the resilient factors for them as Native youth.

In conducting the qualitative research segment of this study, I was the principal instrument in the collection of the data. Ethnologically, I pursued information from the cultural perspective of Native
youth and phenomenologically, from their subjective interpretations of their world by being immersed in the Native youth setting.

**Naturalism vis a vis Ethnomethodology**

Gubrium and Holstein (1997) critique the naturalist's approach to acquiring qualitative data stating that “being there, as part of their world, poses a distinct problem of its own, putting the naturalist at risk of becoming too much a part of what he or she is ostensibly studying” (p. 36). They further warn about the dangers of the researcher “going native” (ibid.). In support of my own qualitative methodology for this study, I was already immersed in Native cultures because I am Native. However, in protecting my method of inquiry, my goal was “to represent subjects' worlds in writing as faithfully as possible” (ibid.). I approached interviewing and dialoguing interactively with the participants, discussing details of their social world in a comfortable relaxed conversational manner, recording my work in writing immediately after disengaging with informants. I used my notes in the inquiry, examination, and analysis stages for this research.

My observations, interviewing, and interaction with my informants, and through seeking existing documentation of the issues, was approached ethnomethodologically. The differences between the naturalist's approach referred to above in my fieldwork engagement and the ethnomethodologist's approach is that “naturalistic enquiry tries to capture experience up close”, and “Ethnomethodology ‘steps back’ in order to gain purchase on just how everyday realities are experienced and conveyed” (ibid., p. 39).

I applied phenomenological bracketing where I “suspend everyday assumptions in order to view the processes by which the apparent concreteness of lived experience is assembled” (ibid.). I examined ‘how’ instead of the ‘what’ that naturalistic inquiry focuses on, exploring for example,
how the structures of everyday experience are “ordinarily and routinely produced and maintained” (ibid). I sought the informants’ ways of experiencing their world and how their experience makes substantive, concrete realities for them - that is, the way they constitute their social world, guided by Bourdieu’s notion of the social fields, capital, and Habitus. By continually processing and synthesizing the data gathered through qualitative and sociological techniques, I gained an in-depth understanding of how risks and resilient factors prevail in my informants’ world.

In conclusion, my research question developed considerably over a span of four (4) years. I began formulating questions five months prior to the start of my doctoral studies. During the study while completing mandatory course work, more questions would arise which I considered based on literary research and exploratory fieldwork in other Native American communities in North America. Finally, again, new variables arose that prompted more questions while I was gathering additional perspectives from the research and research literature in writing my thesis.

I believe that the process of emergent inquiry demands the practice of malleable ethnographic research which is critical in understanding how to research in Native American communities. The continual analysis of my thesis question to guide my research and the discovery and analysis of further sub questions, was to ensure that not only would I be investigating Native American youth risks, but that I would be able to also recognize what conditions would provide resiliency for them, especially for Blackfoot youth in their environments. In conclusion, I would like to state that I did not omit nor specifically set out to include a Symbol and Ritual study as part of my ethnography. Much historical research has already been dedicated to Symbol and Ritual studies of Indigenous groups by Anthropologists. Clearly, my work focused on Blackfoot youth risks and what resiliency assets could be found against risks in their environment and social relations.
3.3 How Non-Native Research Methods are Perceived by Native American Peoples

It is imperative that contemporary research in Native American communities stems from a Participatory Research framework. In the past, most studies by researchers, including those where data was collected, had little to none input by the target group of Native American Peoples.

Vine Deloria Jr. (1970), a well known Native American author and activist, states that Anthropologists' of the past and their research “succeeded in burying Indian communities so completely beneath the mass of irrelevant information, the total impact of the scholarly community on Indian people has become one of simple authority” (p. 87). Deloria’s analysis of what has really happened in the Native American community as a result of many Anthropological studies is that the community suffers because much information is either misconstrued to reflect the subjective agenda’s of researchers, or only choice information picked to emphasize in support of a non-Native agenda. Whether Anthropologists or other Social Scientists of the past sought researching opportunities in Native American communities for finances or glory, they left many communities with valuable information that could have made a difference for the communities but was never exposed to community members or addressed by those who could take action. As Deloria sees it, his “original complaint against researchers was that they seem to derive all the benefits and bear no responsibility for the way in which their findings are used” (Deloria, 1991, p. 15).

As discussed earlier in this thesis, past research studies of Native Americans have also been full of pre-disposed ideologies with subjective agendas heavily influenced with a perspective of Native Americans being an inferior culture. Historical records, early writings from European people and clergy, stemmed from a Eurocentric point of view and many field researchers prior to their field studies, were exposed to this type of literature. It really was not very long ago that early
armchair Anthropologists clearly communicated their discoveries of Indigenous cultures worldwide, hypothesizing, stating, and validating their own subjective realities of Indigenous Peoples to the Western world as authoritatively correct information - while in reality, they had never even met the peoples they were to write about and publish. This trend continued from the armchair to the field, with Anthropologists venturing into Indigenous communities in the 20th Century. For example, Margaret Mead, a well known Anthropologist and field researcher, published *Coming of Age in Samoa* in 1928 that later was corrected by Derek Freeman in 1983 proving “her account was seriously in error in many respects” (Freeman, 2007, p. 1).

### 3.4 Conclusion

One research project in 1979 on the Inupiat Peoples of Barrow, Alaska, is a good example of researched misinformation of a Native American worldview, values, beliefs and culture. Researchers were initially sent to “focus on alcohol use, detention, and nature of social change in Barrow” (Foulks, 1989, p. 10). Following the publishing of the researchers’ report to the agencies of interest, a series of events took place that highlighted the research in a derogatory way towards these Inuit Peoples. In January of 1980, The New York Times “headlined Alcohol Plagues Eskimos” and the Associate Press stated that “alcohol and violence had overtaken Eskimo society after sudden development of Alaska’s North Slope oil Fields” (ibid., p. 13). Further, the press continued to extrapolate information from the report making world headlines when the United Press International Wire Service wrote a story with the heading “Sudden Wealth Sparks Epidemic of Alcoholism, with the subhead “What We Have Here is a Society of

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16 Mead’s best seller and “classic scientific study” reported Samoan adolescents having “complete sexual freedom” (Freeman, 2007, p. 1). As a result of this study, Mead “established that human nature and behaviour is shaped entirely by culture, not biological inheritance” prompting Mead with her colleagues to establish in the Social Sciences, “cultural determinism” (ibid.). For the sake of not discussing Mead’s mistake at length, I will only say that her public announcement of Samoan teens being sexually free may have not only been what she perceived in her fieldwork that Samoan teens wanted her to believe, but may have been subjectively reinforced because perhaps she was influenced by earlier Indigenous armchair studies that professed Indigenous peoples as ‘savages’ (see Adams, 1995, pp. 5-6; 12-15; 22) - giving in to basic human cravings and having no societal structures or boundaries, which of course has since been proven extremely wrong in more recent Samoan research studies.
Alcoholics" (ibid.). The community was outraged, they sought help from Inupiat University where
“a faculty member issued a public attack, calling the short report ethnocentric and parochial,
demeaning and denigrating to the Inupiat people” (ibid., p. 12). More criticism came where
academics “questioned the entire methodological orientation of the research project, based on
only a superficial understanding by the researchers, none of whom are conversant in Inupiat”
(ibid.). The research was sound quantitatively however in its methodology, but limited the whole
and true knowledge of the Inupiat in their community. This research drew statistical samples only
from a small concentration of the community who had alcohol related issues and that created a
perception of the community to the public that was incorrect. The reaction of community anger
and defensiveness also meant to them that they felt betrayed by the researchers. The Inupiat
stated the following to an Academic of the University of Alaska engaged to prepare a critique of
the study.

...instead of using Winchester and Remington rifles to destroy a people and a culture, as
with the Indians in the 1880s, they bent words, numbers, and statistics to accomplish
what was in effect a social and cultural genocide. These con artists hiding behind the
guise of professionalism and religiosity, and acting as consultants to the North Slope
Borough have dealt a devastating blow to the Inupiat people and their cultural heritage
(ibid., pp. 14 – 15).

The conclusion to this study was a flood of critical analysis from the Academic community and the
Inupiat community itself along with other Native Americans in Alaska, cautious to any future
research of their peoples by outsiders.

With more and more Native American communities evolving from the darkness of colonization
violences and oppressions, they are recognizing government policies as tools of repression and
are pushing for self-control of their destinies. Native American Peoples now control who may
conduct research in their community. They will not allow researchers to gather superficial data as
was done in the past, where inaccurate representation of the community made its way to
stakeholders, governments, and policy makers. Researchers must have certain guidelines to
follow when dealing with a community and community based research should be agreed by all parties involved. More importantly, “[t]he process of communicating informed consent must be guided by codes that reflect a community partnership in creating the framework for participatory research” (Webster et al., 1993, p. 159). The research study should reflect the true essence of the community and one way to do this would be by “identifying barriers” (ibid.) that prevent progress and stymie cooperative relationships. Sensitivity to the world view of Native American Peoples with respect for Native Traditions and cultures, creates developing trust between researchers’ and the community - providing in many cases, willing participants and community support.

Erasmus and Ensign (1991) present a complete research framework that provides useable processes and approaches for researchers when working in Native American communities. Their work encourages researchers to involve the community, whereby community members are involved and take control of the development process, creating an ownership to the process and cultivating responsibility to the outcome of the process. If the community doesn’t have this responsibility, then the process will not evolve, and when it doesn’t work, the community will not want to be associated to the work.

The ultimate goal of any development process is ownership – by individuals and by communities. When “it” belongs to the people they are responsible and “feel” responsible. The task is to work “with” the community, not “for” it. You are not responsible; they are! Everything you do must be from this point of view. When local community people recognize and become responsible for themselves and their own potential, social and economic resource developments will evolve; without self-responsibility, they won’t (Erasmus & Ensign, 1991, p. 11).

Keeping the theme of Erasmus and Ensign’s research framework active in my research work, I involved community participants to rough data and we actively took a stand together to help the community through an educational initiative. I co-organized with members of the band council
and women’s group, a conference on drug and alcohol addictions. Together with community members, I invited keynote speakers, and invited the whole Blackfoot Confederacy to attend. The conference was a success media wise, and, although we had only about 200 participants out of 500 we hoped would attend, the message of the dangers of Crystal Methamphetamine was successfully shared to persons of all ages. I can only hope that this awareness spread through word of mouth to all community peoples.

Finally, I would like to state that the process of analyzing and interpreting the data found in my study is iterative, wherefore I examined, read, and reviewed all data I collected. I analyzed sequences and unifying ideas in how the participants were experiencing the social issues I studied, and my aim was to present the participants' meaning and authentic embodiment on the issues.
CHAPTER 4
Findings: Risks and Reasons for Concern

In the following pages are findings of this study. I would like to emphasize that informant and respondent answers pertaining to this Blackfoot study reflect the research and fieldwork conducted in Blackfoot territory for the years 2003, 2004, and 2005.

4.1  Quantitative Analysis

The California Healthy Kids Survey 2003 - 2004 questionnaire was the model used to collect quantitative information on risk factors among Native American youth at their high schools in Southern Alberta. Samples of 76 Blood reserve youth at the on-reserve Kainai high school and 89 'mixed' youth (non-Native, Native and Foreigners\textsuperscript{17}), which contributed to examining risk factors comparatively for the off-reserve Cardston high school and on-reserve Kainai high school, were analyzed. The break down of respondents is shown in Table 4.10:

\begin{table}
\centering
\begin{tabular}{|l|c|c|}
\hline
\textbf{Kainai high school on-reserve} & \textbf{Cardston high school off-reserve} \\
\hline
Native & 76 & 48 \\
Non-native & 34 & \\
Foreign Students & 7 & \\
\hline
\textbf{Total:} & \textbf{76} & \textbf{89} \\
\hline
\end{tabular}
\caption{Table 4.10}
\end{table}

Further, a concentrated sample population of 15 Native American youth from the Blood reserve who attended one or the other of the high schools completed Section C of the survey that specifically addressed substance uses. These findings are listed independently in this chapter.

\textsuperscript{17} Foreigners: "A person from a Foreign country" (Oxford, Dictionary of CURRENT ENGLISH, Third Edition Paperback, 2001, p. 352). In Cardston, many Foreigners have come to the area to participate in the LDS religion because Cardston, Alberta, is the central location of Canada's Mormon Church – similar to the central LDS Mormon Church threshold of Salt Lake City, Utah, in the United States of America.
Not all students from both schools answered all questions. The age and grade of students who answered the questionnaire varied, but majorities were as follows: Blood reserve Kainai high school, 18 years of age and grade 12 students in comparison to Cardston high school, 16 to 17 years of age in grades 10 and 11. These variations in age and grade may influence a youth’s awareness of their surroundings - including all relationships they forge or are subject to; how they behave and conduct themselves morally; and what they perceive as proper achievements for themselves at their age in their situation. Direct comparisons between groups in their responses to the questionnaire should therefore be interpreted with caution. Youth answers may be influenced by the difference in age and years of schooling for the groups, rather than by location. For this reason, descriptive statistics have been used to show findings rather than inferential statistics and tests of statistical significance.

We begin by examining findings for substance uses by youth at both schools. The data describes those youth who use, those youth who do not use, and the ratio between those who have tried to quit and those who have not tried. These first tables show findings for both alcohol and Marijuana uses by youth at both high schools. As the inquiry progresses, and beginning at table 4.14, other substance uses are examined. Figure 4.15 seeks the opinion of staff at the Cardston high school in regards to how they perceive substance uses - as a problem or not - in terms of their enrolled students and generally in the atmosphere of the school.
Table 4.11 shows substance use information for Kainai high school on-reserve.

Table 4.11

<table>
<thead>
<tr>
<th>Kainai high school on-reserve 76 persons</th>
<th>No. of Persons</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Use</td>
<td>67</td>
<td>88%</td>
</tr>
<tr>
<td>Non-alcohol Use</td>
<td>09</td>
<td>12%</td>
</tr>
<tr>
<td>Total Answered</td>
<td>76</td>
<td>100%</td>
</tr>
<tr>
<td>Tried to Quit</td>
<td>43</td>
<td>57%</td>
</tr>
<tr>
<td>Never Tried to Quit</td>
<td>23</td>
<td>30%</td>
</tr>
<tr>
<td>Total Answered</td>
<td>66</td>
<td>87%</td>
</tr>
<tr>
<td>No Answer</td>
<td>10</td>
<td>13%</td>
</tr>
<tr>
<td>Marijuana Use</td>
<td>57</td>
<td>75%</td>
</tr>
<tr>
<td>Non-use</td>
<td>11</td>
<td>14%</td>
</tr>
<tr>
<td>Total Answered</td>
<td>68</td>
<td>89%</td>
</tr>
<tr>
<td>No Answer</td>
<td>08</td>
<td>11%</td>
</tr>
<tr>
<td>Tried to Quit</td>
<td>44</td>
<td>58%</td>
</tr>
<tr>
<td>Never Tried to Quit</td>
<td>13</td>
<td>17%</td>
</tr>
<tr>
<td>Total Answered</td>
<td>57</td>
<td>75%</td>
</tr>
<tr>
<td>No Answer</td>
<td>19</td>
<td>25%</td>
</tr>
</tbody>
</table>

A majority of students at the Kainai on-reserve high school use alcohol and Marijuana. However, a majority of these users stated that they have tried to quit both alcohol and Marijuana. There were 76 students that answered this section of the survey with only 9 stating they did not use alcohol and only 11 stating that they did not use Marijuana. But, 8 students did not answer whether they used Marijuana or not and a further 19 did not answer if they had tried to quit using Marijuana. The ratio between the ‘alcohol use’ or ‘non-alcohol use’ was 67 using to 9 not using.

In terms of overcoming alcohol use, students responded to the question of ‘tried to quit, never tried to quit or no answer’, and the findings were 43 tried, to 23 never tried, to 10 no answer.

Most students answered both the question of alcohol use and Marijuana use. A small number of students did not use either substance and some did not respond to the question of trying to quit or not quitting.
We might thus conclude that, if the responses to the questionnaire are an accurate reflection of the young peoples' use of these substances, then a sizable majority of the Kainai high school on-reserve group use alcohol and Marijuana.

The Cardston high school off-reserve substance uses follow in Tables 4.12A, 4.12B, and 4.12C:

<table>
<thead>
<tr>
<th>Table 4.12A</th>
</tr>
</thead>
</table>

Cardston high school off-reserve Total of 89 Persons

<table>
<thead>
<tr>
<th>No. of Persons</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasian Group represents 34 of 89 persons surveyed</td>
<td></td>
</tr>
<tr>
<td>Alcohol Use</td>
<td></td>
</tr>
<tr>
<td>06</td>
<td>7%</td>
</tr>
<tr>
<td>Non-alcohol Use</td>
<td>28</td>
</tr>
<tr>
<td>Total Answered</td>
<td>34</td>
</tr>
<tr>
<td>Or Total Answered</td>
<td></td>
</tr>
<tr>
<td>Tried to Quit</td>
<td>03</td>
</tr>
<tr>
<td>Never Tried to Quit</td>
<td>03</td>
</tr>
<tr>
<td>Total Answered</td>
<td>06</td>
</tr>
<tr>
<td>No Answer</td>
<td>28</td>
</tr>
<tr>
<td>Marijuana Use</td>
<td>05</td>
</tr>
<tr>
<td>Non-use</td>
<td>29</td>
</tr>
<tr>
<td>Total Answered</td>
<td>34</td>
</tr>
<tr>
<td>Or Total Answered</td>
<td></td>
</tr>
<tr>
<td>Tried to Quit</td>
<td>05</td>
</tr>
<tr>
<td>Never Tried to Quit</td>
<td>0</td>
</tr>
<tr>
<td>Total Answered</td>
<td>05</td>
</tr>
<tr>
<td>No Answer</td>
<td>29</td>
</tr>
</tbody>
</table>

The data for the Caucasian students at the Cardston high school off-reserve reveals that there is not a significant amount of students who use alcohol and drugs. Only a small percentage of these students are users, and of that percentage, half tried to quit alcohol and all tried to quit Marijuana.
The data for substance uses from the Foreign students reveals that approximately half of these students use alcohol and Marijuana. Of these users, only 1 has tried to quit using alcohol and drugs. The data, while not similar in numbers to either the Caucasian findings at Cardston high school off-reserve or the Kainai high school on-reserve, indicates that Foreign students are also at risk for substance use. The question is why do a medium number of Foreign students participate in risky behaviour?
Finally, the data for the Native American students at Cardston high school off-reserve shows that approximately 75 - 80% of this group use alcohol and drugs. Also, approximately 45 - 55% of the users have tried to quit using these substances. Of the 13 students who did not answer if they tried to quit alcohol, 9 were not users anyway. But, this meant that 4 of these students were alcohol users and had no opinion or thought on the matter of quitting their substance use. These findings reveal that the off-reserve Native American students at Cardston high school were using drugs and alcohol at almost the same rate as the on-reserve Native American students at Kainai high school. The data reveals overall that Native American youth both on and off-reserve are using drugs and alcohol considerably more than the non-native population in this area of Southern Alberta.
Figure 4.13 is a concentrated sample study of 15 on-reserve Native American youth demonstrating the frequency of use for Marijuana.

The concentrated sample of on-reserve Native American students’ use of Marijuana reveals that approximately 75% of these 15 people use Marijuana. This concentrated study supports the larger findings in Table 4.11 on page 95 and Table 4.12C on page 98 as well as the conclusions stated on page 98 that 75 – 80% of Native American youth are using substances. More alarmingly, Figure 4.13 above shows that most users of Marijuana are using more than once a day. We could therefore conclude that in the larger study, those students who are Marijuana users may be using on a daily basis and using more than once a day, even while at school.
In Figure 4.14, the concentrated sample study of Native American youth examines overall substance use, with Marijuana showing as the most prevalent and preferred substance use. Figure 4.14 reveals that although Marijuana is the preferred choice, other drugs are available to and used by this sample group.

To compare my Southern Alberta Native youth substance use findings to statistics on drug and alcohol use with data for the rest of Canada, I explored comparative data on the subject from Health Canada’s First Nation and Inuit Health Branch publications. Health Canada’s initiatives reporting on substance abuse of Native American Peoples, reminds readers that there are substantial limitations to studies on Native American substance use across Canada and in the United States. The Métis population is often left out; many groups of people do not participate in surveys; communities may be isolated and not included in a study; or communities may not consent to participation. Despite these caveats, it should also be remembered that in Health Canada studies as well as in my own study, some students who participated in surveys may have
felt uncomfortable in revealing any drug or alcohol use despite the survey questionnaire being anonymous.

Health Canada’s analysis regarding the thoroughness of statistical evidence in Native research is substantiated by further research undertaken by the National Native Alcohol and Drug Abuse Program NNADAP in 1996, 1998, and 2000, which states that “current and comparable prevalence statistics for Canada as a whole have not been identified, so proper comparisons cannot be made” (Health Canada, 2005, p. 81). However, most studies of Native American substance users acknowledge that alcohol and drug use by Native American Peoples is extremely high. Further, injury and poisoning from substance use by Native American Peoples accounted for “three times higher than the Canadian rate” in 1997 (ibid., p. 72).

With regard to Native American drug and alcohol use by Native American youth in Canada, there is still a lack of research across the nation to collect and verify substance users in numbers. But, in the United States, Kulis, Napoli, and Marsiglia (2002) claim that Native American youth using drugs and alcohol is a “serious problem” where 1/3 of Native children are trying “alcohol by age 11”, and 20% of Native American youth are “heavily involved in some type of drug use - indicated by using several times per week or using multiple drugs” (p. 101). Additionally, an inter-Tribal US study found that 40% of Native American youth “used Marijuana at least once per month” and that there were “higher rates of alcohol and Marijuana abuse than the white population or any other ethnic minority group” (ibid.).

NNADAP, with the help of Health Canada, conducted several Native American general health studies in 1996. These studies are limited to various First Nations and Inuit communities where health service workers, NNADAP workers, leadership, and social service workers were asked to
supply information based on their treatment of clients regarding alcohol, drug, and other addiction use including mental health issues. The NNADAP Health Service Workers general review study recorded alcohol use as frequent (43%) to constant (46%) for a total of 89% of service workers deem it a problem in communities, and illegal drugs as frequent (42%) to constant (36%) for a total of 78% of service workers deem it a problem in communities (Health Canada, 1996b, p. 2). NNADAP workers, and leadership, had similar percentage figures\(^\text{18}\) to the social service workers for both substances. A limitation of this data with respect to identifying frequencies of use, is that only those who came forward to clinics were observed and therefore recorded.

In my study at the Cardston high school off-reserve, I also asked for the views of school staff about drug and alcohol use among students. Only 12 staff considered drugs and alcohol as a severe problem for youth at their school (see Figure 4.15 on page 103). In relation to whether the school has sufficient resources to educate youth in the prevention of substance uses, only 1 staff member out of 36 strongly agreed; 2 disagreed; 11 agreed in principle; and 22 had no opinion on the issue. With more than half the staff having no opinion on drug and alcohol use by youth who attend their school, it suggests that the prevention of drug and alcohol use at the Cardston high school off-reserve is not as of yet a substantial topic for concern. However, the previous findings in this study on pages 95 - 100 demonstrate differently and illustrates that there is substance use by youth from the local area which includes those who attend Cardston off-reserve high school.

The staff and student population of the Cardston high school off-reserve is predominantly Mormon in an established Mormon town. Only 3 staff members at the school are Native North American. The Mormon Church has very strong religious beliefs against illegal drugs and alcohol and teach their youth members resiliency to substances through their religious education (Church Educational System, 2003, 46:6). The student questionnaire survey confirms what religion is the majority for students of the Cardston high school off-reserve. LDS (Mormon) is the predominant religion statistically on the survey, as seen next in Figure 4.16.
In Figure 4.17, the predominant religion for Native students at Cardston high school off-reserve is Roman Catholic rather than Mormon; Traditional Native American is almost equal, and the religions of Anglican, Gospel, LDS (Latter Day Saints or Mormon), and ‘other’, are low by comparison.

At Kainai high school on-reserve, most Native American youth stated the following in terms of the religion that they followed (see Figure 4.18 below).
There are a majority of Native American youth who state they are Traditional Native practitioners. ‘Other’ and Roman Catholic are the next predominant religions among the Kainai on-reserve Native American youth followed by Gospel, Anglican, LDS, and then Protestant. Recent research in healing for Native American Peoples have stated that spirituality and religion are factors that promote resiliency against risk issues (Aboriginal Healing Foundation, 2003, 2003f, 2004, 2006) especially Traditional/cultural Native ways of being. My findings raise a question in terms of spiritual practice and resiliency to substance uses and examines why is there more resiliency to substance use by youth who are LDS? For example, when one examines the data on substance use in the previous tables of 4.11, 4.13, and 4.14 of the Blood reserve youth and what they indicate, in terms of their spiritual practice/religion as seen in Figure 4.18, it is obvious that there is no correlation. This is the high school in which approximately 2/3 of its students use alcohol and drugs. However, while students may state on the survey that they are spiritual/religious, the degree of practice or commitment in which these youth dedicate to their spirituality/religion is unknown as well as the degree in which their spirituality or religion addresses worldly risks and human health. Judging by the comparative figures found between data, and further findings in this study, it appears that there is a lack in spiritual/religious commitment, practice, and guidance against risk issues promoting health through spiritual/religious doctrine.

**Staff Experience, Risks v. Health Education**

Intervention education on substance use, combined with holistic and spiritual education, is strongly suggested by many research studies on the issue to help Native youth to be resilient against substance use (NNADAP 1996, 1998; Kulis et al, 2002; Curwen Doige, 2003; Hurlburt, Kroeker, and Gade, 1991; and Hodge, Cardenas, & Montoya, 2001). High school is a time when most youth form strong peer relationships that influence how they may behave, study, participate in arts/sports, and high school culture. Native American youth are no different than their non-
Native counterparts in terms of 21st century technology, media, fashion, and opportunities, except for one very important factor – they are aware of the oppression historically and in contemporary times of their Peoples because they see it in their communities and may experience it in the general public.

Kulis, Nappoli, and Marsiglia (2002), state that “peer norms-adolescents’ perceptions of the prevalence of drug use among peers and friends, appear very influential in early drug experimentation whereas parental norms are influential in decisions to try other or more dangerous drugs” (p. 103). Gfellner and Hundelby’s 1990 study of an urban Manitoba town verified that “peer attitude was also a predictor of all types of substance abuse among Aboriginal students” (NNADAP, 1998, p. 2). The purpose in this section of the quantitative research data findings is to determine the perception of the educators’ awareness of youth risks in the Cardston off-reserve high school.

The years of teaching experience of staff in the Cardston high school off-reserve is shown in Figure 4.19 on page 107. The majority of staff have 10 or more years of experience at the school, followed by staff with 6 to 10 years, 1 to 2 years, 3 to 5 years and 1 year or less. Asking staff their experience at the Cardston off-reserve high school was to ascertain the ratio of staff experience versus their perception of risk issues for students of the school.
The graphs following the years of teaching experience for staff at the Cardston off-reserve high school are quite alarming in terms of them knowing the severity of awareness for youth risks overall. From the data gathered previously from the students of the school, especially the Native American students, there is significant evidence that there are health risk issues as again demonstrated on pages 95 to 100 of my findings. In Figure 4.110, the staff of the Cardston high school off-reserve mostly agreed that there are ‘some’ preventative health initiatives at their school which foster resiliency. In Figures 4.111A and 4.111B which follow, most staff state that there is a moderate problem for youth with drugs and alcohol and few of the staff appear to be aware that the problem could reasonably be described as severe.
In the findings for staff perception of resilient health education, the majority of staff agreed there were ‘some’ school health prevention. Only 3 staff members believed there was ‘a lot’ of health prevention and 4 believed there wasn’t much at all. The staff answers were subjective reflecting what each staff member perceived through their own analysis. While ‘some’ is a hopeful answer in terms of health studies being approached, more preventative health education could include specific health education where risks for youth can be addressed to provide resilient assets that will aid a student in succeeding academically. Health education that pertains specifically to the risks found in a student’s community, as well as risks beyond the community, will provide knowledge to students regarding the consequences physically and mentally of engaging in risky endeavors or behaviour. The staff perception of drug and alcohol use as an issue at the Cardston high school off-reserve school for students in general, is demonstrated in Figures 4.111A and 4.111B.

Figure 4.111A

Staff Opinion of Student Alcohol Problem
Again, the majority of staff acknowledges that there is a moderate use of drugs and alcohol by students in general but not a severe use at the Cardston high school off-reserve. Figure 4.112 asks staff specifically about drug and alcohol prevention education.

Overall in the staff opinion study, the majority of staff were aware that health problems exist somewhat for students as illustrated in Figures 4.111A and 4.111B, but health prevention studies
was not prioritized in the curriculum. There was some attention being directed to health education, but the type of health education and the degree to what extent it was being addressed was perceived by the majority of staff as only ‘somewhat’ being taught. Considering that youth at the high school level spend a considerable amount of time in their life at school and in school social circumstances, and based upon the research gathered herein, the immediacy in creating a health curriculum addressing risky behaviour may benefit all youth by teaching them healthy living choices thus developing their resiliency assets.

In concluding, it should be stated that this researcher did not have the opportunity to measure staff opinion at the Blood Kainai on-reserve high school and is therefore unable to conduct a comparative analysis between teaching staff.

**Adult Use of Substances in Native Youth Environment**

In the sample survey of 15 Native American youth high school students who lived on the Blood reserve, (some attended Kainai high school on-reserve and some attended Cardston off-reserve high school), their response to the question of how many of them knew adults close to them that use Marijuana, Crack Cocaine, and Crystal Meth were as follows (Figure 4.113):

![Figure 4.113](image-url)
All 15 students knew adults who were addicted to Marijuana, and 10 of 15 knew adults addicted to Crack/Meth. These 15 students themselves used the following (Figure 4.114):

![Figure 4.114](image)

Drugs used in combination with alcohol, is the predominant combination of substance use for the sample group of Native American youth. Since there is credibility to the notion that youth learn by example, and because this thesis examines social fields and environments of a Native youth, including their community, I felt it was important to conduct a survey of adult substance use. Native American adults who attended a drug prevention conference I co-organized and guest lectured on the Blood reserve, willingly participated in my one page drug, alcohol, and spirituality survey. Some of these adults were in treatment centres located locally, while others just came out of interest. Most Native American adults who attended this conference and completed the survey were members of the Blackfoot Peoples and may have been from diverse groups such as Northern Peigan, Southern Piegan, Blood, and Siksika. It is undetermined how many of these adults were from the Blood tribe itself as this was an anonymous survey and did not require the survey participant to reveal their tribal affiliation. Furthermore, other Native Americans such as the Plains Cree Peoples also attended this conference and participated in my survey. The point was not to determine the percentage of any specific tribal group substance use, but rather to
determine in percentages, how many Native American adults had used substances, what kinds and why.

Those adults who used drugs and the variety of them, is demonstrated next in Figure 4.115.

*Figure 4.115*

Native American Adult Use of Drugs
Concentrated Study of 90 Persons

The predominant drug is Marijuana followed by Crack Cocaine/Meth, LSD, and Other/Illegal drugs such as Tylenol 3’s or OxyContin®, inhalants, Heroin and Ecstasy/MDMA. Alcohol use (Figure 4.116) by adults was slightly greater than the frequency of drug use in this surveyed population and the notion of getting ‘high’ (drunk) was a predominant factor in their drinking.
The idea of getting ‘drunk’ (high) seems to play a major role for many of the surveyed adults when seeking to use alcohol. In my opinion, this indicates that self-medicating to exist in an alternative mental state to reality seems to be the goal. As discussed earlier in this thesis, mental illnesses derived from colonization violences have led many Native American Peoples to psycho-social traumas and inter/intragenerational traumas where self coping strategies have been linked with substance use. Specifically, Post Traumatic Stress Disorder (PTSD) has indicated that “victims of childhood physical and/or sexual abuse who experience trauma also appear to have elevated rates of substance abuse” (Aboriginal Healing Foundation, 2003g, p. 22). Further, clinicians have found that survivors of the residential school system who experienced traumatic events as children have a “cluster of problems and behaviours termed residential school syndrome” and that “there is a tendency to abuse alcohol or sedative medication drugs, often starting at a very young age” (ibid., p. 23).
Student Resiliency

The high drop out rates of Native American youth both in Canada and the United States proves that generally, there are social and academic issues for Native youth in regard to them wanting to attend school. So, my question is, how do we interest Native American youth to stay in school? What are the social, cultural, and academic factors that an individual needs which will stimulate the mind and encourage them to attend and stay in school?

Figures 4.117, 4.118 and 4.119, records the answers comparatively for White youth, off-reserve Native youth, Foreign youth, and on-reserve Kainai youth in their school environment. Questions for individuals are grouped under three major themes: School Expectations, Caring Relationships, and Meaningful Participation. Individuals chose one answer for each question under each theme. The number of participants overall in the survey were 165 students. Figure 4.117 consistently demonstrates at least half of Native youth at both schools have ‘good school expectations’ from their schooling experience. However, there are still a significant number of students that do not feel the same. To obtain the calculation, students who answered ‘no’ as a definitive answer and ‘no comment’ (where a student was unable to make a clear commitment to yes or no) was interpreted as a negative reaction and is scored against students who answered with ‘agree’.

There are 4 low resiliency scores, 4 high resiliency scores and 2 even scores - half the population have low resiliency assets and half the population have high resiliency assets. Specifically though, questions regarding feeling close to people at school and being happy at their school, found the following: There was a 50% split between low and high scores at the Kainai on-reserve school in comparison to the higher scores for the Cardston off-reserve student answers at 60% and 63%. However, 15% of Cardston Native youth definitely did not feel close to people at
school, and 25% couldn’t decide, while 13% were not happy to be at the school and 25% again
couldn’t decide. This leaves Cardston Native youth scores at 40% on the low side for feeling
close to people at school and 38% on the low side for being happy at the school. The remaining
questions for students feeling like they are a part of their school, that teachers are fair to them
and that they are safe at their school, were mostly all ‘low’ scores between ‘no’ and ‘no comment’
against ‘agree’. The ‘low’ and ‘high’ scores for each question are representative of student
resiliency stemming from low to high resiliency assets found in their school environment. All of
the scores between ‘no’ and ‘no comment’ against ‘agree’ for the Cardston White students and
the Foreigners are in the ‘high’ resiliency scoring field for all questions.

Figure 4.117 School Expectations

<table>
<thead>
<tr>
<th>I Feel Close To People At School...</th>
<th>Disagree</th>
<th>No Comment</th>
<th>Agree</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>N  %</td>
<td>N  %</td>
<td>N  %</td>
<td>N  %</td>
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<td>1  14</td>
<td>4  57</td>
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</tr>
<tr>
<td>Kaiai Native</td>
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<td>38  50</td>
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<td>Total</td>
<td>27  16</td>
<td>47  28</td>
<td>91  55</td>
<td>165 100</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I Am Happy To Be At This School...</th>
<th>Disagree</th>
<th>No Comment</th>
<th>Agree</th>
<th>Total</th>
</tr>
</thead>
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<td>N  %</td>
<td>N  %</td>
<td>N  %</td>
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<td>Total</td>
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<td>43  26</td>
<td>94  57</td>
<td>165 100</td>
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</tbody>
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<table>
<thead>
<tr>
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<th>Agree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
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<td></td>
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<td>N  %</td>
<td>N  %</td>
<td>N  %</td>
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<td>42  55</td>
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<td>31  19</td>
<td>51  31</td>
<td>83  50</td>
<td>165 100</td>
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The Teachers At This School Treat Students Fairly...

<table>
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<tr>
<td>Total</td>
<td>45</td>
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</table>

I Feel Safe At My School...

<table>
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<th>Disagree</th>
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<th>Total</th>
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<td></td>
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<td>N</td>
<td>%</td>
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<tr>
<td>Total</td>
<td>16</td>
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</table>

In Figure 4.118 that follows entitled ‘Caring Relationships’, the Native youth scores are mostly in the higher range for both schools except for the first question of at school who really cares about me where the Kaiani on-reserve school has a low score that is significant at 53%. All the scores for the Cardston White students and Foreigners throughout Figure 4.118 are consistently in the ‘high’ resiliency asset range. Overall, this data tells us that Native youth are aware that there are people, staff, and teachers who want them to succeed at school academically even though many may not feel personally comfortable psychologically at their school.

Figure 4.118 - Caring Relationships: At My School There Is A Teacher or Adult...

Who Really Cares About Me...

<table>
<thead>
<tr>
<th></th>
<th>Not True</th>
<th>Perhaps</th>
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<tbody>
<tr>
<td></td>
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<td>%</td>
<td>N</td>
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<tr>
<td>Cardston Native</td>
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Who Tells Me When I Do A Good Job...

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<tr>
<td>Total</td>
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Who Notices When I'm Not There…

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<td>31</td>
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<td>29</td>
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<tr>
<td>Total</td>
<td>22</td>
<td>13</td>
<td>51</td>
<td>31</td>
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</table>

Who Always Wants Me To Do My Best…

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<td>35</td>
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<td>3</td>
<td>43</td>
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<tr>
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Who Listens To Me When I Have Something To Say…

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<td>16</td>
<td>21</td>
</tr>
<tr>
<td>Total</td>
<td>23</td>
<td>14</td>
<td>41</td>
<td>25</td>
</tr>
</tbody>
</table>

Who Believes That I Will Be A Success…

<table>
<thead>
<tr>
<th></th>
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<th>Perhaps/Not</th>
<th>True</th>
<th>Total</th>
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<tbody>
<tr>
<td></td>
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<td>%</td>
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<tr>
<td>Total</td>
<td>20</td>
<td>12</td>
<td>42</td>
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</tbody>
</table>

There are still significant numbers in the low resiliency asset range throughout all cultures that account for students’ perceptions who do not feel confident in people, staff, and teachers that care or are concerned about their achievements at school.

Finally, in Figure 4.119 'Meaningful Participation', students are asked about their own cohesiveness in their participation at their school socially and within the academic structure. The data for all students, except for those by the Foreigners that show higher resiliency asset scores
in the first two questions, tends to be on the low side. Many students are aware that they lack participation in social circumstances of the school atmosphere through social activities or school policies within their school environment – again, this demonstrates a large population with low resiliency asset skills.

**Figure 4.119: Meaningful Participation – At School…**

<table>
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<tr>
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<td>N  %</td>
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<td>76  46</td>
<td>165 100</td>
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<table>
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<td>N  %</td>
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<td>45  27</td>
<td>65  39</td>
<td>55  33</td>
<td>165 100</td>
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</table>

In concluding, most students of all cultures in both schools agreed that there were teachers and other adults that cared about them and who had high expectations for their academic success. However, in their own participation and effort at school, a good portion of students from both schools and cultures admitted they had little to no participation in school dynamics. In terms of their school environment, it is clear that the Native students were the most uncomfortable in their schools.
Ironically, the Native youth are really the people who should feel happy, secure, and safe within their school environment considering that both the on-reserve and off-reserve high school are on Blood lands and in or part of their own Blood community. But this is not the case.

When examining the data pertaining to each question in Figure 4.117, there is an overall sense that many Native youth feel extremely uncomfortable in their school environment and do not trust their environment. Whether this is within the school itself, or just outside of the school, and with many students experiencing a lack of belonging and having personal safety concerns, suggests that there may be issues and problems at school for many Native students. Also of grave concern is the perception by many Native youth that their teachers/adults are not fair to them or others. The observation by Native youth of the lack of fair treatment by teachers/adults may be attributed to them perceiving raciology, or from a direct negative experience. Whatever the case, this atmosphere needs to be corrected to ensure that all students are treated fairly, furthering resiliency skills through establishing confidence within the psyche of the student. Furthermore, acknowledgement by more students that fair treatment exists between all races academically and socially when in school, needs to be achieved and be monitored to remain so.

Ownership of well-being such as health, confidence, happiness, and being successful in achievements for oneself, is critical to build confidence in a person’s psyche and abilities to “help people know that they can do it for themselves” (Erasmus & Ensign, 1991, p. 47). Caring relationships and high expectations by teachers and staff for students at both schools has evidently not yielded enough self-directed emphasis on the majority of the students’ own active desire to succeed (Meaningful Participation) and thus scores found in the low resiliency range found little confidence for many individuals and this may impede their building of resiliency skills.
Sexual Knowledge, Opinions, and Behaviour

The next quantitative findings deal with the personal everyday environment of Native American youth and youth at both schools in relation to sexual knowledge and activity. The question asks:

_During the past 6 months, have you talked with your parents or other adults in your family about..._

Figure 4.120

**What your parents think about teenagers having sex?**

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</tr>
</thead>
<tbody>
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<td></td>
<td>White</td>
<td>Native</td>
</tr>
<tr>
<td></td>
<td>Foreigners</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No: 23</td>
<td>No: 50</td>
</tr>
<tr>
<td></td>
<td>Yes: 10</td>
<td>Yes: 14</td>
</tr>
<tr>
<td></td>
<td>No: 4</td>
<td></td>
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<tr>
<td></td>
<td>Yes: 3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No: 30</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes: 15</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No: 36</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes: 9</td>
<td></td>
</tr>
</tbody>
</table>

In Figure 4.120, while almost half the Cardston students have spoken to their parents on teenage sex, the Native students at Kainai on-reserve school have a remarkably high number of students who have not discussed sex with their parents lately. The Kainai youth are older in this survey – which means some may have already addressed sex with their parents at an early age.

The story unfolds in the next few answers. In Figure 4.121, most students do not ask their caring home adult questions about sex itself. But in Figure 4.122, there is discussion between some students and their caring home adult on reasons they should not engage in sexual activity.

Figure 4.121

**Your questions about sex?**

<table>
<thead>
<tr>
<th></th>
<th>Cardston Students</th>
<th>Kainai Students</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>White</td>
<td>Native</td>
</tr>
<tr>
<td></td>
<td>Foreigners</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No: 27</td>
<td>No: 48</td>
</tr>
<tr>
<td></td>
<td>Yes: 6</td>
<td>Yes: 1</td>
</tr>
<tr>
<td></td>
<td>No: 3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes: 4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No: 36</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes: 9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No: 36</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes: 9</td>
<td></td>
</tr>
</tbody>
</table>
There is a level of protective sexual activity counseling occurring in the home by parents who are concerned about the ramifications of teenage sexual relations. In Figure 4.123, at least 25-50% of the students' in each group in the survey have stated that their adult home caregiver has spoken to them about birth control. However, it should be stated that the LDS Mormon religious beliefs do not encourage sex before marriage (The Church of Jesus Christ of Latter Day Saints, 2008, p. 126).
The responses to the next question in Figure 4.124 asked students to think ahead in respect to the consequences of teenage pregnancy. There is a higher ratio than previously for all student respondents which means that there are significant numbers of adult home caregivers communicating to youth about child responsibility. But again, not all adult home caregivers are addressing this issue.

**Figure 4.124**

<table>
<thead>
<tr>
<th></th>
<th>Cardston Students</th>
<th></th>
<th>Kainai Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>No: 18</td>
<td>Yes: 15</td>
<td>Native</td>
</tr>
<tr>
<td>Foreigners</td>
<td>No: 2</td>
<td>Yes: 5</td>
<td>No: 33</td>
</tr>
<tr>
<td>Native</td>
<td>No: 28</td>
<td>Yes: 17</td>
<td>Yes: 32</td>
</tr>
</tbody>
</table>

Finally, Figure 4.125 poses a most serious question in terms of sexual activity – the knowledge of HIV/AIDS and other Sexually Transmitted Diseases (STD’s).

**Figure 4.125**

<table>
<thead>
<tr>
<th>AIDS/HIV and other sexually transmitted diseases?</th>
<th>Cardston Students</th>
<th></th>
<th>Kainai Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>No: 27</td>
<td>Yes: 6</td>
<td>Native</td>
</tr>
<tr>
<td>Foreigners</td>
<td>No: 2</td>
<td>Yes: 5</td>
<td>No: 37</td>
</tr>
<tr>
<td>Native</td>
<td>No: 27</td>
<td>Yes: 18</td>
<td>Yes: 28</td>
</tr>
</tbody>
</table>

In Figure 4.125, a moderate to high portion of adult caregivers are communicating about HIV/AIDS and STD’s with their youth. While this is very good, new research has shown that HIV/AIDS infections in Native American Peoples, is rising dramatically in Canada.

Although they represent only 3.3% of the Canadian population, Aboriginal persons comprised 5-8% of prevalent infections (persons currently living
with HIV infection in Canada) and 6-12% of new HIV infections in Canada in 2002; Injection drug use continues to be a key mode of HIV transmission in the Aboriginal community; HIV/AIDS has a significant impact on Aboriginal women; and Aboriginal people are being infected with HIV at a younger age compared to non-Aboriginal persons (Health Canada, 2008).

The Canadian Aboriginal Aids Network (CAAN) has similarly shocking statistics to Health Canada’s recorded above, and has stated that 16% of the Native American respondents living with HIV/AIDS in Canada currently were direct victims of Indian residential schools (IRS) and 90% had a parent or grandparent that were IRS students (CAAN, 2008, p. 1). The inter/intragenerational impact from IRS trauma in connection with the contraction of HIV/AIDS is of serious concern and one that should be addressed by educators and community members when creating resilient strategies for Native American youth.

In summary, the lowest score for discussion on HIV/AIDS and sexually transmitted diseases are in the White LDS Mormon student population, who, as discussed earlier, are told to abstain from sexual relations until marriage. However, the data in Figure 4.125 demonstrates that there is still a significant number of students in the survey that have not spoken about HIV/AIDS and STD’s with their parents or caregiver/s lately or have never done so.

The next tables address the students’ personal sexual experience. In Figure 4.126 under the Kainai Native students, only 71 of 76 answered this part of the survey. In Figure 4.127, 4.128, and 4.129, student totals vary according to those who answered the survey question.

**Figure 4.126: Have You Ever Had Sexual Intercourse?...**

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>Cardston White</td>
<td>30</td>
<td>88</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>34</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Cardston Native</td>
<td>15</td>
<td>31</td>
<td>33</td>
</tr>
<tr>
<td></td>
<td>48</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Cardston Foreigners</td>
<td>5</td>
<td>71</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Kainai Native</td>
<td>15</td>
<td>21</td>
<td>56</td>
</tr>
<tr>
<td></td>
<td>71</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>65</td>
<td>41</td>
<td>95</td>
</tr>
<tr>
<td></td>
<td>160</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>
Figure 4.127: The Last Time You Had Sexual Intercourse, Did You Or Your Partner Use A Condom?...

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>%</th>
<th>Yes</th>
<th>%</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardston White</td>
<td>2</td>
<td>50</td>
<td>2</td>
<td>50</td>
<td>4</td>
</tr>
<tr>
<td>Cardston Native</td>
<td>9</td>
<td>28</td>
<td>23</td>
<td>72</td>
<td>32</td>
</tr>
<tr>
<td>Cardston Foreigners</td>
<td>1</td>
<td>50</td>
<td>1</td>
<td>50</td>
<td>2</td>
</tr>
<tr>
<td>Kainai Native</td>
<td>15</td>
<td>33</td>
<td>30</td>
<td>67</td>
<td>45</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>27</td>
<td>33</td>
<td>56</td>
<td>67</td>
<td>83</td>
</tr>
</tbody>
</table>

Figure 4.128: During Your Life, With How Many People Have You Had Sexual Intercourse?...

<table>
<thead>
<tr>
<th></th>
<th>1 Person</th>
<th>2 People</th>
<th>3 or More</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>Cardston White</td>
<td>2</td>
<td>50</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Cardston Native</td>
<td>13</td>
<td>32</td>
<td>8</td>
<td>20</td>
</tr>
<tr>
<td>Cardston Foreigners</td>
<td>1</td>
<td>50</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Kainai Native</td>
<td>24</td>
<td>11</td>
<td>11</td>
<td>26</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>40</td>
<td>34</td>
<td>19</td>
<td>16</td>
</tr>
</tbody>
</table>

Figure 4.129: How Old Were You When You First Had Intercourse?...

<table>
<thead>
<tr>
<th></th>
<th>11 years old or younger</th>
<th>12 years – 15 years</th>
<th>16 years - 18 years</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>Cardston White</td>
<td>0</td>
<td>2</td>
<td>50</td>
<td>4</td>
</tr>
<tr>
<td>Cardston Native</td>
<td>2</td>
<td>6</td>
<td>55</td>
<td>13</td>
</tr>
<tr>
<td>Cardston Foreigners</td>
<td>1</td>
<td>50</td>
<td>1</td>
<td>50</td>
</tr>
<tr>
<td>Kainai Native</td>
<td>3</td>
<td>7</td>
<td>25</td>
<td>60</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>6</td>
<td>7</td>
<td>46</td>
<td>57</td>
</tr>
</tbody>
</table>

From the data above when comparing the proportion of students who answered to having sexual activity overall in the survey, it is clear that the Native youth at both schools are at higher sexual risk than fellow students. For the majority of Native students, this risk begins in their early teen years.

4.2 Qualitative Analysis: Observations of Risks in Blackfoot Territory

The qualitative research conducted included participant observation, ethnology, interviews, meetings, community observations, and literary searches/reviews. The research is based on my observations in Blackfoot communities but not presented in the form of a complete ethnography for reasons of space. Instead, observations have been clustered around major risk factors confronting Blackfoot communities. The research aims to explore the views of Native American
youth and how they construct the understandings of their social world. The importance of this research aim is to realize what views students are constructing in their social world or worlds in a risky context or what views they are creating in terms of resiliency. The starting point for the qualitative study is where youth construct their external social relations, and where a major portion of their daily and yearly socio-cultural interaction stems in and from the high school setting. Equally important in the qualitative research, is the investigation and coming to know\textsuperscript{19} of Blackfoot Traditional practices, its place within Blackfoot communities, and how it pertains to Blackfoot youth in their environment today.

**Drug Addiction**

There is a current crisis of Crystal Meth (Methamphetamine, MA) and Crack Cocaine in this geographic area of Canada. During my research of MA use in Blackfoot territory, Jeff Melchior, a reporter with the Cardston newspaper, wrote an article that the Blood Tribe Police informed the Cardston Town Council that Native youth gangs are infiltrating the school system with drugs. Melchior stated “junior-high age children have seen the effects of gang activity such as the dealing of drugs in the school system” (Temple City Star, February 2, 2005). The MA drug crisis is against the general background of the last wave of Marijuana, Cocaine, and alcohol abuses present in Blackfoot territory both on and off-reserve. Crystal Meth is a social and health detriment that many Native youth are becoming addicted to through the introduction of Meth in Marijuana (the buds are laced with MA) and in being told that they are trying Cocaine when it is really MA mixed with Percodan, a painkiller that promotes addiction. I witnessed many youth ‘high’ on Crystal Meth as well as Marijuana and other substances in Cardston, on the Blood reserve, in Lethbridge and Calgary, and in the surrounding reserves of the Northern Peigan and Southern Piegan Blackfeet Peoples. During my school visits, there was evidence of a few

\textsuperscript{19} See Bastien, Betty. (2004). *Blackfoot Ways of Knowing.*
students just outside of the school environment that were participating in drug uses. However, there was no indication that any of the students were using drugs while participating in the surveys or interviews. During the interviews, students were quite frank that Marijuana, Crack Cocaine and Crystal Meth were being used by themselves or friends and although most seemed to loathe the thought of taking drugs, admitted that drugs were a way to escape, feel good, and their destiny because of their social circumstances. Crystal Meth, or Speed, can be smoked, snorted, ingested orally or anally, and injected. Students informed me that they participated in taking the drug by smoking it and snorting it. Further, they informed me that it’s easy to use because it costs only $5.00 – $7.00 a point (1/10th of a gram) to obtain it in Lethbridge or at the local dealer. The cost of Crystal Meth per ‘point’ in 2005 was similar across Canada (Personal communication, RCMP Sgt Pierre Mudie, Ottawa, March 11, 2005a) – Crystal Meth became the drug of choice in impoverished communities. The seriousness of an addiction to MA is that it profoundly changes the basic biological unit of the human brain - the neurons (Rawson et al., 2002, p. 146). In one incident as I was standing in line at the Independent Grocer Store in Cardston, a young Native man approximately 18 years of age was in a heated, quick-spoken and excited conversation with the cash attendant. He turned to me in a fast and jerky movement, exchanged a few crazy words, then stared for an uncomfortably long minute. I could see that his pupils were fully dilated to jet black, another sign of an MA user.

Conventional treatment for alcohol or other drugs is not sufficient to deal with the “severe psychiatric symptomatology of MA users” (ibid., p. 147). Violent and dangerous mood swings are part of the effects of this drug. Many of the youth and adults I observed outside of the school and studied, were either victims of MA unknowingly or taking MA willingly. A rehabilitated MA user will still have emotional and cognitive impairments months after abstinence or possibly, for the rest of their life (ibid.). But more critically in regard to this new wave of drug and its effects on a
community, I was told that communities overall are having difficulty handling this type of addiction. There is not enough funding, qualified staff, or treatment centres yet to cope with MA abuse (ibid., pp. 146 – 149). Additionally, my fieldwork confirmed that Crack, which is supposed to be Cocaine in crystal form, is actually Crystal Methamphetamine and sold cheaply for $40+ dollars a ½ gram or an ‘8 ball’. The larger amount of 3.5 grams sold for $240.00 in Lethbridge, hardly the price for Cocaine, but these victims didn’t know that they were being targeted with Crystal Methamphetamine (Personal communication, Bruce Lyon AADAC Alberta Addictions Counselor, March 18, 2005b).

Students also didn’t know the ramifications of MA. What they did know was that it was fun to take (those who used), and those who never experienced it told me that their friends told them it was a “great high” (Personal Communication, Students, 2004). The conversation then turned to these students telling me of a few elderly people who were selling this hard drug on and off-reserve to subsidize their income. Further, students stated where the MA houses were on the reserve and in Cardston.

There were approximately 7 houses that were producing MA in Cardston and on the Blood reserve that students had identified. The same problem of MA home labs and distribution of MA on and off-reserve was just south of Blood territory in the Southern Blackfeet territory of Montana, USA. The Blackfeet territory ends at the Blood territory and is where the Canada/USA border meets. The use of MA on the Blackfeet reserve in Montana was very serious, and considered a crisis in the state of Montana. The Montana Meth Project, in Missoula, Montana, spearheaded a statewide campaign because "Meth-related crime in Montana is 429% higher than Meth-related crime nationwide" (Montana Meth Organization, 2008). Also, the risk for teen use in the Montana region is 33%, and the primary drug for those admitted to treatment centers in 2005 was MA, with
65% using the drug between the ages of 18-34 (ibid.). The figures for teen use were 13% (ibid).

Officers of the Law in Montana had difficulty in catching drug criminals pushing MA because they packed up and moved very quickly.

The Blackfoot population is very mobile between Alberta and Montana on a regular basis since the Confederacy territory includes Montana. Also, because of Traditional celebrations and Pow Wows between all territories, the trafficking of MA through the Blackfoot Native American population is very lucrative extending over 400 kilometers - north into Edmonton, Alberta, and east to Saskatoon, Saskatchewan. Additionally, trafficking of MA reached Plains Cree Peoples close to Edmonton and East to Saskatchewan whose nations territories now overlap in the original Blackfoot lands due to historical treaty settlement. From there, the MA drug culture has filtered further East to Ojibway and Sioux lands in Manitoba – the Prairie Provinces in Canada are inundated with this illegal drug (CTV News, 2006).

I felt that I needed to do something about MA seeping into the Canadian population so I put my research together, a presentation on MA, its use, effects and situation in the area, and had myself added to a town council meeting on November 23, 2004 in Cardston20. Unfortunately, the town council were mostly LDS members, and were satisfied with the current state of affairs provided by law enforcement regarding the drug. I had the feeling that they truly felt that they had no need to worry about it in regards to their own children’s exposure, as Mormons advocate strongly against illegal drugs and therefore didn’t expect it to affect the town overall. When I spoke to the RCMP about the MA home labs on the Canadian side, they said that when they went to make arrests, the whole operation was moved and they could never catch the criminals – similar to the Montana police investigations. A few months after my council meeting to raise awareness of MA use in the

area, the beginning of the many ‘break and enters’ in Cardston and surrounding areas began occurring - MA users began to be more entrenched in our area, and were becoming desperate to feed their addiction. Their only option was to steal goods from homes to sell at the hock shops to supply them with cash to fund their drug addiction – hock shops in Cardston, those surrounding other Southern Alberta small towns, and Lethbridge, were becoming overwhelmed with police reports searching for stolen goods from local citizens.

Blackfoot youth also said they experienced peer pressure at school and in their community, and that they had to do what others did in order to remain in the group. I was told of an incident in Cardston where a 6 year old was forced into smoking Crystal Methamphetamine by 12-14 year olds on the street. I was also told of how Native American youth were forced by their peers while on joy rides in a vehicle to smoke Marijuana laced with high intensity drugs including Crystal Methamphetamine. Students stated that they couldn't turn it down because then they would have no friends, and therefore, nobody to turn to in time of need, especially when something in their home was not right and they needed to escape. But, perhaps the worse use of this drug I was told about by young people concerned was that non-native young men, some from LDS families, bribed young teenage Blackfoot women with drugs and alcohol to have illicit sex.

Other Substance Use

The reserve and the town of Cardston are both dry territories and do not have liquor stores. Bootleggers were established both on and off-reserve as were drug dealers. Substance users knew where these houses were so that they could buy what they needed. I traveled with a few users who were informants in my study to two of these homes. If you didn't want to be watched by RCMP going to one of these homes, or you didn't have the money to buy the drugs or alcohol,
the gas stations, grocery stores, or drug stores, were the next best outlets to obtain a ‘fix’ or ‘high’ to ease an addictive craving.

For example, I worked for a time at a gas station on-reserve pumping gas. Every morning that I came into work the gas hoses were down on the pavement. During the night, I witnessed people sniffing the remains of gas on the nozzles. Research literature on solvent use in Native American communities confirms that solvent use is a major addiction issue.

Jonas started sniffing gasoline because there wasn't really much else to do in his community. And besides, he saw other kids doing it. After sniffing for a while though, Jonas started feeling angry all the time. He thought sniffing gas was going to be fun. But these days, Jonas feels sick most of the time and can't even eat. Lately, he's been getting nosebleeds that last for days...there are some common reasons why some Aboriginal children may abuse solvents. Like Jonas, children will sometimes turn to inhalants as a way to cope with poverty, poor housing, unemployment, boredom, loss of self-respect and family breakdown. Many of these problems are directly connected to the residential school experience as well as to systemic racism, loss of land, language and culture over the generations (Public Health Agency of Canada, 2008).

At the Cardston Independent Grocer, I studied a group of youth working in partnership with adults to purchase items such as hairspray, mouthwash, rubbing alcohol, and aftershave, all of which have within their makeup, substantial amounts of alcohol. The youth would go into the store and buy these products then bring them out to the adults. The adults would then share these solvents with the youth. The mouthwash they drank straight - hairspray and aftershave they would mix with water, drink it, and then chase it down with Coca Cola. I heard from informants that originally Lysol and pure Vanilla Extract were what substance users used on the Blackfoot reserve - these have since been put away under high security by local stores. There were new bans on solvents just beginning to be enforced while I was there at the three pharmacies in town and at all grocers. Products that were put behind the counters were matches, Sudafed for Pseudoephedrine or any cold medication containing it, and iodine crystals (used for making MA) and the regular products used by solvent users such as hairspray, mouthwash, and rubbing alcohol.
In terms of solvents, its use in Native American communities across Canada are reported as “a major health problem in some communities” and “nobody knows for sure how wide-spread solvent abuse is in Aboriginal communities” (ibid.).

The newest form of solvent use during my fieldwork in Southern Alberta was “computer cleaner dusters…a liquefied-gas propellant” (CCSA, 2006, p. 1). There was talk of it being introduced into the youth populations of Calgary, Edmonton, and Lethbridge while I was completing my field research. Prior to its use in Alberta, it had made the papers in Surrey, British Columbia, where “four 13 year old girls were caught inhaling the contents of a can of computer duster in a junior high washroom” (CBC News, June 16, 2005). However, this solvent was not a concern at the time of this study for Native American youth in Southern Alberta because those who use this product are “more often among urban, middle-class kids who aren’t necessarily using other drugs” (ibid.). And, from the data gathered in this research, there is no shortage in obtaining other types of drugs or alcohol in Southern Alberta.

**Home Environment**

Many Native American youth spoke to me about poor examples in their community of leaders and adults. The overall despair I felt from teenage Native American youth was overwhelming in regards to their visual mentorship in their environment. More than often they expressed that they were going to grow up like many adults in their community - in poverty, addicted to substances, and without hope. Some students described their home environments as a place where parents in the home addicted to substances fought continually and often left them alone in the home while seeking more drugs and alcohol. In other instances, some of the youth were left responsible to care for younger children over long periods of time - from hours, to days, to weeks. Also, some youth were well aware of a parent or both, having sexual affairs while under the influence of
substances, or in some cases, them having multiple sexual partners while they were all ‘junked up’.

Many youth had experienced physical and verbal violence or witnessed violence against their siblings or mothers or fathers by a partner. Partnerships with or between substance users harbored abusive relationships – such as physical, emotional, and verbal violences. One informant told me that in the worst case scenario of a partnership, women were battered by their men and also historically, they have been murdered. Alternatively, women who were substance users were equally violent and sexually promiscuous, sleeping with other women’s husbands. There were incidents in the Blackfoot Nation where women confronted or attacked other women, even using a baseball bat or frying pan to hit the offender for sleeping with their husband. In one particular violent incident on the Blood reserve, a Native woman shot her sister’s husband with a BB gun as he tried to speak with his wife at her sister’s home to reunite in their marriage. Relationships were at risk for sexually transmitted diseases and there were many outbreaks of STD’s in various local communities. An informant who was involved told me that Venereal Disease passed onto approximately 47 people in a course of a month. These people all knew each other because they were substance users who frequently got together to enjoy substance use and then would sleep with others who they partied with after they and their partner had a falling out at the gathering. Mostly, this promiscuous behaviour was due to the substance use that caused impaired judgment brought on by arguments and fights again due to being impaired from substance use.

Substance users had a hard time in meeting family debts and often their children would suffer nutritionally because money was spent on substances rather than food. There is a pattern I observed in Alberta between men and women who are substance users in my research of Native
families. When one or the other or both need to solve their addictive cravings, arguments and
violence usually occurs in the home to make for an excuse to seek a substance and either one or
the other or both leave and go their separate ways for days. Often the grandparents become the
‘go between’ or negotiators to get the couple back together, mostly for the sake of the children.

Gender and gendered ways to act seem to be important in relation to gender identity and
gendered identity of the sexes in the Alberta Native community. People want to feel good about
who they are, so they may seek situations that make them feel good, secure, and competent.
Around strong and focused peoples, insecure individuals may feel under-competent. Artificial
enhancements such as chemical substances or stimulators, stimulating activities such as
promiscuity, may alleviate pain or emotional insecurities. It may be that when a substance user is
around others who use substances and are like them, they don’t feel inferior, they may feel super
competent.

In order to facilitate resiliency to addictive substances, resilient psychiatric factors which deal with
the “emotional and behavioral conditions” of a person, need to be identified (Deas et al., 2002,
p. 117). Emotional and behavioral ability issues stemming from alcohol and other drug (AOD)
use are mental disorders of the psychiatric nature and “co-occur with AOD use disorders” (ibid.).
Thus the term comorbidity - when there is “the co-occurrence of two psychiatric disorders, in the
AOD abuse field … typically refers to the co-occurrence of an affective or anxiety disorder with an
AOD use disorder” (ibid.). Depression, anxieties, anti-social behaviour, Attention Deficit
Hyperactivity Disorder (ADHD), peers, environment, and the family setting may produce risks
associated to severe psychiatric disorders and initiate AOD use. So how do we calm people
down, address residential school syndrome and post traumatic stress disorders and help those
who are susceptible to these risks? How do we provide resiliency, strengthen a person’s identity
to form a positive healthy perspective, and teach them skills that they can use to create and structure their own field or fields where resiliency against AOD exists and eventually becomes a part of their everyday social structure?

For the youth who were children of substance users, many of them were beginning to demonstrate and/or execute the same patterns as their parents - as individual substance users and in relationships with their partners. There were a number of young women who had children already and the fathers of the children ran around with other women. These men would periodically go back to the mothers and children, but continued as substance users having relations with other women when they wanted. Alternatively, many young mothers would give up and participate in substance use to defy their partners, leaving their responsibilities of child rearing while chasing another man down to make the father of their children jealous. Another dimension in these relationships for both men and women were finances, where substance users only stayed with their partner as long as they could provide funds to serve their addictions. When the money ran out, they would leave their partner and seek other partners to provide cash for their addictions. Some substance abusers went so far as stealing the money that fed their children and gave shelter to their family, even selling family household items and/or destroying family vehicles while out partying and having illicit sex with others. As a result of continual abuses within families, there is a high rate of Blackfoot youth and young adults in the shelters in Lethbridge - with and without children. At the shelters, the pattern of abusive and addictive behaviours continued, where both women and men seek substances and engage in risky sexual behaviours with multiple partners or other married people. Again, the victims were the children in these situations and many times Alberta Social Services would step in and remove the children from the custodial parent. But, even more to the point is, that children witness the behaviour of
their parents and the social field of inter and intragenerational psycho-social traumas is re-established in them through their learning by example from the adults.

**Other Issues**

Youth also stressed the lack of opportunities for them in their community in extra-curricular activities - whether they were free or for a fee - and the limited possibilities for career choices due to lack of economic activity in their region. Some youth dreamt of being movie stars, singing stars, having a famous band or rap group or becoming a model. In recent years, there has been support and development of Native television programming by the federal government, thus acting was also a youth interest. Many youth are interested in escaping from reserve life and the social illnesses they witness surrounding them, and they believe that Hollywood glamour careers can provide them with the escape they yearn. Television in Canada on Native American Peoples in recent years has yielded shows such as The Rez, North of 60, Rabbit Fall, and the development of the Aboriginal Peoples Television Network (APTN). What is a good sign in terms of Native American youth vision is that these Native American youth are dreaming, and dreams with positive vision are a very good thing. Others whom I spoke with had no idea of what they wanted to do or Be, when they left school. Some students stated that they felt their parent/s didn’t care much about what they did or wanted to do, and that in their home, survival was more important on a daily basis such as having food, transportation, and running water. The realities of their situations are strong, and the overall atmosphere of support in the home or for career paths on and off-reserve is extremely dismal. But there were other Native adults who spent extra time with these youth, helping them and developing their artistic talents as well as inspiring them culturally and academically. Albeit, these Mentors were very few and far between - and without much support or resources for their efforts from their community.
Sexually, Native American youth are active at an early age. Many teens actually had intercourse by 16 years of age, sometimes earlier, as found in my quantitative study. One of the problems that teens expressed to me is that their parent/s did not give them any rules to follow for their education, extra curricular activities, and sexual partnerships. Many youth stated that they wished their parents cared more about them, doing things with them and talking to them about life.

Gambling and substance uses contributed to another tragedy during my fieldwork. A young male teen (13 years of age) who attended a party on the Blood reserve froze to death one night while making his way home. The story told to me is that upon waking up from a drunken stupor, he was kicked out of the home where the party was held and it was because he relieved himself unintentionally while passed out on the couch. The youth had tried to contact his parents to come and pick him up earlier, it was winter and it was very cold. The parents were gambling in Lethbridge. Some people say that he spoke to his parents but they told him they were to busy gambling at that moment to come and pick him up. The youth proceeded to try to walk home in a snow storm. They found him frozen to death not far from the original house party. I was told that the adult woman who held the party had little regard for the youth and his situation and that she herself was ‘junked up’ on substances. In a concluding statement on substance abuse and relations, it is found that the social field where a substance user exists, promotes the user to care only for themselves and their needs and to satisfy these needs in whatever method, action, or reaction that they can construct.

**Accidents Related to Substance Uses**

There were several car accidents on and off the reserve where youth were killed. It was repeatedly found that the driver of the vehicle was intoxicated with alcohol or in combination with
drugs. There were also many overdoses leading to mortality and suicides of Blackfoot youth and adults both on and off-reserve. Alcohol and drug use in Blackfoot territory accounted for many deaths during this research and prior to this research – and substance use remains a high risk factor in causing premature death today in Blackfoot territory.

Sample literary evidence produced by the First Nations and Inuit Health Branch of Health Canada found comparable risk factors in other Native American territories in Canada. Statistics for Native American Peoples in the province of Saskatchewan state between 1985 to 1987, 92% of vehicle accidents were caused by alcohol. Also, in the age group between 15 – 34 years, 46% of suicides, 38% of homicides, 50% of fire and drowning, 80% of crude weather exposure, and, 46% of ‘other’ deaths were attributed to alcohol (Health Canada, 2003, p. 53). Overall across Canada, the National Native Alcohol and Drug Abuse Program (NNADAP) found that since 1999/2000, the use of drug abuse has risen another 10% to 14% for Aboriginal Peoples in Canada (ibid., pp. 53 – 57).

The most significant factor of risk for Native youth males was suicide and self-injury. Data demonstrates that among those aged 10 – 19 years, suicide accounts for 38% of all deaths of Native peoples across Canada (ibid.). In 1999, the general statistical analysis for all age groups of First Nations’ (excluding Inuit and Métis Peoples) suicide rate was at “27.9 deaths per 100,000”, while the Canadian population overall suicide rate was “13.2% per 100,000” (ibid., p. 34). And, with HIV/AIDS becoming a new epidemic in the Native population as discussed in my quantitative findings, it is also on the rise in Blackfoot territories and mostly contracted while using substances. When I was leaving Alberta in 2005, there were reports by health workers that they were seeing an increase at local health clinics from clients who were from the Blackfoot reserves and who were HIV positive.
Other Health Risks

Health risks such as Hepatitis A, Shigellosis, Giardiasis, and E. Coli are evident in Native Canadian society and impact both youth and children to an extremity “12 times higher than in the Canadian population” (ibid., p. 44). Most of this risk is associated to poor living conditions which include water services, sewage services and food delivery services. Other risks I found in the Blackfoot environment included diabetes, cancers, economic hardship, housing problems/issues, gambling, physical and mental health issues. These risks also included risks produced by and associated to substance abuses such as physical and/or psychological impairments.

Transient Living

Several students lived between friends and relatives on a weekly basis because of violence in their home environments. They also stated that they learned to survive on their own which sometimes included lying or taking what was not theirs from family and friends for survival - to get what they wanted and needed in a time of crisis. Sometimes taking money was for living and sometimes it was money to provide for substance use. Students explained to me that using alcohol and drugs was their form of entertainment to forget a horrible situation or to cope with their depression. Many students agreed that they turned to alcohol and drugs because of not being able to be somebody that they would have liked to become if only they had someone to help them with their life goals – they felt hopelessness.

General Atmosphere During Survey

In answering the survey questionnaire, one youth stated that “surveys that are administered in class rooms on us are not taken seriously by Native students. I for one can attest to this, remembering filling out past surveys with the exact opposite answer to the truth” (Personal
Communication, Students, 2004). The student further explained that many interviewees will put ‘Traditional Native’ for religion and say they are spiritual, just so they don’t have to answer to a Eurocentric Christian religion or Eurocentric researcher. The question of spiritual/religious practice as adding resiliency assets yet failing in this study to provide resiliency for Blackfoot Native youth at both high schools is therefore explained in terms of the contradicting data found in my quantitative research.

**Systemic Traumas – Inter/Intragenerational Affects For Youth**

In my fieldwork, I also spent time with Native adults who were survivors of Indian Residential Schools (IRS). The purpose of my research was to understand inter and intragenerational traumas that contributed to social fields constructing societal dysfunction, substance uses, and risky behaviour. Many parents of youth in crisis or who participate in risky behaviour themselves, are victims of IRS and suffer emotional torture causing several psychological and physical disabilities. With the help of a key informant who wishes to remain anonymous, my research found that the Indian residential schools curriculum supported:

- Loss of Culture, Language, Religion and Justice
- Loss of Connection to Land
- Loss of Freedom
- Loss of Spirituality
- Loss of Childhood Independence
- Loss of Cultural Teachings and Family History
- Loss of Innocence and Identity
- Loss of Self Esteem and Self Confidence
- Loss of Parenting Skills and Extended Family Experience
- Loss of Nurturing
- Loss of Family Unit and Community Relations
- Loss of Belonging
- Loss of Love and Security
- Violation of Dignity – Chopped Hair and Used DDT for Washing Bodies
- Demoralized
- Loss of Positive Childhood Memories
- Taught Not to Speak Your Mind
- Trained Not to Question
- Led to Non-Feeling, and Non-Responding Individuals
- Loss of Respect for Everything – Land, Elders, Culture
- Programmed to Not Make Decision
- Loss of Sibling Relations
- Educational Institution Separated Siblings So That There Would Be No Contact Between Them
- Deprivation of Food, Medicine, Medical Treatment
- Led to Suicide
- Led to Dependency on Non-Native Society
- Alienation from Family and Community
- Learning That Violence and Other Victimized Situations Are Acceptable
- Learning to Accept High Tolerance of Abuses
- Learning ‘God Feeling’
- Being Deprived of Individuality
- Becoming Racist
- Being Angry and Misdirecting Anger to Ones We Love
- Difficulty in Making Decisions and Saying NO
- Fear of Losing Own Children
- Passive or Aggressive Personality
- Learn to Punish Others by Belittling Them
- Anger at Parents
- Insecurity
- Feelings of Guilt Due to living In Shamed Environment
- Ashamed of Being Native
- Made to Feel Unclean
- Reoccurring Nightmares
- Unhappiness
- Blackouts and Memory Blocks
- Addiction to Alcohol, Food, Drugs, Gambling
- Fear of Intimacy – Never Shown Love, Therefore Hard to Show LOVE
- Development of Harsh Discipline Methods
- Development of Mental and Physical Illnesses
- Disruption of Healing – Teaching Process
- Creation of Self Conflicts Leading to A Feeling of Non – Entity
- Inability to Relate When Returned Home
- Change in Own Value Systems
- Inability to Communicate
- Incest and Other Sexual Problems
- Apathy
- Problems With Authority Figures
- Not Knowing How to Nurture Self & Always Putting Self Last
- Lack of Positive Parental Role Models
- Lack of First Nation Members – Individual Doesn’t Acknowledge Their Nation
- Anger Toward Churches, Dominant Society and Self
- Feelings of Hatred
- Feelings of Hopelessness, Despair, Loneliness
- Daily Stress
- Passing All Negative Traits to Our Children
While these psychological and physical tragedies occurred, many survivors found the ability to find positive outcomes to their experience. Some survivors commented that they have developed:

**The Positive**
- A Love of Sports, Writing, and Reading;
- Expression of Self Through Art;
- Strong Coping and Survival Skills;
- Learning of the English Language;
- Have the Ability to Survive in Both Worlds;
- Received/Receiving Education to Find Work;
- Independence; and,
- To Use Humor as A Coping Mechanism.

However, the losses outweigh the positives. Clearly there is a picture of social fields that have been constructed within the individual and in their surroundings since their experiences at Indian residential schools (IRS). Furthermore, because the IRS affected all of Canada’s Native American Peoples, these losses mentioned above have become distinct social fields in Native American communities. As Bourdieu (1993) states, “A field is a universe in which the producers’ characteristics are defined by their position in relations of productions, the place they occupy in a particular space of objective relationships” (p. 51). Moreover, Bourdieu argues that “the particular characteristics of the product and of the dispositions which go into shaping it, into its very reality” are “imposing the dominant definition of how it must be” (2005, p. 41). In referencing Bourdieu’s comment, I mean to point out that the dispositions of trauma from Indian residential schools entrenched for the last 100 or more years in Native American communities, have defined and been responsible for ‘what it is to be’. And, that type of ‘being’ is what needs to be changed from the ‘risky’ to ‘resilient’ healthy and true Native American ideology and paradigm - where social fields provide freedom of expression to process and experience growth in Native individuality and to reaffirm Native identity, producing what is good for the individual, is good for Humankind – *this*, then, is truly the Human *Being*. 
Traditional Gatherings

I attended many ceremonial gatherings, events, and practiced Traditional prayer and Blackfoot *ways of being* for approximately 7 months while in Alberta and Montana. I continued to practice my Traditional Native spiritual way of being on and off over the following 3 years. While this study does not intend to discuss these events in detail, the adults with whom I attended these gatherings were there to revive Traditional practices in hope of passing them on to youth in their community. Many were former substance users and knew of the social conditions and issues in their communities. There were very few youth in these gatherings participating in the full Blackfoot *ways of being* and *knowing*. But, the Pow Wows, a celebration of Traditional dancing in show and competition where Native Peoples came together, were full of vibrant young Native Peoples. Youth, adults and Elders demonstrated Traditional dances and many competed as well as drumming groups performing and competing for cash prizes. Audience members were there to support their friends and communities in the competitions. These were social gatherings open to all Native Peoples from all territories across America. For Native youth, these events are exciting because they would meet other youth, form new relationships or end old ones. Although drugs and alcohol are forbidden at any Traditional event, I did observe some youth not participating in the Traditional dance competitions, using illegal substances. This would occur around the camp areas or close to camps, and away from the Traditional arbor where the festivities took place. Particularly at night is when the smell of Marijuana or MA which smells like clinical chemicals, would weave through the air as you walked around the outskirts of the camp site glancing over to the source of the smell where a group of youth continued with their social relations and gatherings amongst themselves. However, it must be stated from my observations of Native youth competitors in Traditional dance, who came from all over America for these competitions, they were ingrained in their Traditional Native practice and as far as I can tell, did not participate in any substance uses at these events.
**RCMP, Blood Tribe Police, and Justice**

There is one more qualitative observation worth mentioning here in my findings and it concerns law and justice of Native American youth and adults on the Blackfoot reserves. Although the on-reserve justice system is controlled by the band for the reserve, it still follows rules and regulations of the law at large in Canadian society. The same approach is similar in the United States. On leaving or entering reserve territories, provincial or state police have jurisdiction and collaborate with the local forces. Offenders are transferred off-reserve to provincial or state prisons and judged by provincial or state courts.

What I observed in Alberta is that the police forces and the justice department simply did not want to deal with Native American Peoples in trauma, or in terms of preventative measures for crimes or illegal substances. What I mean by this is that they would simply arrest and lock up offenders, without bringing them to hospitals to be looked after by medical staff or helping them with counselors or programs to get well. The law and justice systems are not obligated to help victims of social traumas, but it is the opinion of this research that given Canadian society at large is solely responsible for the violences found in all social fields in Canadian Native American communities, the effort to help Native Peoples and their families, to incur wellness, and to shape positive healthy social fields free from violences and offences, should be addressed from a preventative and holistic (caring) framework by all law and justice in this country since they play a significant role in the construction of social fields in Native American communities. It is also the opinion of this research based from my observations, that police forces did not put much effort into stopping drug trafficking in the Native population. I can only speculate that this is because of a weak Canadian Government’s mandate in enforcing health and welfare initiatives on and off-reserve through limited official policy, limited financial resources and limited human resources. In
speculating, this may be seen as keeping Native American Peoples in crisis so that they would remain weak and unable to organize themselves to fight for their lands or rightful ownership to resources; to contain their peoples within reserves to remain on social services and in personal confusion so that they do not flood the markets or general Canadian population threatening Canadian jobs; or both the above and more.

I found the law and justice system in Alberta to be extraordinarily ineffective and cruel to the Blackfoot Peoples and their sufferings. In fact I found it to promote mental and physical illnesses through the harsh and primitive treatment of offenders - for offenders and their families and in increasing the social fields of ‘risks’ in individuals and the community.

4.3 Relationships Between Quantitative and Qualitative Findings

The quantitative data from the survey results spoke to the social actions of the individuals found through my observations and ethnographic studies in the qualitative research. From my observations in the qualitative research, we see how risky behaviour found in the quantitative research is socially constructed and becomes a way of life for Native American youth. Peer pressure within certain social fields, may account for some youth to give in to risky behavior such as drugs, sex, and alcohol uses. Both the quantitative and qualitative findings correlate to attest to the findings within this research.

Many of the youth discussed their home life as stressful, abandoned, and in conflict. These youth may not feel they belong to anything because they don’t have a cohesive family life. Becoming a participant in risky social fields may be easier for these youth and ‘giving in’ to ‘peer pressure’ to participate in risky behavior, may produce a sense of belonging to a group. To be one of a group, to not stand out, to seek approval (love/friendship), to have a comrade because you do what they
want you to do, are all psycho-social aspects of a personality that then become dispositions, and in this case, dispositions of insecurity because the need to belong and seek approval from others shows that the individual has a lack of confidence in their self. Dispositions contribute to the form of the Habitus in an individual, and the series of dispositions construct the individual psyche, influencing and instigating social fields in which they exist, participate, and conduct social relations.

Some people are more at risk than others based on the aggregate of individual reports. Qualitative observations see structured sets of relationships that affect some people or families and see how kinds of experiences are reported by young peoples and are produced out of social relations creating certain risky social fields. The experiences are lived in social relationships and practices through which people act and interact in the community.

The research confirms that inter and intragenerational traumas stemming from Indian residential schools play a major role in the construction of social fields existing in Blackfoot territory. More significant to the purpose of this research, is that this research found that resiliency to risks in various social fields for many Native youth is simply not fostered. The quantitative findings in this research added weight to the more in-depth qualitative findings from my fieldwork. It is clear that this research gave Native youth the chance to share their issues and experiences, and provided my research with a perspective of their environment that defined parameters of why these issues of risk exist.
4.4 Conclusion

To add to my research findings, I would like to raise a philosophical point examining one psychological experience that may exist for a young Native American student. Youth in school may question why it is important to learn Trigonometry when most people in real life will never use this skill. They may defer certain subjects or skip certain classes for other adventures. Adventures are something that television, media, and cinema are constantly providing. Our human intellectual capacity seeks stimulation for learning on an everyday basis, and it is through adventure, whether it is visual, physical, or auditory, that we learn. The learning processes attached to human development are in themselves, a personal adventure, and have been discussed and studied at length by Piaget in his *Stages of Cognitive Development*.21 From infancy through to our final developmental stages, we seek out experiences in order to process learning and develop skills. In contrast, but perhaps finding similarity to outside stimulus for providing information to the brain, is Vygotsky’s Theory, whereby he argues that society and culture affect cognitive growth.22 As we learn and develop our cognitive abilities, we are personally adventuring – we find new experiences stimulating or not, invigorating or unpleasing, and remember these new experiences as discoveries which become part of our memory and learning bases as we grow. What we find is repulsive, tastes bad, or hurts us, we remember it and don’t view, touch, eat, or situate ourselves in again. What we find pleasant, tasting good, feeling good or supportive of us, we seek repeatedly. Similarly, chemical stimulation from chemical ‘feel goods’ such as alcohol and drugs, support in many, ‘feel good’ learning experiences and adventures.

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21 As mentioned previously in this thesis, youth are in the Formal Operations Stage 11 or 12 years through adulthood where they can ‘think about concepts that are abstract, hypothetical or contrary to fact’, and “…recognize what is logically valid is different from what is true in the real world” (Ormrod, 2003:30).

22 Vygotsky “believed that the adults in a society foster children’s cognitive development in an intentional and somewhat systematic manner. They continually engage children in meaningful and challenging activities and help them perform those activities successfully” (Ormrod, 2003:36).
One of the greatest crimes committed by colonization violences of Native American Peoples and communities was the annihilation of Native culture and pride by removing the responsibility for the existence of Native cultural ways of being and replacing it with the forced dependability on the European culture to live – such as the dependence on a minimum monetary monthly food and housing provision provided by the federal government from the beginning of forced exile to the reservation. There is a historical continuum to the pattern of dependency today in Native American societies of the “paternalistic approach”, where someone else other than the ‘self’ offers all “the answers” (Erasmus & Ensign, 1991, p. 46). While community development work is now in the process of correcting this dependency and encouraging Native American Peoples in gaining their own control of various services such as education, health, and social welfare, could the psyche still be imbedded personally in the children who are victims of the systemic colonization traumas? From my quantitative and qualitative research I believe this to be true - especially when examining Native American youth findings in their school environment. Youth must be coached to “assume responsibility” for their personal lives and academic success (ibid., p. 53). Teachers and staff, besides caring and having high expectations of the student academically, need to act out in a coaching role that supports student learning and achievement which is done “with” them and not “for” them (ibid., p. 52).

As found and discussed in both my quantitative and qualitative research findings, substance abuses are a major factor in ‘risk’ issues for Native Americans, and particularly for Native youth. Recent medical publications have stated that children and youth whose parents were or are substance abusers, can be born with mental deficits, specifically “premorbid frontal lobe abnormalities” (Fein, Sclafani, Meyerhoff, 2002, p. 92). Research correlates parental substance abuses (alcohol and drugs) inherently affecting their children where it has been found that they have predispositions to substance abuses and that the “structural and functional abnormalities
are actually premorbid and comorbid, in that they are also associated with the presence of comorbid mood and externalizing disorder symptoms and traits” (ibid.). Further declarations by researchers confirm that the “comorbidity of psychiatric disorders and substance use is substantial” (ibid.). The mental capacities affected include “emotional activity; behavioural inhibition, problem solving, abstraction, working memory, planning, susceptibility to interference ... problem solving, contextual memory, and execution and learning of procedures” (ibid., p. 87).

In recent studies of cannabis, researchers have declared that it produces psychosis; schizophrenia; multiple psychiatric problems; acute anxiety; major depression; attempted suicide; emotional suppression; as well as, disabilities in visual information processing; auditory information processing; psychomotor speed; manual dexterity; executive functions; memory; visual memory; analysis; integration; and hyperactivity (Kalant, 2004). Moreover, women who smoke cannabis during pregnancy can cause their offspring to suffer genetically, damaging their memory functions, information processing and executive functions – and, also predisposing their children to substance abuses as they grow up (ibid., pp. 849 - 863).

From both the quantitative and qualitative research, it was found that there needs to be more program development in Blackfoot territory to steer youth away from harm and to give them structured learning. In suggesting future program development for Blackfoot youth, this research investigates a structured and mentored relationship framework acknowledging the examination of the roles of men and women in the Blackfoot community historically and social fields which once existed. The Blackfoot Peoples, prior to the reservation, were a society that emphasized the roles of women, young women, mothers, grandmothers, men, boys, young men, fathers, uncles, and grandfathers. With hunting and warfare, women were in charge of rearing the young children. Men and Women were extremely strict as parents – together and equally – but the
mother was in charge of the education and raising of a daughter for being a future wife and keeper of the home. Blackfoot women were in charge of all chores related to the home (there were exceptions to the rule of Blackfoot women who were called ‘manly-hearted’ and who defied the typical maternal role). For the most part, Blackfoot women were very hard workers and in charge of their camp’s welfare. Men’s roles were centered on hunting and warfare, and boys aspired to these models. The goal for a boy in becoming a man was to be a good hunter and warrior and eventually aspire to leadership. A girl would aspire to be a good wife, mother and keeper of the lodge. With colonization, technologies and the global economy, much is changed in Blackfoot territory. There is no doubt as found in this research, that the whole family community social order, particularly parenting skills was disrupted - even lost in some cases because of Indian residential schools and historical colonization violences. A disrupted family unit experiences a loss of not only moral teachings and values attributed to good parenting, but also more importantly, when examining what will produce resiliency skills, that spiritual cohesion between the parent who is teacher for their child. It is a natural process for a parent to give their child warmth of being, instilling them with self esteem, self confidence, and security in their home and environment. The human contact of love and care between individuals within a family teaches a child resiliency skills. So the question is, how can those social fields that the Blackfoot once possessed be re-established in contemporary society to effect grassroots social change and help to construct positive social fields? Based on my research findings and to help investigate this question, I looked to the notion of the paradigm.

The Paradigm of Western research usually sought out one reality, and usually this one reality falsely published a perception of Native Americans that stemmed from an ethnocentric framework. This produced a field, Habitus, set of social conditions, social realities, and multiple identities, that imprisoned Native Americans physically, emotionally, and spiritually within their
own lands. Non-natives believed the Western Paradigm's field and Habitus, and Native Americans internalized the Western Paradigm's field and Habitus. My conclusions of the realities found in my fieldwork suggest the following analysis of the differences between the two paradigms.

**The Western (Eurocentric/Ethnocentric) Paradigm**

1. **Ontology:** To find the one reality. Missionaries, political manipulators, colonial and imperial strategists found this research approach useful in seeking support in marketing racism and violence - such as marketing Indigenous Peoples as 'savages'; and,

2. **Epistemology:** The philosophy, beliefs, and convictions of that reality. Which simply follows that perception which can be marketed – in my example above, finding data to support racist ideology; and,

3. **Methodology:** The tools to make an analysis of the reality you want to produce. For example, seeking specific examples of Native Americans, such as the alcoholics – the 'drunken Indian waiting for the welfare check to buy more booze' – whereby the research is focusing on one reality, one group of people and markets that image in the name of scientific research. In fact, alcoholic Native Americans aren't really representative at all of Native Traditional Culture or Peoples, they are really just humans addicted to alcohol like so many others around the world. You could go to any city's downtown core and observe alcoholics on the street and do a study on them and market that city's entire peoples as alcoholics; and,

4. **Axiology:** That which produces the ethics and those rules sometimes used for change to make change. In this case, research which validated colonial violations of Native Americans.

But if we examine the socio-cultural structure, existence, obligation, and spirituality of being a Traditional Native American, the Native American Paradigm changes the order of philosophical processes.

**The Native American (Indigenous) Paradigm**

1. **Axiology:** We begin firstly by examining our ethics. Here, we contemplate our life and how we live it spiritually, physically, mentally, and environmentally. Our connection to ecology and our cultural values, including our language, ancestors, and obligations to the Creator. Here we must find our spirit, soul, body, and mind, in preparation for our death and how we live on this earth here and now. It is our 'Ways of Being', and 'Ways of Knowing'. An example would be to follow our Traditional Culture; and,

2. **Methodology:** We then gather the tools needed to support our ethics. Using the example of following our Traditional Culture, this would mean that we would begin by associating ourselves with others who are following this path. We would seek language classes, cultural
celebrations, ceremonies, and prayer, as well as our Elders who can help us develop what we seek; and,

3. Epistemology: From our statement of our ethics, and the use of tools needed to fit those ethics, we have our philosophical discoveries - then these perpetuate...ontology. We are finding our identity, who we are to BE through the process of our methodology; and,

4. Ontology: Is the reality that has been produced which we have discovered. We have found our identity. We have found our reality. From colonization, we are able to de-colonize and to rise above the violences of colonization because we have analyzed the process and have experienced growth in our individuality reaffirming our identity.

This research constructed the Native American Paradigm using the resources of my individual reflection and ethnographic study in the field. I approached the task from the individual reflecting on change to find a positive image of one’s self. From my research, I believe that if the Native American Paradigm started from a negative reflective process, it would construct the reality of who that individual is, from which then they can come to know self-discovery of the life that individual is leading and/or wants to lead. It is a REFLECTIVE moment that uses the process of SYNTHESIS - where the influence of social fields and social variables creates an ever-changing and malleable reality. Thus there is a reality that is creatively constructed from multiple realities that are continually experiencing growth. Life is not stagnant, it is ever-changing and very much actively alive moving through time. Finally, based on the research findings, this research supports the belief that a Native American Paradigm can exist once again and be re-established through educational programs which will effect social change thereby changing the social fields that Native American Peoples experience today because of historical traumas from colonization violences.
Throughout this thesis, I have been introducing the theoretical concepts of social relations, social space for the individual and social fields by sociologist Pierre Bourdieu. In this chapter, I would like to further discuss my findings in terms of their relations to Bourdieu’s theory of the Habitus and social, economic, and cultural fields. Bourdieu’s notion of the Habitus refers to a malleable essence (or the ‘spirit’ from a Native American perspective), in the form of a set of dispositions which becomes a person’s nature or being - both their beliefs and viewpoint in their relation to their social world. It is the place that is continually absorbing, adapting, and processing information received from interaction with others, shaped in response to the actions of other social agents in a field – social agents who influence the formation of the Habitus of individuals.

To clarify the term ‘social agent/s’ (person or people who influence any situation) and in reference to the weight or impact of social agent/s to the nature of the individual, any social field/s socially constructed can exist because the social agent/s in the social field give a sense of power over the atmosphere, surroundings, setting, and situation of the field/s, representing the field/s through instilling meaning in the field/s thereby constituting it to be real. An individual’s Habitus absorbs these perceptions from the dominant social agent/s in the field/s that now have become dispositions and schemas of the field/s and reflects them in their way of being, how they perceive who they are in ‘being’, and in which they connect to their society and conduct social relations in various field/s. The social agents which influence these dispositions and schemas in the Habitus, form from communication and interaction of the individual through discourse and situations (visual experience, narrative, feeling) in various fields, and participate in the formation of an individual’s knowledge. Social agents then give way to the creation of an ever-changing history for these psychological perceptions and understandings by the individual that can be influential in how an individual interprets and participates in their everyday life of social relations. According to
Grenfell et al., (1998) “the essence of Bourdieu’s position is that all of the relational variables are historically contingent – manifestations of the unending process of ontological adaptation that is the history of humankind” (p. 35). Bourdieu's position in the existence of social agent/s stems from his analysis of the subjective or unseen consciousness in a person. Bourdieu argues that a person/people learn in terms of the social practice and culture where they are exposed to in social fields and that the dominant factor of a field or fields is absorbed by a person and succeeds in inducing the action to create social agents that produce schemes or schemas in a person's unconscious being or Habitus. Further, to substantiate Bourdieu’s examination of the influence of the social agent in the field or fields and its relation to the individual’s nature as well as the constantly changing ways in which social agents in societies are created, O’Brien et al., (2005) state that these are manifested because of “strong socio-cultural roots which locate the educational experiences of individuals dialectically through their social and material history” (p. 6). Bourdieu regards social circumstances of the individual’s social relations as ‘capital’ and explains that the acquisition of capital for an individual and that individual's Habitus is derived from fields where social agents exist. These social agents are continually constituted from interaction of other social agents or ‘sets of players’ existing in the social, economic, and cultural field which individuals engage.

This research investigated the capital acquired in the social, economic, and cultural fields of Native American youth, where their learning experiences are constructed, to explore whether there are ways of life that lead to the accumulation of risky capital acquired from risky social, economic, and cultural fields. The research found that there are different groups in the communities studied, in which there are different kinds of relationships between individuals and groups that constitute different kinds of social, economic, and cultural fields for Native American youth. One finding in particular is that there appears to be a dichotomy between particular groups
of Native American youth in which there is a duality in certain kinds of fields that produce contradictory sets of relations between different kinds of practices simultaneously present in the local society of these communities. Some youth were exposed to different risks because they thought about the world in different ways from other youth. For example, some groups’ social fields involved more sexual activity at an earlier age, underage substance use, alcohol use, and poverty. In contrast, other groups practiced Native Traditional ways, Christian ways or other ways, had employment, a dry economy, and abstained from drugs and alcohol. Different dispositions and different kinds of social agency (for example, some were better at getting drugs than others, some were better at separating themselves from substance users than others) produced different kinds of Habitus in the individuals concerned. They acquired different kinds of social, economic, and cultural capital in the fields they inhabited, and that supported these individuals’ social relations. We may conclude therefore, that diverse kinds of social agency are within reach for Native American youth, formed in different and more or less dichotomous social, cultural, and economic fields in which individuals are exposed to distinctive dispositions and distinctive groups of social agents with the consequence that some individuals learned - the dispositions to - live in fields of risk (but without necessarily learning the skills to survive those risks), while others learned (dispositions to) resiliency to risks and ways to survive them - sharing their strategies for resiliency with others. Different ways of being and different ways of knowing continue to exist for Native American youth and can be found in alternative and resilient social, economic, and cultural fields. This chapter will discuss interpretations of both the positive and negative findings overall in terms of resiliency and risks of Native American youth researched in this study.
The Research

This study examined Blackfoot Native American youth risks and resiliency between high schools, and the environment in which they live – their social, cultural, and economic fields - on and off-reserve in Southern Alberta. My field research did not seek to examine non-native youth risk and resiliency, nor symbolic capital. The environment in which Native American youth exist – the ‘site’ and ‘place’ they occupy23 - included off-reserve interaction with non-native youth and the non-native Canadian public. Identity, parenting, peer groups, extra-curricular activities, relationships, and religious/spiritual practices were researched in order to ascertain where risky behaviours formed and where resiliency could be found.

It was found that many Native American youth actively sought out certain ‘risky’ social fields to define their lives, and (thus, on Bourdieu’s theory of the development of the Habitus in the context of specific fields) to establish their character, values, and growth. These ‘risky’ social fields were themselves a reflection of previous historical ‘risky’ social fields constructed in their community as a result of Indian residential school traumas and other colonization violences. These youth were internalizing the traumas evident in their community and in the lives of their parents and relatives’, perpetuating the dispositions of particular kinds of “social agents” that “are constituted in, and in relationship to, a social space” (Bourdieu, 1999, p. 124).

It was clear that Native American youth were seeking an identity in their being and wanting to Be something. However, the construction of ‘risky’ social fields themselves perpetuated and further developed by the actions (social practice) of the Native American youth who participated in them,

23 Bourdieu argues that the “relations between the structures of social space and those of physical space” that “human beings are situated in a site (they are not endowed with the ubiquity that would allow them to be in several places at once), and they occupy a place. The site (le lieu) can be defined absolutely as the point in physical space where an agent or thing is situated, ‘takes place,’ exists: that is to say, either as a localization or, from a relational viewpoint, as a position, a rank in an order” (Bourdieu, 1999, p. 123).
in turn constructed “costly social transformations” (ibid.) within the Native American community.

For example, one of the most significant risky social fields was that of drugs and alcohol. There was a market to supply alcohol and drugs in this community, created because of the demand for these products within the community. Such a risky social field may become available as the habitable social space not only to those who initially participated in it, but also to others. Those who participate reify its existence by their participation, producing influential social conditions – cause and effect – not only for the initial participants but also for others, thus contributing to the persistence of its existence with effects on how those involved view their world and function within their world.

Bourdieu states that:

...reified social space (that is, physically realized or objectified) appears as the distribution in physical space of different types of goods and services and also of individual agents and of physically situated groups (as units linked to a permanent site) that are endowed with greater or lesser possibilities for appropriating these goods and services (as a function of both their capital and the physical distance from these goods, which also depends on their capital). The value of different regions of reified social space is defined in this relation between the distribution of agents and the distribution of goods in social space (ibid., pp. 124 - 125).

Thus the demand for alcohol and drugs in the community feeds into the economic capital of the community producing a financial gain to dealers through establishing a market for the dealers. Once marketed, the sale of substances becomes part of the construction of that community, forming not only economic capital, but also social and cultural capital within that community. The participation of the individual in the market constitutes the construction of social agents within the economic, cultural, and social fields in that community and Habitus of the individual. Other individuals with the same needs join and influence social agents producing variables once again that constitute social agents. Social agents stemming from social relations within these fields construct dispositions that influence an individual’s Habitus. The economic, cultural, and social
capital of the market of substances becomes a social construction of the community because groups of peoples participate in the existence of the market by purchasing the goods supporting the fields for the use of these goods through their social relations between each other.

It must also be said that the existence of the field defines not only the Habitus and relationships of those who participate in it; it also defines (as non-participants or people who don’t know about it, for example) those who do not. It thus contributes to the shaping of the social fields of non-participants (for example, by creating ‘no-go’ areas and ‘out-groups’) as well as those who do. The existence of risky fields thus also influences the shape and substance of economic, social and cultural fields and capitals in the community. Thus, in this study, for example, the LDS (Mormon) young people participated in fields, and valued economic, social and cultural capitals and practices that positively excluded drug and alcohol use. That is, participants in this group identified certain forms of identity, certain fields and certain practices as ‘risky’ in ways that promoted resistance to them. This (economic, social and cultural) resistance is evidence of a social side to the individual features of resilience. It is evidence of the collective social construction of resilient identities and dispositions (Habitus) via non-participation in the economic, social and cultural fields of drug and alcohol use. That is, while resilience might be understood to be a disposition which is a feature of an individual’s capacities and identity, it also involves the construction of spaces of non-participation in which drug and alcohol use are regarded as ‘not worth it’ economically, socially and culturally. This finding is important for the field of research literature concerning risk and resiliency for youth generally, perhaps, as well as Native North American youth: it suggests that youth must not only develop knowledge and beliefs that offer resilience in the face of such risks, but also that they must be able to occupy other social spaces (economic, social and cultural fields) where those risks are minimized or excluded – that is, spaces constituted by other forms of social practice which are valued by participants (valued not
only because they avoid the negative of risky drug and alcohol use, but also because they realize other positive capacities, practices, and ways of being).

5.1 **Positive Identity** – Some Different Kinds of Habitus We Can Be Hopeful for Resiliency

This study found that resiliency to risks for Blackfoot youth could exist in the following domains:

1. Committed spiritual practices both on and off-reserve – in either organized religious or Traditional Native ways of being – and in partnership with adult family members, mentors, and peers who participated in the same social and cultural field; and,

2. Committed healthy family lifestyle both on and off-reserve, in the home, with relatives, and again with peers in social/community interaction; and,

3. In alternative community settings outside of reserve living with multi-cultural peer groups in a social condition of family stability and financial comfort; and,

4. In what is (in some Native North American communities) described as *Two-Spirit* youth (Gay, Lesbian, Bi, Transgender, Queer [GLBTQ]), resiliency was found to a certain degree because of this groups’ marginalization further as a minority population and in terms of existing educational commitments in resiliency for the GLBTQ community overall. Marginalization for Two Spirit youth in their own cultural community fields have forced their interaction in the greater non-native community social fields where risks have already been addressed by the GLBTQ community. Further, this research found that many Two Spirit people were healers of colonization violences and traumas in their community.

In the analysis of resiliency to risk, there was a definite correlation in my quantitative to qualitative findings of strong identity being resistant to risky behaviour. Most notably this is argued when observing social solidarities in social fields that teach identity. Good parenting and association to
a strong adult cultural community accounted for much resiliency found in LDS (Mormon) non-native youth and LDS Blackfoot youth. As well, my observations suggested that resiliency was found among Blackfoot youth who practiced Native Traditional spirituality. Further, Blackfoot youth who were observed in the GLBTQ social field, and who had pride and were comfortable in their identity as Two Spirit people, demonstrated that they were resilient to many risks in their own Native community.

5.2 Parenting and Community Resilience – Some Factors That Support Resiliency in the Face of Risks

In the Canadian government publication *Horizons*, Marlene Brant Castellano, Professor Emeritus at Trent University and co-director of the Royal Commission on Aboriginal Peoples, discusses positive reflections from the 2005 Kelowna meeting of community leaders, government heads and Canadian Native organizations. Found in Castellano’s work were the following comments that support the findings of the research reported in this thesis:

- Parents continue to exercise key influence on youth choices. Enhancing the health, education, and economic status of parents will carry over to improve youth well-being.
- As they explore possibilities for their own future, youth learn from the models available in their environment. Competent adults in charge of community affairs expand the range of positive choices available.
- Dropping out of high school, becoming a teenage single mother or brushes with the law do not have to be life-defining choices. Traditional teachings about the path of life emphasize that every diversion from the path offers learning for the next stage of the journey.
- Youth reach turning points where they are ready to receive advice, especially from those who are close to their age but somewhat more experienced. At various times, mentors may be peers, teachers or Elders, Aboriginal and non-Aboriginal persons.
- The diversity of personal circumstances and community environments require multiple avenues for engagement, capitalizing on the priorities and resources that exist in the local situation.
- Spaces to congregate with peers, take a break from having to meet external expectations, share experience and gather information, are critical to the evolution of identity whether youth are university students, budding athletes, street youth, recovering addicts, or ex-offenders.
- Deflecting Aboriginal youth from life-defeating choices requires sustained, diversified, and co-coordinated initiatives mobilizing federal, provincial, territorial, and Aboriginal
government support for local action (Public Works and Government Services Canada, 2008, p. 11).

My research found that Blackfoot parents who were committed to positive parenting, guiding youth in their studies; in their extra-curricular activities; in Traditional and spiritual practices; and who engaged with their youth on a daily basis performing life tasks such as shopping, sports, and other social outings, cultivated resiliency to risks in Blackfoot youth. Such closeness psychologically and physically by parents provided Blackfoot youth with resiliency skills in relation to sex, drugs, and alcohol that circulated in their community and peer groups. Further, strong identity development occurred for youth who were taught their own history and history of their nation, culture, and practices – leading them to ownership of their Native American identity and fostering virtues such as reliability, dependability, and responsibility for their bodies, their own futures, and their life goals.

Thatcher’s work described earlier in this thesis supports my findings of resiliency for Blackfoot Native American youth. His approach in structured teaching and mentorship of Native youth by adults, to instill identity and to create resiliency to risk is also echoed in Castellano’s recommendations of parenting and community support for youth by adults. What he offers is a methodology for teaching youth resiliency skills, supported by his research on the subject of Native and non-native youth resiliency to risk issues he has analyzed drawing from “Hawkins & Catalano, 1992; Blumenkrantz, 1992; Henley, 1989; and Ferrara, 1992” (Thatcher, 2001, pp. 12 -13). Passionate education, formal or informal for Native youth, that cares about the individual and their contribution to the whole social field, seems to be a crucial element in developing youth resiliency assets.
The research reported in this thesis also suggests that teachers at the middle to high school years offer Blackfoot Native youth guidance and coaching in demonstrating that certain choices must be made in order to succeed in adulthood. Positive mentorship by teachers may provide Blackfoot youth with confidence and pride in their development as an individual, and in their identity as a human being. Data and research by Kulis et al., reflected that students who have been guided and mentored do well in being resilient to many issues in both personal and academic life. For instance, proper substance prevention programs found that “students overall tended to adhere rather strongly to anti-drug personal norms, anti-drug personal intentions, and injunctive parental norms” (Kulis et al., 2002, p. 107).

*The Virtues Project*, a book by Linda Kavelin Popov (2000), teaches educators how to instill virtues in children and young people in the school environment. The book progresses through topics such as, “Our Schools Are in Trouble; The Loss of Meaning; A Renaissance of Values and Virtues; Why Virtues? Why Not Values?; and, An Inclusive Approach” (Popov, 2000, p. vii). It presents a holistic approach to teaching character building skills that will provide an individual with resiliency beginning at an early age, and learning resiliency at school along with formal academic training. Interestingly, Popov’s plan for teachers to address personal character building exercises within academic training is akin to Traditional Native American counseling and Blackfoot ways of being, and, to Social Work practice - insofar as along with the academic or training lesson, there is a personal character skill building lesson learned by the learner. It is a unique approach in teaching young people. However convincing Popov’s work is in terms of building the individual’s character for resiliency to risks, we also need individuals with the ‘right’ knowledge and beliefs, not just economic, social and cultural fields and practices that offer individuals alternative ways of being, alternative pathways for living and alternative life journeys,
but constructed for all to make the ‘right’ choices, having positive social fields that support the exercise of positive capacities and identities.

I used many of Popov’s suggestions and skill building character strategies from her book in my own Native Social Work courses. Specifically, for my own teaching to adult students to help them with character building skills which they could then have ownership of and share with their clients - I focused on a section entitled The Spiritual Companioning Process (ibid., p. 115). There are “7 Steps of Spiritual Companioning” (ibid., p. 113). In the book, this process is suggested for teachers to help students facing risk issues. It is a process, and, teachers must be committed to the student for the process to succeed. The methodology of spiritually companioning someone involves introductory “opening the door” questions for communication such as “Whats up? Whats happening? (ibid.). It continues through a period of silence called “Ask Cup Emptying Questions” that meet the student “at their level of energy” using “what, how, and when questions, not why” (ibid., p. 114). Focusing on body reactions of the student whether they are angry, in tears, nervous, or holding themselves tightly, Popov suggests that the teacher reacts by stating “what are you holding onto” (ibid.) – this is only a suggestion. Here, Popov recommends that a proper response to any information the student feels comfortable with stating, is to not “detract or distract” from that moment, rather “give attention” (ibid.). The next phase is where the teacher can “ask virtues reflection questions” such as “what would give you the courage...?” (ibid., p. 115). The final stages are closure where the teacher is leading the discussion now and providing “integration questions” like “What was helpful; What is clearer” (ibid.). Finally, the last and most important moment in this conversation is the teacher giving a virtue compliment to the student such as “I see your courage; I honor you for your loyalty to your friend and your integrity to do the right thing” (ibid.).
The virtue counseling in Popov's book provides teachers with tools to handle children and youth in situations ranging from minor issues to suicidal tendencies. This is an informative teacher-student manual. There is no doubt that instilling virtues in a student are important to their health and psycho-social well being. In the formal operational years of a youth, virtues need to be reaffirmed or if without, then introduced.

5.3 Positive Spirituality

A Traditional man said to me that he could walk into bars where his Peoples were engaged in substance uses to observe their behaviour, or to rescue those in need without being attacked by 'spirits'. He explained to me that 'bad spirits' attach themselves to substance users but not to him because he had a strong identity of himself, and abstained from substances, all because of his continual faith and practice as a Traditional Native person. He further explained to me that substance users lacked strength in their identity and were open to spiritual attacks that would make them behave irrationally and/or violently - instigated from beyond the earthly dimension. Whether 'spirits' are truly attached to alcohol and drugs or not, some Traditional Blackfoot People believe that those using substances are haunted people. They also connected the term 'spirits' often used to describe alcohol in multi-media ads, to the real delivery of 'Spirits' from the supernatural world.

In terms of having strength against risks for a Blackfoot person, this holy and Traditional man perceived it possible only if one is confident and strong in their identity and acquired only if one is practicing their Native Traditional ways of being and ways of knowing.

In discussing identity for resiliency and how that can effect social change for the whole of a community, if we examine the Afro-American struggle for equality over the last 100 years, and
Martin Luther King’s charge for human rights coupled with racial pride, we can also conclude that race identity not only strengthened identity in being an Afro-American, but became a powerful lever for social change in the United States for their rights and equality in the nation. Suffice to say, the United States just elected their first Afro-American President on November 4, 2008, Illinois Senator Barack Obama.

5.4 Clarity of Spiritual/Traditional Practices in the Survey

The religious and spiritual practice of the LDS Mormon religion in this particular region of Canada, was one of the majority spiritual practices that offered youth resiliency to risks. For Blackfoot Native American youth who were followers of the LDS religion, they demonstrated a high resistance to risky behaviour within their community. The resiliency provided by the LDS religion was not based on their application of Christian theology, but rather as a result of constructed LDS values and family rules created and imposed upon followers who are members of this religious organization. LDS demands youth attendance and practice of LDS values. It is mandatory participation in order to remain an LDS Mormon, to pray daily, participate in family time, and to exercise good moral values and judgment – all of which is repeatedly taught to youth by family and other LDS members. All LDS followers are obligated to study and practice their faith daily, weekly, monthly, and to join in LDS community events or gatherings. I actually attended some of these gatherings. The LDS church also has separate female and male weekly social teachings, with the main church co-ed participation on weekends. Membership of LDS also involves participation in social practices that reproduce (and transform) dispositions and fields.

In respect to Native American Traditional practice, while it was found in my qualitative observations that true Blackfoot Native Traditional youth were resilient to risks, it was also found in my qualitative work that many youth who claimed to adhere to Traditional ways of being, were
in fact not truly Traditional Native practitioners. These Blackfoot Native American youth claimed this as a religion and spiritual practice in the survey to side step the research findings because of historic colonization violences of Christian religions imposed upon their Peoples. In respect to other Blackfoot Native youth participation in Christian religions such as the Roman Catholic church, Gospel, and Anglican Churches, this research could not determine what percentage of youth overall were resilient to risks because of Christian studies through these mediums. However, the qualitative field research found that a small percentage of Blackfoot Native youth who belonged to the above mentioned denominations did have resiliency to risks because of strong parenting skills, community cultural involvement, and family connection.

5.5 Identity, Spirituality, and Risky Behaviours

Native Americans are aware that Eurocentric religious indoctrination and interventions in Traditional Native spiritual practices and ways of being, through colonization violences, brought social transformation to their communities. One Elder remarks that:

We do not want churches. They will teach us to quarrel about God, as the Catholics and Protestants do on the Nez Perce reservation and at other places. We do not want to learn that. We may quarrel with men sometimes about things on this earth, be we never quarrel about God. We do not want to learn that (Chapman, 2001, p. 267).

Eurocentric beliefs accompanying the teachings of Christianity historically and defined by political parameters of colonization policies, resulted in many Native American Peoples losing their Native Traditional spiritual practices - their cultural essence and their identity. Native American identity became defined by Eurocentric assumptions, coupled with colonization violences, transformed through the context of raciology - where the association of identity to being a Native American became founded in social, economic and cultural fields that formed perpetuating and sustaining ideologies of inferiority. This said, identity, spirituality, and religiousity have been established existing in a role of duality for the Native American person in terms of both resiliency to risk (by way of Traditional spiritual practice), or in engaging risk (by way of imposed Eurocentric values).
The historical bombardment by political policies and Eurocentric Christian beliefs weakened many Native American Peoples culture and thus spiritual resiliency, and was enforced to obliterate Native cultures in the curriculum delivered through Christian organizations at Indian Residential Schools (IRS). Native Peoples began to loose faith and/or devalue their own ways of being, thus internalizing that Native American Traditional culture and ways of being were primitive. The outright contempt today for Christian religions by many, not all, Native American youth and adults I observed and spoke with in my fieldwork, were directly developed from the Legacy of IRS and the sexual, physical, and emotional violences they or family members experienced at IRS which enforced Eurocentric Christian beliefs on Native children. Native American identity void of spiritual practices and Traditional ways of being and knowing, became an identity founded on the principle of sorrows, substance struggles, poverty, and violences. Today, this research found that the renewal of pre-contact historical Native Traditional identity is one where risky behaviour does not exist in the individual who practices their Native spirituality and Traditional ways of being. Risky behaviour was found only in the individual who did not practice Traditional Native spirituality because their Habitus constituted, realized, and acted upon social relations informed by social agents in various risky fields from around them thereby sculpting the world view within that individual to act in the engagement of risks rather than from a Habitus within them founded and influenced by way of their own spirituality, cultural essence, and connection with the universe.

5.6 Parenting

Many Native Peoples suffered violences and violations of their body at various IRS in Canada and their traumas have filtered through their generations. Many victims of violence resulting from IRS traumas are themselves unable to teach, guide, or communicate and relate their culture to their children and youth.
As this thesis found, the social, cultural, and economic fields must be changed to reflect healthy social fields in Native American societies so that while healing initiatives take place, victims and generational victims will not slip back into trauma habits such as self-medicating with substances for their pain leading them back to their addictions.

Cindy Blackstock, Executive Director of the First Nations Child & Family Caring Society of Canada, comments on the excessive numbers of Native American children and youth in child welfare services.

Having practiced child protection for over ten years on the front line, I believe unequivocally that parents should be held responsible for redressing the risk faced by their children, but only if they have the ability to influence that change. If the risk is sourced at a societal level, then the child welfare system and other allied services must be held primarily accountable for redressing the risk (Aboriginal Healing Foundation, 2008, pp. 167 – 168).

Blackstock further states that the high number of Native American children and youth taken away from their parents by child welfare agencies is founded on the principle of maltreatment for “neglect, fuelled by poverty, poor housing, and caregiver substance misuse” (ibid., p. 167). When thinking through Blackstock’s comment in terms of my witnessing parenting issues for Native children and youth, I agree. I disagree though with her reference to the Canadian Incidence Study on Reported Child Abuse and Neglect (1998 to 2003), where Native American children were not “overly represented for reports of sexual abuse, physical abuse, emotional abuse, and exposure to domestic violence” (ibid). Except for sexual violences, I witnessed child abuses in neglect, verbal abuse and physical harm occurring at one time or another to a Native child by one of their parents (male or female), during the course of my fieldwork and thereafter. I heard of sexual abuse cases from some of the adults whom I spoke with and these were in relation to IRS victims at the schools, those IRS victims who had come home, and those who were generational trauma victims of IRS violences.
Coping mechanisms for many of the parents who lost their children to IRS on the Blackfoot reserve, began with the use of alcohol and later through the 60’s the introduction of drugs on the reserve. What passed from many of this generation to the next was the loss of cultural cohesion and responsibility towards raising children. Blackstock’s comment about examining the societal structure in order to incur change and healing for parenting skills and child rearing, as well as her statement of ‘neglect’ as a significant factor in parenting issues, supports my qualitative research findings. What this research found in Blackfoot parents who were substance users is that their addictive behaviour fueled their lack of care or concern for others and their children, and focused on them seeking to solely satisfy their addictions, whatever the cost. And cost it did.

During my fieldwork, a number of youth and adult suicides for the Blackfoot Peoples as well as continued violences between youth leading to death and/or car accidents occurred. Sadly these forms of death continue today. To date, I am not aware of any public statistical record of youth suicide in the Blackfoot territories of Alberta or Montana – mostly, these deaths are announced in the Obituaries section of local newspapers.

5.7 Conclusion

My final interpretation of the research persuades the argument in finding resiliency for Native American youth through a lens that incorporates human communication of moral values, cultural teachings, and healthy choices. New social fields that construct a resilient social world for youth in their everyday environment are suggested. Practice of Traditional Native American culture where youth participate daily, weekly, in spiritual gatherings, learning the teachings, values and choices, will offer resiliency to risks. Strong positive parenting, mentorship, and peer groups that support identity and nation building knowledge – both historical and contemporary – also contribute to resiliency. More importantly, constructive confidence building of skills such as the
Virtues, in partnership with Native American identity, should be encouraged and taught in the education system by Native and non-Native teachers to Native youth so they may gain ownership of who they are as Native American Peoples.

Finally, I would like to conclude with a statement on how the IRS experience added to historical wrongs producing a lasting effect from the violences of IRS on Native communities that is directly responsible for risky social fields today and inter and intragenerational traumas.

...the removal of children from their families altered relationships between everyone and everything. Family bonds normally created as a result of nurturing and loving relationships were not a part of the residential school experience. The loss of language affected the ability of children to communicate with parents and grandparents, and it reduced their access to cultural and spiritual teachings. Aboriginal women whose children and grandchildren attended residential schools were deprived of their traditional roles as mothers, grandmothers, caregivers, nurturers, teachers, and family decision-makers. These roles were similarly stolen from the generations of girls who were unable to learn through observation and interaction with their own mothers and grandmothers. The emotional bond between mothers and children was loosened. This disconnection was compounded for women who lost their Indian status and were no longer allowed to live among their people on traditional territories. The residential school system also detrimentally impacted the traditional and experiential education of Aboriginal peoples. For example, in teaching the young, Elders and parents were responsible for teaching the children their way of life. Children learned from watching their Elders. As a result of children being taken away from their families and their communities, this cultural and spiritual aspect of their lives was stolen from them (Aboriginal Healing Foundation, 2008, pp. 126 – 127).

Cultural disconnection has been reproduced and experienced by many Native Peoples in contemporary societies and is found in social practices and structures of relationships between adults, and between adults and children. The social reproduction of the Legacy of the IRS experience over the generations is an unshakable effect that is still experienced today in social practices (forms of behavior) and social relationships (ways adults relate to one another, and to children and ways that children reciprocate behavior). These practices and structures constitute risks for Native American youth today and may also be associated with social practices and structures in relation to contemporary schools on and off reserve. Schools may be able to intervene to disrupt those practices and structures of relationships, but they may not be able to
dispel those risks. As suggested through this research study, community action might also be
needed to dispel the risks through coaching, and forms of individual/personal and community
healing. Risks for Native American youth generally and Blackfoot youth examined in this study,
found sources in the community that makes them present for many young people today. These
risks have become embedded in the social practices and relationships sustained in the
communities. Sources of support such as peer groups, mentors, families, and governance need
to be strengthened by establishing ‘other’ patterns of social practices and relationships.
However, they also need to be strengthened by supporting the development of resiliency, not only
in each young person exposed to risks, but also, as stated earlier, in the community itself. To
strengthen the community as opposed to the individuals within it, means establishing other
patterns of social practice and other structures of relationships – that is other social fields.
Bourdieu’s theory of social fields which create other forms of Habitus or dispositions in
individuals, gives us a way to conceptualize what changed patterns of social practices and
relationships might be like where different fields occur and are able to support different kinds of
Habitus in each person.
Dr. Betty Bastien, a member of the Blackfoot Confederacy and Professor with the Access Division of the Faculty of Social Work, University of Calgary, provides one ‘missing link’ for healing to decolonize from historical violences for the Blackfoot population and which supports the renewal of their Native American Paradigm. Bastien addresses how a person seeking their Blackfoot identity and ‘way to be’ can actually become in ‘being’ Blackfoot. What she emphasizes as integral for the person who is Blackfoot, is to know the ancient ancestral practice “Siksikaitsitapiipaitapiiyssin [the Blackfoot way of life]” (Bastien, 2004, p. 3). The Blackfoot way of life could be recognized as one Blackfoot field for constructing resiliency, where knowing the responsibilities, process, and to maintain the practice of being Blackfoot, is a social construct that gives support and strength in the Blackfoot Native American identity. To understand the Blackfoot way of being, the three fundamental principles of responsibility, process, and maintenance, begins with the first principle which is knowledge of Siksikaitsitapi or “Blackfoot speaking real people” (ibid., p. 215) and the responsibilities in identity as Blackfoot Native Peoples.

Next, the individual must grasp the fundamental principle of the process in how they are taught and how they learn these responsibilities. Finally, a person needs to maintain these gifts of knowledge through prayer and ceremony (ibid., p. 3). Thus in order to ‘be’ a Traditional Blackfoot, ‘being’ is existing spiritually as one following and living in the Traditional teachings. Traditional teachings are fundamental in the development of skills that when practiced with faith on a daily basis, build resiliency assets and supports Blackfoot identity.
In the realization of connecting to the ancestors and their ways of knowing, Blackfoot Peoples must know and honour ancestral gifts, those which are part of their Native American philosophy and include the land, water, animals, and air. Recognizing and knowing the importance in connection to all things and to being real and the real original people in North America, Blackfoot cultural practice further provides resiliency in the building of resilient ‘fields’ against social risks. The ‘Habitus’ where individual and collective practices of Blackfoot ways of being are internalized, are becoming or ‘coming to know’ internally within the individual and producing schemes or dispositions that create an internal history in conjunction and correlation to the external world or external social ‘field’.

Bastien’s work clearly suggests that for the Blackfoot Native American, resiliency to risks is forged in Blackfoot identity and by spiritual and way of life practice - in that an individual’s identity because of self-knowledge in ‘being’ as a Blackfoot, once internalized through the practices of meditation, sacrifice, offerings, and prayer, gives rise to the “process of coming to know [Kakyosin]” which “occurs through the spiritual connection” (ibid., p. 5). The embodiment of this field by the individual (the Blackfoot Kakyosin or process of coming to know), and the construction of Siksikaitsiapiitapiiyssin (coming to know of the Blackfoot way of life) is where the individual’s dispositions/schemes are cultivated through the internalization of (what Bourdieu calls) objective structures’ produced by their individual and collective practices. Dispositions/schemes produce the nature and character of the individual forming in their Habitus which is accountable for an individual’s behaviour.

In following the spiritual practice of the Blackfoot path, a person learns identity through their appreciation of where they come from ancestrally, and who they must be. As Bastien states “Ao’tsisstapitakyo’p [“we have come to understand”] is the process of coming to know”, and,
“maintaining the relationships that strengthen and protect the health and well being of individuals and of the collective in a cosmic universe” (ibid., p. 2). She further states that “Spiritual energies are the ultimate substance of the universe from which all life forms originate (Ihtsipaitapiiyopa) including knowledge…the nature of being is conceived within and originates from these relationships” (ibid., pp. 3 – 4). In documenting ancient knowledge and demonstrating that resiliency from colonization lies in being real spiritually, Bastien identified that resiliency is strengthened through the spiritual practice of ancient knowledge for recovery from multiple risk factors threatening Blackfoot society in the 21st century.

Recent Social Work studies echo Bastien’s spiritual commitment in the practice of ancient Blackfoot ancestral knowledge. Social Work studies have found that religious and/or spiritual practice offer protective factors in creating resiliency against risks. Hodge et al. (2001) state that youth who followed a religious faith had better resiliency to alcohol, while youth who were spiritual had resiliency to Marijuana and hard drugs. The researchers tested two theories among a multicultural rural grouping of youth whereby they examined the “relationship between spirituality and religious participation and substance use” (Hodge et al., 2001, p. 157). Their results showed that being spiritual produced momentous resiliency to using cannabis and/or severe drugs. In terms of Bastien’s work, being a Traditional Blackfoot person means living spiritually daily and practicing spiritual faith religiously thereby executing both spirituality and religiosity, providing the Traditional Blackfoot person with resiliency to both drugs and alcohol.

In concluding, spirituality, religiosity, and connectedness to a spiritual consciousness in influencing resiliency to risks as demonstrated through the research presented of Bastien’s work (where providing resiliency against risks for Blackfoot youth may be found through Traditional Blackfoot knowing, living, and being); documented in the qualitative data of the resilient Blackfoot
Traditional practitioner; and in the study by Hodge et al., clearly finds that both ancestral
Blackfoot ways of being and modern sciences are in agreement when it comes to strengthening
and creating resiliency in the human spirit by way of spiritual practice, faith and spiritual
connectedness to our world.

6.1 Youth, School and Bourdieu

Many Native American youth lose their way in life at the teenage stage because they can’t see or
envision who they will be or what they will ‘be’ as an adult. Five hundred years ago, Native
American teenagers were regarded as capable of being independent and socially and
economically responsible. Schooling, especially at the high school level, imposes upon students
a role of “hierarchy with a power structure looming over their heads; although they are a
numerical majority in the system, they are a distinct minority in decision making” (Ballantine,
2001, p. 188).

Teens are individualized and socialized through being nurtured into formal roles such as “club
officer, athletic team member”, or student council member, but always they are “the group to be
‘subdued’, disciplined, or conquered by the school staff” (ibid.). Some students choose to be
scholarly, athletic, or both, and others choose to “engage in delinquent activities” (ibid., p. 189).
The informal role of schooling is found in student subculture and peer groups. Students whose
friends are interested in scholarly achievement usually do well and “take on leadership roles”
themselves (ibid.). But for those students who choose friends that are more interested in the
social aspects of school or have behavioural problems, their likely to absorb and reflect their
peers’ experiences and reproduce them culturally, socially, and academically.
In terms of interpreting how Blackfoot youth acquire patterns of behaviour and responses to their social world, this research supports Pierre Bourdieu's analysis of the individual's adaptation to their social space constructed from their interaction with the social world. Bourdieu's notion of *Habitus* describes the learned dispositions of a social actor in a social field. The Habitus is constructed by socially learned actions and is constituted by agents (from others) acquired through the social space an individual occupies. Using the notion of Habitus, he aims to explain how the initial social experience is impressed upon an individual by the social agent (dominate social fields by dominant social agents in cultural capital, social capital, or economic capital), thus shaping and re-shaping an initial set of dispositions in the individual through practice in a setting or social field. Habitus refers to a historically created construction of dispositions appropriate to practice in particular social conditions and circumstances that become the nature of an individual reflecting the behaviour of that individual based on what they learn from the social agents in the fields where they are exposed - such as their cultural fields, economic fields, and social fields. At the same time, Bourdieu recognizes that an 'agent' can be inclined to react inevitably on the basis of the learned dispositions that are the Habitus. The Habitus also has the capacity and capability to generate innovative and stimulating action contributing to the make up of that social field thereby redefining the social agents in that field. Thus Bourdieu argues that the Habitus “is an open system of dispositions that is constantly subjected to experiences, and therefore constantly affected by them in a way that either reinforces or modifies its structures” (McNay, 1999, p. 103). Bourdieu's notion of the 'field' envisions a reflexive process whereby the field is a construct of tensions and conflicts emerging in adhesion to form and create a social action and becomes the “embodied potentialities of the Habitus…realized in the context of a specific Field” (ibid., p. 109). So in relation to Blackfoot youth at school today, in their home, community, or peer environment, their nature, behaviour, and therefore their 'being' is shaped by their environment that is influenced by the dominating social agents found in the cultural, economic, and social fields of
their community. Further, they acquire social, cultural, and economic ‘capital’ found in these social fields through their participation in the field, and by participation in and adaptation to the field they reinforce the social field contributing to its capital or value. Hence the participation of youth in obtaining illegal drugs reinforces the social field that sells illegal drugs to them in their community. It then becomes part of the social capital (a gathering for youth), cultural capital (those who use), and economic capital (financial profits) in their community. Moreover, this research of Blackfoot youth risk and resiliency began from the school setting where the school is a social field that influences and cultivates in youth various social, economic and cultural fields. Positive social fields can also be created from a youth's school experience. For instance, examples include youth who become interested in athletics, at school and/or outside of the school, or youth who become interested in, and pursue technology, learned from the school and influencing their social space and time outside of the school. The school's social field can create positive or negative fields that create action potentials for the actors in them - these same conditions apply to the family, which again is a social field for youth. The question is who constructs the social field for youth to experience? Social fields can also be pre-figured producing negative or positive environments for youth. What is important is to know how to construct a social field for youth that will offer them beneficial and real social paths leading them to acquire resiliency assets. Thus my suggestions from the research conducted here, that Blackfoot youth should be exposed to structured programs at school and in their community that encourage resiliency such as: Blackfoot Traditional practice; Blackfoot identity; and furthermore, coaching and support from non-Native teaching staff as well as Native teaching staff, mentoring them not only with academic skills, but with knowledge and life skills for the outside world so that they will be resilient to risks.
In conclusion of what produces resiliency in a Blackfoot community for youth, this study will remember that a culture is always evolving, being renewed and recreated as it adapts to new cultural exposure and definitions – for instance, many Native American cultures today have created new Native language terminology to describe European inventions and technology which of course didn't exist in their original language because European's didn’t exist in their worldview until contact. There is a juxtaposition between Native and non-Native ways of being, ways of life, and ways of living that responds to erosion in society - although we are in a golden age of many opportunities and conveniences. Recognizing that a continual transformation of culture occurs because of dealing with a non-Indigenous world, within that cultural inner world, are integral components important in identifying what produces resiliency to risks today for Blackfoot youth.

I also suggest further investigation of the notion of contestation in a culture. Contestation in context to culture is “sifting and sorting people in many dimensions of social life” (Kemmis et al., 2005, p. 3). The contestation process doesn’t “necessarily reproduce the particular backgrounds of each student in the sense that they reproduce the social and cultural location and circumstances of their parents” (ibid.). This research found that some groups of Native American youth had a different world view than others, and participated in different social, economic, and cultural fields of social relations despite being exposed to social fields of risks at school, in their home environment or community. Additionally, this research suggests further investigation in the tendency for integration of non-Indigenous ways of being with Indigenous ways of being in 21st century Native culture when seeking resilient factors. Finally, future research analysis should include the integration of controversy or ‘contestation’ to find methods for resiliency to risks in conjunction with the ever-changing and transforming environment that Native youth are living within, in terms of the social fields they are exposed to in contemporary society.
Blackfoot youth who have a solid understanding of their Native identity and Traditional practice will be able to use the skills they acquired from their understanding of their culture and strength in their identity within non-Native social fields, therefore contributing to the formation of these social fields in the social world. For instance, contemporary societies are seeking answers now to the decades of destruction that humankind is responsible for environmentally, and our youth are the next generation of caretakers, policy makers, and leaders. An example of integrating Blackfoot historical and cultural knowledge in 21st century conditions could be where Blackfoot youth are able to connect their Native knowledge, drawing on Blackfoot ways of knowing and ways of being to lead research and development in environmental contemporary issues to help solve them, and to restore environmental balance and harmony to world eco systems. Native American Peoples have a strong connection and understanding of the Earth’s environment, the animals, and life sustaining resources and how important all is to the balance of this universe and survival for humanity. Explicitly, Traditional Native spirituality teaches one to be an optimistic person, to dream and achieve goals, to cultivate discipline, drive and dedication in their being, and may engage a person to learn an art/craft or natural environmental science - all are transferable skills producing resiliency assets and contribute to social fields of everyday living and circumstances as a person grows into adulthood and continues their life/career path through contemporary social fields in today’s world.

6.2 Changing the Fields

The Aboriginal Healing Foundation (AHF), an organization solely dedicated to the Indian residential schools Legacy, conducted several evaluation reports regarding survivors to produce projects related to healing in various Native communities across Canada. Their research efforts have been substantial in collecting evidence for evidence based practices. In their analysis on healing, they suggest that more financially supported project initiatives for community healing
studies will, over the next twenty years, “positively influence those affected by the Legacy, and that they will have addressed unresolved trauma, broken the cycle of abuse and enhanced their capacity to sustain well being” (AHF, 2003e, p. 38). Their research projects and research analysis has promoted further research studies in Canada that they believe is helping to reduce child abuses, suicide, imprisonment, and individual traumas for Native American Peoples.

In regards to healing Native American communities from colonization violences, the AHF created a map for the ‘healing journey’ that they perceive their work will accomplish to support gradual social change within Native communities. They base this forecast on continually supported research initiatives into the nature of issues stemming from Indian residential schools and colonization violences. The emphasis for the Community Healing Journey map is that ‘social change’ does unfold “in fairly predictable patterns” (AHF, 2003c, p. 41). Initiatives such as “offering healing circles or developing a curriculum” (ibid.), will contribute to further research analysis and synthesis for on-going program development. As well, the AHF state that the logical outcomes of this investment will “create changes in ideas…knowledge, attitudes, beliefs, motivation, skills…” which will produce behavioural changes and help to build healthy environments (ibid.). The AHF analysis concluded that “When enough individual behaviours change, ultimately, the environment or community changes with them” (ibid).

However, while the AHF current research studies have helped to bring awareness and attention to specific issues in various communities, many respondents had varied reactions as to how much healing had actually taken place.

Some key informants expressed the view that rates of physical and sexual abuse, suicide and children in care had already declined, but there was by no means a consensus. Many people said they just did not know, while others had observed no change in rates. There were fewer references to incarceration and these data were actually more difficult to
collect. For the most part, social indicator data suggest that the incidence of suicide, suicide attempts, physical and sexual abuse, and children in care remain high. It is unrealistic to expect anything else over the course of a year or two, or even five. Reconciliation, another desired long-term outcome, is expected to become more evident once a critical mass of individuals, families and communities have progressed further along the healing path (AHF, 2003e, p. 39).

Based on my research I agree that a 'critical mass of individuals, families and communities', must be following a healing path in order to effect social change of social realities in Native American communities. But the question is how to get there? There seems to remain a gap in the AHF strategy based on the observations of many participants - as stated above. Further, how does one stop the reliving of the 'present past' paradigm in the Native American community and restore the Native American Paradigm so that a ‘critical mass’ of Native Peoples heal?

From observing the social realities in Native American communities, conducting field research and quantitative analysis, I believe that although there are a number of research projects and community programs addressing colonization violences today, effective social change in the overall environment cannot happen without the development of Phronēsis and Praxis – “… doing things in a way that demonstrates moral goodness in what is done, so that the consequences will be good for all the people involved and affected – the good for individuals and the good for humankind” (Kemmis et al., 2007, p. 2). Individual attention to research and programs that solely “are concerned with the quality of the production of a product or state of affairs external to the producer”, (ibid.), such as the current focus on Native American individuals in trauma, should be reconstructed to include other dimensions as a result of the trauma and other social fields that affect the entire Native American population and their community as a whole. I suggest this methodology for healing from traumas because trauma victims exist and live in the whole of the community thereby acting as social agents – being the dominant issue in a social field – therefore influencing Habitus in all individuals who exist there with them.
This research found, through the application of Bourdieu’s theoretical analysis of the social individual in their social world, that the ‘producer’ of certain social illnesses today in Native American communities, are the individuals who participate in social fields that reinforce these illnesses in certain social fields in their community. Alcoholism, drug addiction, violence, and abuse are products of the Western paradigm and were forced upon a culturally vibrant and resilient Peoples historically altering their social realities \([\text{(Habitus) (capital)} + \text{Field} = \text{practice}]\) through colonization violences. Participation of the individual in social fields that support illness leads to the perpetuation of the cycle of traumas initially created by this paradigm. Therefore, these individuals are living in the ‘present past’, repeating colonization violences by producing them, participating in them, and experiencing these violences themselves. This research suggests that healing can only occur if the Native American Paradigm is restored, and in being restored, is able to live in the presence of non-Indigenous society and practices, knowing how to both live with the Western Paradigm and at times around it. You cannot continually patch a leaky dingy in various spots to hold it afloat, eventually all patches will give way and the dingy will sink. The whole of the community (consider the entire circle – all connections and relations) must have a new point of reference, a new framework and social order to support a healthy environment. In the following drawings, I will demonstrate the difference between the AHF’s current healing strategy, and a strategy I suggest to renew the Native American Paradigm that I believe will bring resiliency and healing to Native American communities. The following is the AHF recommended strategy mapped to demonstrate continued project input and analysis to bring health to the Native American environment.
I do like this map because its ideals are coinciding with my research hypothesis. However, the flaw in it is that the achievabilities cannot be realized when it is sitting within a circle of perpetuated violences (social fields) such as those that continue to exist in Native American communities today and which are snowballing out of control. Eventually this strategy crumbles and succumbs to the outside pressures of various dominant social agents in social fields – the current social realities in the community where every human connection transpires. There is also no protection from the violences experienced in other social fields – the dominant social agent will produce schemes/dispositions influencing the Habitus in the individual who is exposed to particular social fields - as discussed earlier in this chapter. Therefore the social realities for the individual’s fields where they exist, live, and socialize will not change. Inter and intragenerational traumas support this theory whereby what is learned is reproduced and what is reproduced becomes inherent.
To argue for a new educational framework which will awaken the Native American Paradigm, I examined colonization violences through the policies of *Education for Extinction* (Adams, 1995). Historically, education of Native American Peoples was intentionally designed to raise and develop a Native American child’s psyche with a European’s worldview - through learning knowledge (*Habitus*), to change their thought, perceptions, and how they lived daily - while interacting with one another in social fields found in their home and community. The methodology of colonial policies in educating Native American Peoples for extinction of their own culture, created acts of cultural chaos through teaching them a certain way of thinking, and teaching violences by example or experience in punishment, abuse, and in some cases, murder. Furthermore, I believe strongly that the initiators of these policies most probably knew that teaching this type of education would lead children to grow up with damaged psyches, even knowing that this would perpetuate violences in their offspring leading the Native American culture as it was historically led by colonization violences, to continued futures of self annihilation.

Research supports the social reality produced by colonization policies in educating Native Peoples for extinction through establishing cyclical social realities of despair and disorder on Native American reserves – through the taking away of Native children from their parents and forcing them to live in boarding schools – where many of the staff were violent, abusive, and sadistic towards the children.

Another social reality established by colonization policies in educating for extinction was to destroy any Native American physical and cultural representations on reserve, at school, and in the individual such as cutting their hair, banishing their language and Traditional practice, and destroying their Traditional clothing.
A third social reality created to infer cultural violence was by ridiculing and slighting Native American culture through the media, in local non-Native communities, and in the treatment of Native individuals through legal policies such as enfranchisement in the Gradual Civilization Act of 1857 (voluntary) the Act of 1880 (mandatory) and the 1933 Indian Act – all which removed a Native American’s status and entitlement to any rights as a Native American in Canada if they pursued a life outside of the reserve in the population of Canada (Lawrence, 2004, p. 31).

Finally, marketing Native American culture through trinkets; seizing and selling sacred artifacts; grave robbing sacred burial grounds; and treating their dead as anthropological specimens, were further violences that may have contributed to altering the Native American consciousness of their original world.

I propose a strategy of Education for Resiliency in the Native American community. One that will attack the doxa that bind together social agents producing dispositions/schemas of the Habitus and which will shift social fields in the community into a new circle of consciousness – a new Medicine Wheel. In this way, educating for resiliency will instill the practice of Phronēsis and Praxis, connecting to all things and individuals for the good of the community as a whole.

Furthermore, if we create an educational pedagogy constituted from the practice of Phronēsis and Praxis for Native American youth in the schools, it will assure a proactive and protected shift into a renewed Native American Paradigm in the generations to come. This strategy empowers a reverse methodology of action, comparative in force and commitment like the colonial policies but will educate for resiliency, and should become formal policy at every school in teaching resiliency to youth. The following graphs (Figures 6.2.2 to 6.2.6) demonstrate the historical attack on Native
American social fields through colonial policies and maps out a future strategy that will reinstate the Native American Paradigm.

Figure 6.2.2: The Community Medicine Wheel of Native American Societies.

Figure 6.2.3: The Medicine Wheel is Altered.
Native Traditional Practices & Peoples

Native American Peoples today - Living with pockets of Healing Initiatives and living with waves of violences. A Revival of Spiritual being is beginning to take place.

A Healing Initiative Overcome by Colonization Violences in Social Fields… Waves of Violences Continue

Social Fields

War, Starvation, Disease, Alcoholism, Reservations, Political Policies

Child Abuse Child Welfare Adoption Child Murder

Prostitution Injection Drug Addictions HIV AIDS Violent Physical Acts Murder

60's Scoop

Sex Drugs Rock ‘N' Roll

Sexual Promiscuity

Lying Cheating

Figure 6.2.4: The Medicine Wheel is No Longer.

Figure 6.2.5: The Native American Community Today With Pockets of Healing (Medicine Wheels).
The Figures 6.2.2 through 6.2.6 examine, since contact, the social realities for Native American Peoples because of colonization violences. Figure 6.2.2 begins where contact occurs, where Native American Peoples and Europeans meet and begin to trade, then clash culturally, where finally, European politics organize against Native American cultures introducing policies to diminish Native American populations – at this time, the Native American Paradigm is existing and represented in the circle figure of the diagram. Figure 6.2.3 demonstrates the collapse of the Native American Paradigm and Native America’s way of life as it is known historically, collapsing because of recurring assaults by colonization violences. Figure 6.2.4 depicts an ocean with waves, where for example, colonization violences, if thought of as originating at the Epicenter of an earthquake in an ocean, where a Tsunami would begin to take shape, extending outwards to all land shores only to bounce back from the shores to be bigger waves, depicts the continual effect of the Legacy of colonization violences – where they are reinforced and create more and more powerful waves of violences, crossing the threshold (epicenter) to the opposite shore and bouncing off it again coming back stronger, perpetuating waves of violences, and perpetuating
the violences historically initiated (epicenter) in the social field of the community. In Figure 6.2.5, there are pockets of healing initiatives taking place, but because of the ‘Tsunami waves’ of violences, the waves upon waves of violences, these pockets exist for a time, and then are overtaken by the waves, existing no more in the place where they are, but may be introduced in other fields for a time, until again, they are overcome and overpowered by perpetual waves of violences – or perpetual construction of negative social fields. The final graph, Figure 6.2.6, depicts a movement of action resulting from a policy of Education for Resiliency that produces alternative social fields and is all encompassing because it addresses all violences or all social fields, (calming the waves), until it dominates the waves and restores the Native American Paradigm in Native communities.

6.3 Conclusion

The focus of this study compared and contrasted Native American youth between the ages of 16 and 18 in two formal settings: Cardston high school (off-reserve), and Kainai high school (on-reserve). The purpose was to determine what educational aspirations and/or the differences of educational aspirations there were between the students of the two schools in the two different locations. To explore, clarify and define risk factors, I proposed questions such as: What are the structures of support? Are they weaker for Native Americans in one or the other location? Which youth are coping and which youth are not coping at school? Contrasting the two schools allowed for an examination of the way the educational settings interact with Native American lives to produce different kinds of risks; different kinds of opportunities to develop resiliency; and different educational, social, and cultural outcomes for Native American youth.

I explored the variations between young people in terms of a range of dimensions such as: Native versus non-Native; urban versus rural (social geography); divisions associated to ‘class’
and ‘gender’; and most importantly, in regards to resiliency, exploring youth awareness to current community, provincial, national and world society of youth who have: Higher awareness, higher connectedness to these issues; versus youth with lower awareness and lower connectedness to these issues. I asked young people to give me their perspective on what they perceived as risks and what they believed offered resiliency, and how they constructed their social world and environment. Youth are keenly aware of themselves and their environment at this age and it is here that they begin to develop patterns of psychological disciplines that will remain with them throughout their adulthood. Also, according to Blooms Taxonomy (Ormrod, 2003, p. 433), youth have already developed their cognitive and psychomotor domains, but at this stage are developing their Affective Domain - where youth learn to deal with their emotions.

This research also examined teenage youth through observations, to discover if risk and resiliency assets are associated with learning patterns specific to cognitive development during their formal operational thought years (Piaget) which begin in early adolescence and continue into adulthood (Ormrod, 2003, pp. 29 - 35). The research supports the view that during adolescence youth are obtaining patterns of thought and actions that will affect their future as adults and that are directly related to their teenage learning experiences. What this research found is higher risky behaviour begins in early adolescence for Native American youth, and that resiliency to risks should be fostered early in them through adult mentorship, teachers, and community in specific and structured programs which will build resiliency assets in the individual. In terms of formal education, programs in schools to address risky behaviour including the detriments of substance use, that cultivate confidence and virtues while listening to and counseling youth, should be a part of a Native American youth’s regular high school curriculum. This research also suggests that community coaching of the same nature be made available to Native American adults to complement the school programs, as well as adult education programs, or community action
programs that will help them protect their children and young people by protecting or defending their community. Furthermore, this research suggests that the public education system where Blackfoot youth or any Native American youth attend, reinstate spiritual practices to be facilitated through cultural learning of Traditional Native values as part of their educational curriculum. This can be done weekly, where Traditional Elders visit and teach youth about their culture at their public school. Also, a Traditional person should be in residence at the high school over the school year along with Native guidance counselors so that Native youth can seek their advice. Again, the same coaching should be reflected in the Native American community for adults.

In terms of further community recommendations, police forces and justice services should be trained in Native American culture. It is imperative that law and justice understand the history of colonization violences, so that they understand the need to truly help Native American Peoples restore their cultures in health and therefore contribute to eradicating risky social fields in all communities that are in their jurisdiction. Policies to effect changes in handling violent behaviour or substance users, of preventing risks, of healing, counseling, and treatment for risks, should all be mandatory for law and justice departments, not just found in Native community social services or mainstream social service programs. At the same time, law and justice departments need to adopt a ‘caring’ viewpoint of Native American Peoples. Public government systems for social order should be made clear in understanding that their function in any community serves the purpose to support and promote regional peoples in an economically, culturally, and socially vibrant community and that health and safety for communities can only be established by a caring community at large. In particular reference to the Blackfoot Peoples territory observed in this study, and in terms of drug trafficking, police forces need to eliminate illegal substance distribution to eliminate the social, cultural and economic fields that reproduce and sustain the historical colonization violences experienced by Native American Peoples that perpetuate the
experience of those violences for rising generations of young people in the form of enduring risks.

At the same time, programs of the kind I have described are needed to foster resiliency to those risks, not only in the young people concerned (who are at risk of becoming victims to those risks) but also in the social fields that constitute the community. Building community support for sustaining and securing Traditional ways of being is one crucial way to build resilient communities for these young Blackfoot people and their families.

I believe that there are more ways to be than many youth know and that these options as life paths may be unavailable to youth because of physical, emotional, financial, or environmental limitations. In Bourdieu’s argument in reference to the ‘field’, fields which are socially constructed, may produce different degrees of risk and different degrees of resiliency. Youth are playing with their ‘identity’, finding out who they are, what is pleasurable and what is worth doing in their lives. As Bourdieu (1984) states “All knowledge in the social world is an act of construction implementing schemes of thought and expression” (pp. 466 - 484). Accordingly, youth enrich themselves (accumulate social, economic, and cultural capital) by placing themselves at locations they choose (or are persuaded to choose) in their own socially constructed fields. Bourdieu (ibid.) reinforces the idea of the ‘social self’ and construction of the field, in that he states it “is a system of internalized embodied schemes having been constituted in the course of collective history…acquired in the course of individual history” (ibid.). Thus, in considering risks and resiliency for Native American youth, this thesis examined various social fields, seeking out youth experiences in the various dimensions that constructed social capital, economic capital, and cultural capital of the individual. What the research findings reveal is that there is a dualism of contrasting dynamics in all fields where Blackfoot youth interact in Blackfoot society and non-Native society in Southern Alberta and Northern Montana. This is due to a dual Paradigm at work in Native/White society - the Western (European/Ethnocentric) Paradigm which
brought change to Native American Peoples and was forced upon Native North American Peoples through colonization violences directed at dominating Native American Peoples; and, the Native American Paradigm, that once was the social order in all Native American societies, and since Contact, weakened gradually, almost to the point of extinction, but now is returning slowly to individuals as more Native American Peoples individually return to their Traditional ways of thought, knowing, and being.

Blackfoot youth can have a choice, to either participate in risks, or to be resilient to risks, dependent on the dynamics involved and social exposure to fields where they are engaged, and how social agents from these fields construct dominating dispositions (schemas) that influence and construct the nature (Habitus) of the individual. Therefore, to understand how contrasting and dialectically opposed social agents, dispositions, and discourse cohabitate and contest with one another in different fields in the Blackfoot community, it is necessary to analyze and consider the dualities of the Paradigms co-subsisting within all fields of the community. Discovery of the Native American Paradigm takes this research to a different level, where a spiritual journey is undertaken in the research in order to understand how resiliency to risks can be nurtured within the individual, at the same time as looking outward at the Western (European/Ethnocentric) Paradigm, its impact historically, and its contemporary impact on modern Native American societies and individuals.

Blackfoot youth today are living at a junction in time where both Paradigms manifest themselves in the fields they are living, yet the dominant paradigm remains the Western Paradigm. Modern technologies, access to various goods, and world communication are part of their social relations, as well as trauma, where their Peoples have been victims of historical ignorance that wreaked havoc on their generations and immediate families. It is not easy for Native youth, to be
bombarded by dual social orders. Nor is it easy for them to rise above modernity and to look back into their culture for answers. Native youth know all to well the history of colonization violences of their Peoples, they see it daily, and loathe that past because it harbors weakness, low self esteem, and raciology.

This research set out to seek alternative forms of social practice that could foster alternative forms of social fields, and thereby produce alternative social capital, discourse and dispositions, for at-risk Native American youth. It sought to specifically understand the socialization of Blackfoot youth, examining risks they encounter, and to identify where resiliency could be structured in their lives as they move into adulthood. By identifying the Native American Paradigm existing and living in duality with the Western (European/Ethnocentric) Paradigm, the research found that an open door to new realities in Blackfoot society provided by ancient Blackfoot Traditional wisdom, has survived colonization violences and is able to construct alternative social realities, social practice, social fields, and social agents to effect social change. The Native American Paradigm allows for ever-changing ways of knowing, ways of understanding, ways of being, and coming to ‘Be’, because its based on the premise of being in that moment, and is open to malleability in the scheme of life. Blackfoot Peoples can easily adapt to new alternative social changes because their Native American Paradigm begins with Axiology, ways of being, knowing, and doing, ending finally, after a lengthy reflective process with an Ontology, where Bourdieu deems the finality of the ‘ontological’ as the place where history manifests itself producing dispositions and discourse in social fields. In conclusion, this research strongly recommends action now to inspire and implement structured educational and Traditional initiatives that will influence alternative social fields for Blackfoot youth in their community, reducing risky behaviour and providing them with resiliency assets to restore the Native Traditional Paradigm.
APPENDIX 1: Risk and Resiliency Survey

Risk and Resiliency Survey
Du Hamel Yellow Horn: From WestEd California State Surveys

During your life, how many times have you used or tried...

<table>
<thead>
<tr>
<th></th>
<th>0 time</th>
<th>1 time</th>
<th>2-3 times</th>
<th>4 or more times</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. One full drink of alcohol?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>2. Marijuana? (pot, weed, grass, hash)</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>3. Inhalants? huff? (gas, glue, paint, sprays)</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>4. Cocaine? (Crack, Rock, Snort)</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>5. Methamphetamine? (Meth, Ice, Speed)</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>6. LSD? (Mushrooms, Acid, Mescaline, Peyote)</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>7. Ecstasy? (E, X, EXTC, MDMA)</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>8. Heroin? (Smack, Junk, China White)</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>9. Any other illegal drug? (T-3's, PCP, Uppers, Downers)</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>Anything not directly prescribed for you?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
</tbody>
</table>

During your life, how many times have you been...

10. Very drunk or sick after drinking? | A      | B      | C         | D               |
11. ‘High’ ...stoned, wasted from drugs?  | A      | B      | C         | D               |

12. Do you follow a religion?  Yes ___  No __

13. If YES, please state ________________________________

14. Are you a spiritual person?  Yes ___  No __

15. If YES to one or both religiosity and spirituality, do you believe that these attributes help a person to be resilient against risks such as drugs:  Yes ___ No ___; alcohol:  Yes ___ No ___; violence's including physical and verbal abuses:  Yes ___ No ___

16. If you use alcohol or another drug, have you done or experienced any of the following? (Mark all that apply. If you do not use mark ‘A – Does not apply’).

A. Does not apply – I do not use alcohol or drugs ______
B. Found you had to increase how much you use to have the same affect as before. ______
C. Recently spent a lot of time getting, using, or being ‘hung over’ from using. ______
D. Used alcohol or drugs a lot more than you intended. ______
E. Used alcohol or drugs when you were alone. ______
F. Felt depressed, uninterested in things, alone or isolated. ______
G. Your use of alcohol or drugs often kept you from going to work, school, or activities. ______
H. Felt better when you were using alcohol or drugs than when you were not using. ______
I. Thought about reducing, cutting down, or stopping your use. ______
J. Told yourself you were not going to use but found yourself using anyway ______
K. Spoke with someone about reducing or stopping use. ______
L. Attended counseling, a program, or group to help you reduce or stop use. ______
HIGH SCHOOL QUESTIONNAIRE
Paula du Hamel, Ed. D. (ABD)
Doctoral Thesis 2005
Based on the California Healthy Kids Survey, WestEd. 2004-2005

- This is a survey about health-related behaviors, risks, and attitudes.
- We hope you will answer all the questions.
- Please do not write your name on this survey questionnaire.
- Please circle your answers.
- Mark only one answer unless you are told to “Mark All That Apply”.
- This survey asks about things you may have done during different periods of time, such as during your lifetime, the past year, six months, or 30 days. Each is asked for a specific reason and provides different information. Please pay careful attention to these time periods and answer all questions.
Before you begin the various sections, please answer the following questions. Thank you.

Do you follow a religion?
   a. Yes
   b. No

If yes, which religious denomination are you affiliated with?
   a. Roman Catholic
   b. Anglican
   c. Protestant
   d. Gospel
   e. Traditional Native
   f. LDS
   g. Other

Are you a spiritual person? Meaning that, do you practice spirituality - this is separate from the practice of religious faith – it is where you live in spiritual faith 24 hours a day 7 days a week in conjunction with the Creator, (God, Jesus, The Great Spirit, The Great Energy), and connection to all living things (earth, animals, water, air, universe).
   a. Yes
   b. No

If you answered yes to being religious and/or yes to being spiritual, do you believe that being religious and/or spiritual helps you to be a resilient person against risks? Risks include for example, violence, drugs, alcohol, or other activities that may harm you.
   a. Yes
   b. No
California Healthy Kids Survey

◆ Section A ◆

At the top of the answer sheet, write in the name of your school. Then fill in the bubbles as indicated in the first two items. This is very important. Thank you.

A1. Fill in the bubble for the letter “H.”

A2. Fill in the bubble for the number “7.”

The next questions ask for some background information about you.

A3. How old are you?
   A) 10 years old or younger
   B) 11 years old
   C) 12 years old
   D) 13 years old
   E) 14 years old
   F) 15 years old
   G) 16 years old
   H) 17 years old
   I) 18 years old or older

A4. What is your sex?
   A) Male
   B) Female

A5. In what grade are you?
   A) 6th grade
   B) 7th grade
   C) 8th grade
   D) 9th grade
   E) 10th grade
   F) 11th grade
   G) 12th grade
   H) Other grade
   I) Ungraded

A6. How do you describe yourself? (Mark All That Apply)
   A) American Indian or Alaska Native
   B) Native Hawaiian or Pacific Islander
   C) Asian
   D) Black or African American (non-Hispanic)
   E) Hispanic or Latino/Latina
   F) White or Caucasian (non-Hispanic)
   G) Other
Section A

A7. If you are Asian or Pacific Islander, which groups best describe you? (Mark All That Apply. If you are not of Asian/Pacific Islander background, mark "A. Does not apply.")

A) Does not apply, I am not Asian or Pacific Islander
B) Asian Indian
C) Cambodian
D) Chinese
E) Filipino
F) Japanese
G) Korean
H) Laotian
I) Vietnamese
J) Native Hawaiian, Guamanian, Samoan, or other Pacific Islander
K) Other Asian

A8. If you are Hispanic or Latino/Latina, which groups best describe you? (Mark All That Apply. If you are not of Hispanic background, mark "A. Does not apply.")

A) Does not apply, I am not Hispanic or Latino/Latina
B) Central American
C) South American
D) Cuban
E) Mexican
F) Puerto Rican
G) Other Hispanic

A9. During the past year, how many times have you moved (changed where you live)?

A) 0 times
B) 1 time
C) 2 or more times
Here are questions about diet and exercise.

On how many of the past 7 days did you...

<table>
<thead>
<tr>
<th>Question</th>
<th>Number of Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>A10. exercise or do a physical activity for <strong>at least 20 minutes</strong> that made you <strong>sweat and breathe hard</strong>?</td>
<td>A B C D E F G H</td>
</tr>
<tr>
<td>(For example, basketball, soccer, running, swimming laps, fast bicycling, fast dancing or similar aerobic activities.)</td>
<td></td>
</tr>
<tr>
<td>A11. participate in a physical activity for <strong>at least 30 minutes</strong> that did <strong>not</strong> make you sweat and breathe hard?</td>
<td>A B C D E F G H</td>
</tr>
<tr>
<td>(For example, fast walking, slow bicycling, shooting baskets, skating, raking leaves, and mopping floors.)</td>
<td></td>
</tr>
<tr>
<td>A12. do exercises to <strong>strengthen or tone your muscles</strong>?</td>
<td>A B C D E F G H</td>
</tr>
<tr>
<td>(For example, push-ups, sit-ups, or weight lifting.)</td>
<td></td>
</tr>
</tbody>
</table>

During the past **24 hours (yesterday)**, how many times did you...

<table>
<thead>
<tr>
<th>Question</th>
<th>Number of Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>A13. drink <strong>milk or eat yogurt</strong>? (In any form, including in cereal.)</td>
<td>A B C D E F</td>
</tr>
<tr>
<td>A14. drink <strong>soda pop</strong>?</td>
<td>A B C D E F</td>
</tr>
<tr>
<td>A15. drink <strong>100% fruit juices</strong>, such as orange, apple or grape? (<strong>Do not count</strong> punch, Kool-Aid, sports drinks, and fruit-flavored drinks.)</td>
<td>A B C D E F</td>
</tr>
<tr>
<td>A16. eat french fries, potato chips, or other <strong>fried potatoes</strong>?</td>
<td>A B C D E F</td>
</tr>
<tr>
<td>A17. eat <strong>fruit</strong>? (<strong>Do not count</strong> fruit juice.)</td>
<td>A B C D E F</td>
</tr>
<tr>
<td>A18. eat <strong>vegetables</strong>? (Include salads and nonfried potatoes.)</td>
<td>A B C D E F</td>
</tr>
</tbody>
</table>
Section A

A19. Did you eat breakfast today?
   A) No
   B) Yes

A20. Has a doctor ever told you or your parent/guardian that you have asthma?
   A) No
   B) Yes
   C) Don't Know

The next questions ask about use of alcohol, tobacco, and other drugs.

Keep the following definitions in mind.

- **One drink of alcohol** means drinking one regular size can/bottle of beer or wine cooler, one glass of wine, one mixed drink, or one short glass of liquor. Questions about alcohol do not include drinking a few sips of wine for religious purposes.

- **“Drug” means any substance other than alcohol, steroids, or tobacco. It does not include drugs prescribed by a doctor or taken because of illness.**
## Section A

During your life, how many times have you used or tried...

<table>
<thead>
<tr>
<th>Question</th>
<th>0 times</th>
<th>1 time</th>
<th>2 to 3 times</th>
<th>4 or more times</th>
</tr>
</thead>
<tbody>
<tr>
<td>A21. a cigarette, even one or two puffs?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>A22. a whole cigarette?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>A23. smokeless tobacco? (dip, chew or snuff such as Redman, Skoal, or Beechnut)</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>A24. one full drink of alcohol? (a can of beer, glass of wine, wine cooler, or shot of liquor)</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>A25. marijuana? (pot, weed, grass, hash)</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>A26. inhalants? (things you sniff, huff, or breathe to get high such as glue, paint, aerosol sprays, gasoline, poppers, gases)</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>A27. cocaine? (any form—coke, crack, rock, base, snort)</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>A28. methamphetamine or any amphetamines? (meth, speed, crystal, crank, ice, bennies, black beauties)</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>A29. derbisol? (DB, derbs, or dirt)</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>A30. LSD or other psychedelics? (acid, mescaline, peyote, mushrooms)</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>A31. ecstasy? (E, X, EXT, MDMA)</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>A32. heroin? (snack, junk, China white, black tar)</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>A33. any other illegal drug? (such as PCP, downers, pills not prescribed by a doctor)</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
</tbody>
</table>

During your life, how many times have you been...

<table>
<thead>
<tr>
<th>Question</th>
<th>0 times</th>
<th>1 time</th>
<th>2 to 3 times</th>
<th>4 or more times</th>
</tr>
</thead>
<tbody>
<tr>
<td>A34. very drunk or sick after drinking alcohol?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>A35. “high” (loaded, stoned, or wasted) from using drugs?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>A36. drunk or “high” on drugs on school property?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
</tbody>
</table>
During the past 30 days, on how many days did you use...

<table>
<thead>
<tr>
<th>Question</th>
<th>0 days</th>
<th>1 - 2 days</th>
<th>3 - 9 days</th>
<th>10 - 19 days</th>
<th>20 - 30 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>A37. cigarettes?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>A38. smokeless tobacco? (dip, chew or snuff)</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>A39. at least one drink of alcohol?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>A40. five or more drinks of alcohol in a row, that is, within a couple of hours?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>A41. marijuana? (pot, weed, grass, hash)</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>A42. inhalants? (things you sniff, huff, or breathe to get high)</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>A43. cocaine? (any form—coke, crack, rock, base, sniff)</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>A44. methamphetamine or any amphetamines? (meth, speed, crystal, crank)</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>A45. LSD or other psychedelics?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
</tbody>
</table>

During the past 30 days, on how many days on school property did you...

<table>
<thead>
<tr>
<th>Question</th>
<th>Happened on School Property</th>
<th>0 days</th>
<th>1 - 2 days</th>
<th>3 - 9 days</th>
<th>10 - 19 days</th>
<th>20 - 30 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>A46. smoke cigarettes?</td>
<td></td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>A47. have at least one drink of alcohol?</td>
<td></td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>A48. smoke marijuana?</td>
<td></td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
</tbody>
</table>

A49. How do you like to drink alcohol?
   A) I don’t drink alcohol
   B) Just a sip or two
   C) Enough to feel it a little
   D) Enough to feel it a lot
   E) Until I get really drunk
### Section A

How harmful do you think it is to use the following substances **frequently** (daily or almost daily)?

<table>
<thead>
<tr>
<th></th>
<th>Extremely harmful</th>
<th>Harmful</th>
<th>Somewhat harmful</th>
<th>Mainly harmless</th>
<th>Harmless</th>
</tr>
</thead>
<tbody>
<tr>
<td>A50. Cigarettes</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>A51. Alcohol</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>A52. Marijuana</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
</tbody>
</table>

How difficult is it for students in your grade to get any of the following substances if they really want them?

<table>
<thead>
<tr>
<th></th>
<th>Very difficult</th>
<th>Fairly difficult</th>
<th>Fairly easy</th>
<th>Very easy</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>A53. Cigarettes</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>A54. Alcohol</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>A55. Marijuana</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
</tbody>
</table>

About what percent of students in your grade at your school have done the following? (For example, think about how many in a group of 100 students, or about three classrooms.)

<table>
<thead>
<tr>
<th></th>
<th>0 (None)</th>
<th>10</th>
<th>20</th>
<th>30</th>
<th>40</th>
<th>50</th>
<th>60</th>
<th>70</th>
<th>80</th>
<th>90</th>
<th>100 (All)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A56. Smoked cigarettes at least once a month</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
<td>G</td>
<td>H</td>
<td>I</td>
<td>J</td>
<td>K</td>
</tr>
<tr>
<td>A57. Ever tried marijuana</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
<td>G</td>
<td>H</td>
<td>I</td>
<td>J</td>
<td>K</td>
</tr>
</tbody>
</table>

How much would your friends disapprove of you for using …

<table>
<thead>
<tr>
<th></th>
<th>A lot</th>
<th>Some</th>
<th>Not much</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>A58. Cigarettes</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>A59. Alcohol</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>A60. Marijuana</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
</tbody>
</table>
Section A

A61. During your life, how many times have you ever driven a car when you had been drinking alcohol, or been in a car driven by a friend when he or she had been drinking?
   A) Never
   B) 1 time
   C) 2 times
   D) 3 to 6 times
   E) 7 or more times

Next are questions about violence, safety, harassment, and bullying.

During the past 12 months, how many times on school property have you...

<table>
<thead>
<tr>
<th>Happened on School Property</th>
<th>0 times</th>
<th>1 time</th>
<th>2 to 3 times</th>
<th>4 or more times</th>
</tr>
</thead>
<tbody>
<tr>
<td>A62. been pushed, shoved, slapped, hit, or kicked by someone who wasn’t just kidding around?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>A63. been afraid of being beaten up?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>A64. been in a physical fight?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>A65. had mean rumors or lies spread about you?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>A66. had sexual jokes, comments, or gestures made to you?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>A67. been made fun of because of your looks or the way you talk?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>A68. had your property stolen or deliberately damaged, such as your car, clothing, or books?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>A69. been offered, sold, or given an illegal drug?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>A70. damaged school property on purpose?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>A71. carried a gun?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>A72. carried any other weapon, such as a knife or club?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>A73. been threatened or injured with a weapon, such as a gun, knife, or club?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>A74. seen someone carrying a gun, knife, or other weapon?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
</tbody>
</table>
Section A

During the past 12 months, how many times on school property were you harassed or bullied for any of the following reasons?
(You were bullied if you were repeatedly shoved, hit, threatened, called mean names, teased in a way you didn't like, or had other unpleasant things done to you. It is not bullying when two students of about the same strength quarrel or fight.)

<table>
<thead>
<tr>
<th>Happened on School Property</th>
<th>0 times</th>
<th>1 time</th>
<th>2 to 3 times</th>
<th>4 or more times</th>
</tr>
</thead>
<tbody>
<tr>
<td>A75. Your race, ethnicity, or national origin</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>A76. Your religion</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>A77. Your gender (being male or female)</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>A78. Because you are gay or lesbian or someone thought you were</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>A79. A physical or mental disability</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>A80. Any other reason</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
</tbody>
</table>

A81. How much would your friends disapprove of you for carrying a weapon to school?
A) A lot
B) Some
C) Not much
D) Not at all

A82. How safe do you feel when you are at school?
A) Very safe
B) Safe
C) Neither safe nor unsafe
D) Unsafe
E) Very unsafe

A83. Have you ever belonged to a gang?
A) No
B) Yes
A84. During the past **12 months**, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?
   A) Does not apply; I didn't have a boyfriend or girlfriend during the past 12 months
   B) No
   C) Yes

A85. During the past **12 months**, did you ever feel so sad and hopeless almost everyday for **two weeks or more** that you stopped doing some usual activities?
   A) No
   B) Yes

A86. During the past **12 months**, how would you describe the grades you mostly received in school?
   A) Mostly A's
   B) A's and B's
   C) Mostly B's
   D) B's and C's
   E) Mostly C's
   F) C's and D's
   G) Mostly D's
   H) Mostly F's

A87. During the past **12 months**, about how many times did you **skip school** or **cut classes**?
   A) 0 times
   B) 1-2 times
   C) A few times
   D) Once a month
   E) Once a week
   F) More than once a week

A88. How many questions in this survey did you answer honestly?
   A) All of them
   B) Most of them
   C) Only some of them
   D) Hardly any
**Section A**

The next questions ask for your height and weight.
On the answer form, write in the numbers in the boxes and then fill in the bubbles with the matching numbers.

How tall are you without your shoes on? (Write your height in feet and inches in the answer-form boxes and fill in the bubbles.) For example:

If you are 4 feet 9 inches tall, you would answer the question as follows:

<table>
<thead>
<tr>
<th>Feet</th>
<th>Inches</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>9</td>
</tr>
</tbody>
</table>

If you are 5 feet 0 inches tall, you would answer the question as follows:

<table>
<thead>
<tr>
<th>Feet</th>
<th>Inches</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>0</td>
</tr>
</tbody>
</table>

How much do you weigh without your shoes on? (Write your weight in the answer-form boxes and fill in the bubbles.) For example:

If you weigh 87 pounds, you would answer the question as follows:

<table>
<thead>
<tr>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
<tr>
<td>8</td>
</tr>
<tr>
<td>7</td>
</tr>
</tbody>
</table>

If you weigh 102 pounds, you would answer the question as follows:

<table>
<thead>
<tr>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>0</td>
</tr>
<tr>
<td>2</td>
</tr>
</tbody>
</table>
California Healthy Kids Survey

▼ Section B ▼

Please mark on your answer sheets how you feel about each of the following statements.

How strongly do you agree or disagree with the following statements about your school?

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Disagree Not Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>B1.</td>
<td>I feel close to people at this school.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>B2.</td>
<td>I am happy to be at this school.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>B3.</td>
<td>I feel like I am part of this school.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>B4.</td>
<td>The teachers at this school treat students fairly.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>B5.</td>
<td>I feel safe in my school.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
</tbody>
</table>

Next, mark how TRUE you feel the next statements are about your SCHOOL and things you might do there.

At my school, there is a teacher or some other adult...

<table>
<thead>
<tr>
<th></th>
<th>Not at All True</th>
<th>A Little True</th>
<th>Pretty Much True</th>
<th>Very Much True</th>
</tr>
</thead>
<tbody>
<tr>
<td>B6.</td>
<td>who really cares about me.</td>
<td>A</td>
<td>B</td>
<td>C</td>
</tr>
<tr>
<td>B7.</td>
<td>who tells me when I do a good job.</td>
<td>A</td>
<td>B</td>
<td>C</td>
</tr>
<tr>
<td>B8.</td>
<td>who notices when I'm not there.</td>
<td>A</td>
<td>B</td>
<td>C</td>
</tr>
<tr>
<td>B9.</td>
<td>who always wants me to do my best.</td>
<td>A</td>
<td>B</td>
<td>C</td>
</tr>
<tr>
<td>B10.</td>
<td>who listens to me when I have something to say.</td>
<td>A</td>
<td>B</td>
<td>C</td>
</tr>
<tr>
<td>B11.</td>
<td>who believes that I will be a success.</td>
<td>A</td>
<td>B</td>
<td>C</td>
</tr>
</tbody>
</table>
**Section B**

At school...

<table>
<thead>
<tr>
<th></th>
<th>Not at All True</th>
<th>A Little True</th>
<th>Pretty Much True</th>
<th>Very Much True</th>
</tr>
</thead>
<tbody>
<tr>
<td>B12. I do interesting activities.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>B13. I help decide things like class activities or rules.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>B14. I do things that make a difference.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
</tbody>
</table>

The next statements are about what might occur outside your school or home, such as in your NEIGHBORHOOD, COMMUNITY, or with an ADULT other than your parents or guardian.

Outside of my home and school, there is an adult...

<table>
<thead>
<tr>
<th></th>
<th>Not at All True</th>
<th>A Little True</th>
<th>Pretty Much True</th>
<th>Very Much True</th>
</tr>
</thead>
<tbody>
<tr>
<td>B15. who really cares about me.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>B16. who tells me when I do a good job.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>B17. who notices when I am upset about something.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>B18. who believes that I will be a success.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>B19. who always wants me to do my best.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>B20. whom I trust.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
</tbody>
</table>

Outside of my home and school, I do these things...

<table>
<thead>
<tr>
<th></th>
<th>Not at All True</th>
<th>A Little True</th>
<th>Pretty Much True</th>
<th>Very Much True</th>
</tr>
</thead>
<tbody>
<tr>
<td>B21. I am part of clubs, sports teams, church/temple, or other group activities.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>B22. I am involved in music, art, literature, sports or a hobby.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>B23. I help other people.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
</tbody>
</table>
California Healthy Kids Survey

Section C

This section asks more questions related to alcohol and drug use, violence, and safety.

During the past six months, about how many times have you used these substances without a doctor’s orders?

<table>
<thead>
<tr>
<th></th>
<th>0 times</th>
<th>1 to 2 times</th>
<th>A few times</th>
<th>Once a month</th>
<th>Once a week</th>
<th>A few times a week</th>
<th>Once or more a day</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1. Any alcohol (beer, wine, wine coolers, liquor, etc.)</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
<td>G</td>
</tr>
<tr>
<td>C2. Marijuana (pot, weed, grass, hash)</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
<td>G</td>
</tr>
<tr>
<td>C3. Inhalants (things you sniff, huff, or breathe to get high such as glue, paint, aerosol sprays, gasoline, poppers, guses)</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
<td>G</td>
</tr>
<tr>
<td>C4. Cocaine, methamphetamine or other stimulants (crack, rock, base, meth, speed, crystal, crank, ice)</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
<td>G</td>
</tr>
<tr>
<td>C5. Psychedelics (LSD, acid, mescaline, mushroome), ecstasy (E, X, EXT, MDMA), or other club drugs (GHB, Special K)</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
<td>G</td>
</tr>
<tr>
<td>C6. Any other drug (such as heroin or sedatives)</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
<td>G</td>
</tr>
<tr>
<td>C7. Two or more drugs at the same time (for example, alcohol with marijuana, or cocaine with PCP)</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
<td>G</td>
</tr>
</tbody>
</table>

During your life, have you ever...

<table>
<thead>
<tr>
<th>Question</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>C8. used a needle to inject an illegal drug into your body?</td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>C9. used steroid pills or shots without a doctor's orders?</td>
<td>A</td>
<td>B</td>
</tr>
</tbody>
</table>
C10. Has using alcohol, marijuana, or other drugs ever caused you to have any of the following problems? *(Mark All That Apply.)*

- A) Does not apply, I never used alcohol or other drugs
- B) Get into trouble or have problems with the police
- C) Have money problems
- D) Get into trouble in school or miss school
- E) Have problems with school work
- F) Fight with other kids
- G) Damage a friendship
- H) Physically hurt or injure yourself
- I) Have unwanted or unprotected sex
- J) Forget what happened, pass out, or lose control
- K) Have any other problems
- L) I've used alcohol or other drugs but never had any problem

C11. If you use alcohol or another drug, have you done or experienced any of the following? *(Mark All That Apply: If you do not use, mark "A. Does not apply.")*

- A) Does not apply, I do not use alcohol or drugs
- B) Found you had to increase how much you use to have the same effect as before
- C) Recently spent a lot of time getting, using, or being "hung over" from using
- D) Used alcohol or drugs a lot more than you intended
- E) Used alcohol or drugs when you were alone (by yourself)
- F) Felt depressed, uninterested in things, alone or isolated
- G) Your use of alcohol or drugs often kept you from going to school, working, or doing recreational activities or hobbies (sports, music, art, etc.)
- H) Felt better when you were using alcohol or drugs than when you were not using
- I) Thought about reducing (cutting down) or stopping use
- J) Told yourself you were not going to use but found yourself using anyway
- K) Spoke with someone about reducing or stopping use
- L) Attended counseling, a program, or group to help you reduce or stop use
How many times have you tried to quit or stop using...

<table>
<thead>
<tr>
<th></th>
<th>Does not apply, never used</th>
<th>0 times</th>
<th>1 time</th>
<th>2 to 3 times</th>
<th>4 or more times</th>
</tr>
</thead>
<tbody>
<tr>
<td>C12. alcohol?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>B</td>
</tr>
<tr>
<td>C13. marijuana?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
</tbody>
</table>

C14. How likely do you think it is that you will smoke marijuana in the next year?
   A) I am sure it will not happen
   B) It probably will not happen
   C) There is an even chance (50-50) that it will happen
   D) It probably will happen
   E) It will happen for sure

C15. Have you ever felt that you needed help (such as counseling or treatment) for your alcohol or other drug use?
   A) No, I have never used alcohol or other drugs
   B) No, but I do use alcohol or other drugs
   C) Yes, I have felt that I needed help
   D) Don't know

C16. If you use marijuana or other drugs, how high (stoned, faded, wasted, trashed) do you usually get?
   A) I don't use drugs
   B) Not high at all
   C) A little high
   D) Moderately high
   E) Very high

C17. During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?
   A) Never
   B) 1 time
   C) 2 or 3 times
   D) 4 or 5 times
   E) 6 or more times
Section C

About how many of the adults you know use...

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>Some</th>
<th>Many</th>
<th>Most or All</th>
</tr>
</thead>
<tbody>
<tr>
<td>C18. marijuana?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>C19. cocaine or crack?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>C20. methamphetamine?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
</tbody>
</table>

C21. Where do most kids at your school who use drugs get them? (Mark All That Apply.)
A) At school
B) At parties or events outside school
C) At home
D) In the neighborhood
E) Friends
F) Dealers
G) Other
H) Don't know

C22. How do most kids at your school who drink alcohol get it? (Mark All That Apply.)
A) At school
B) At parties or events outside school
C) At their own home
D) From adults at friends' homes
E) From friends or another teenager
F) Get adults to buy it for them
G) Buy it themselves at a store (convenience store, liquor store, grocery, mini mart)
H) Other
I) Don't know

C23. In your opinion, how likely is it that a student will be suspended, expelled, or transferred if he or she is caught on school property using or possessing alcohol or other drugs?
A) Very likely
B) Likely
C) Not likely
D) Don't know

C24. In your opinion, how likely is it that a student would find help at your school from a counselor, teacher, or other adult to stop or reduce using alcohol or other drugs?
A) Very likely
B) Likely
C) Not likely
D) Don't know
During the past 12 months, how many times have you...

<table>
<thead>
<tr>
<th>Question</th>
<th>0 times</th>
<th>1 time</th>
<th>2 or 3 times</th>
<th>4 or more times</th>
</tr>
</thead>
<tbody>
<tr>
<td>C25. sold drugs to someone?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>C26. been in a physical fight?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>C27. been in a physical fight between groups of kids?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>C28. used any weapon to threaten or bully someone?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>C29. bet, gambled, or played for money at a casino, card parlor, through a lottery or on the Internet using a computer?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
</tbody>
</table>

C30. How safe do you feel in the neighborhood where you live?
   A) Very safe
   B) Safe
   C) Neither safe nor unsafe
   D) Unsafe
   E) Very unsafe

C31. During the past 30 days, on how many days did you not go to school because you felt unsafe at school or on your way to or from school?
   A) 0 days
   B) 1 day
   C) 2 or 3 days
   D) 4 or more days
## Section C

During the past 30 days, on how many days did you carry…

<table>
<thead>
<tr>
<th>C32. A gun?</th>
<th>C33. Any other weapon (such as a knife or club)?</th>
<th>C34. Any weapon (gun, knife, or club) on school property?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>B</td>
<td>C</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>0 days</th>
<th>1 day</th>
<th>2 or more days</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>B</td>
<td>C</td>
</tr>
</tbody>
</table>

C35. During the past 12 months, did you ever seriously consider attempting suicide?

A) No  
B) Yes

C36. During the past 12 months, did you make a plan about how you would attempt suicide?

A) No  
B) Yes

C37. During the past 12 months, how many times did you actually attempt suicide?

A) 0 times  
B) 1 time  
C) 2 or 3 times  
D) 4 or more times

C38. If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?

A) I did not attempt suicide in the past 12 months  
B) No  
C) Yes

C39. Have you ever been forced to have sexual intercourse when you did not want to?

A) No  
B) Yes
This section contains questions about tobacco use, attitudes, and your experiences with tobacco education at school.

D1. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?
   A) No
   B) Yes

D2. Did you ever smoke to control your weight?
   A) No
   B) Yes

D3. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?
   A) I did not smoke cigarettes during the past 30 days
   B) Less than 1 cigarette per day
   C) 1 cigarette per day
   D) 2 to 5 cigarettes per day
   E) 6 to 10 cigarettes per day
   F) 11 to 20 cigarettes per day
   G) More than 20 cigarettes per day

D4. Have you smoked 100 cigarettes in your life?
   A) No
   B) Yes

D5. If you smoked cigarettes during the past 30 days, how did you usually get them? (Select Only One Response.)
   A) I did not smoke cigarettes in the past 30 days
   B) I bought them in a store such as a convenience store, supermarket, or gas station
   C) I bought them from a vending machine
   D) I gave someone else money to buy them for me
   E) I borrowed (or bummed) them from someone else
   F) I took them from a store or family member
   G) A friend gave them to me
   H) A person 18 years or older gave them to me
   I) Other people gave them to me
   J) I got them some other way
D6. During the past 30 days, on how many days did you smoke any cigars, cigarillos, or little cigars?
   A) 0 days         D) 6 to 9 days
   B) 1 to 2 days    E) 10 to 19 days
   C) 3 to 5 days    F) 20 to 30 days

D7. If you now smoke cigarettes, would you like to quit smoking?
   A) I don't smoke cigarettes; does not apply
   B) No
   C) Yes

D8. How many times have you tried to quit smoking cigarettes?
   A) I don't smoke cigarettes; does not apply
   B) 0 times
   C) 1 time
   D) 2 to 3 times
   E) 4 or more times

If you used tobacco during the past 12 months, did you do any of the following things at school to get help to quit using?

<table>
<thead>
<tr>
<th>I did not use tobacco</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>D9. Go to a special group or class</td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>D10. Talk to an adult at your school about how to quit</td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>D11. Talk to a peer helper about how to quit</td>
<td>A</td>
<td>B</td>
</tr>
</tbody>
</table>

D12. How hard would it be for you to refuse or say “no” to a friend who offered you a cigarette to smoke?
   A) Very hard
   B) Hard
   C) Easy
   D) Very easy
During the past 12 months, did you do any of these things at school?

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>D13.</td>
<td>Have lessons about tobacco and its effects on the body</td>
<td>No</td>
</tr>
<tr>
<td>D14.</td>
<td>Practice different ways to refuse or say &quot;no&quot; to tobacco offers</td>
<td>No</td>
</tr>
</tbody>
</table>

D15. How likely do you think it is that you will smoke one or more cigarettes in the next year?

- A) I am sure it will not happen
- B) It probably will not happen
- C) There is an even chance (50-50) that it will happen
- D) It probably will happen
- E) It will happen for sure

D16. About how many adults you know smoke cigarettes?

- A) None of them
- B) Some
- C) Many
- D) Most or all

Please indicate whether or not you agree with the following statements:

<table>
<thead>
<tr>
<th></th>
<th>Very much agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Very much disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>D17. Smoking makes kids look grown up.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>D18. Smoking makes your teeth yellow.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>D19. Smoking is cool.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>D20. Smoking makes you smell bad.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>D21. Smoking helps you make friends.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>D22. Smoking is bad for your health.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>D23. Smoking helps you relax.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>D24. Smoking helps control your weight.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
</tbody>
</table>
California Healthy Kids Survey

Section E

This section contains more questions about physical activity, diet, and general health.

E1. Which of the following are you trying to do about your weight?
   A) Lose weight
   B) Gain weight
   C) Stay the same weight
   D) I am not trying to do anything about my weight

During the past 30 days, did you do any of the following things to lose weight or to keep from gaining weight?

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>E2. Exercise</td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>E3. Eat less food, fewer calories, or foods low in fat</td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>E4. Go without eating for 24 hours or more (also called fasting)</td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>E5. Take any diet pills, powders, or liquids without a doctor's advice (Do not include meal replacement products, such as Slim Fast)</td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>E6. Vomit or take laxatives</td>
<td>A</td>
<td>B</td>
</tr>
</tbody>
</table>

E7. How do you describe your weight?
   A) Very underweight
   B) Slightly underweight
   C) About the right weight
   D) Slightly overweight
   E) Very overweight
**Section E**

**E8.** On an average school day, how many hours do you watch TV or play video games?

A) I do not watch TV on an average school day  
D) 2 hours
B) Less than 1 hour  
E) 3 hours
C) 1 hour  
F) 4 hours

**E9.** During the past 12 months, on how many sports teams did you play? (Include school sponsored and any other sports teams.)

A) 0 teams  
D) 3 or more teams
B) 1 team  
E) 5 hours or more
C) 2 teams

**E10.** How often do you wear a seat belt when riding in a car driven by someone else?

A) Never  
D) Sometimes wore a helmet
B) Rarely  
E) Most of the time
C) Sometimes  
F) Always
D) Most of the time wore a helmet

**E11.** When you rode a bicycle during the past 12 months, how often did you wear a helmet?

A) I did not ride a bicycle during the past 12 months  
D) Sometimes wore a helmet
B) Never wore a helmet  
E) Most of the time wore a helmet
C) Rarely wore a helmet  
F) Always wore a helmet

**E12.** In an average week, on how many days do you have physical activity in your physical education class (P.E. or gym)?

A) 0 days  
D) 3 days
B) 1 day  
E) 4 days
C) 2 days  
F) 5 days
Section E

E13. During an average physical education (P.E.) class, how many minutes do you spend actually exercising or playing sports?
   A) I do not take P.E.
   B) Less than 10 minutes
   C) 10 to 20 minutes
   D) 21 to 30 minutes
   E) More than 30 minutes

E14. During the past 12 months, did you have a regular check up with a doctor when you were not sick or injured?
   A) No
   B) Yes

E15. During the past 12 months, did you visit a dentist for an examination, teeth cleaning, or dental work?
   A) No
   B) Yes

E16. During the past 7 days, how many days did you take a vitamin?
   A) 0 times
   B) 1 to 2 days
   C) 3 to 4 days
   D) 5 to 6 days
   E) Daily

E17. Have you ever been taught about AIDS or HIV infection at school?
   A) No
   B) Yes
   C) Not sure

E18. In the past 12 months, when you are not exercising have you ever had wheezing (a whistling sound in the chest), chest tightness, or trouble breathing?
   A) No
   B) Yes
Section E

E19. In the past 12 months, when you do exercise, have you ever had wheezing (a whistling sound in the chest), chest tightness, or trouble breathing?
A) No
B) Yes

E20. In the past 12 months, have you ever had a dry cough at night, even when you did not have a cold or flu?
A) No
B) Yes

E21. In the past 12 months, have you been to a doctor or hospital for wheezing or trouble breathing?
A) No
B) Yes
California Healthy Kids Survey

★ Section F ★

This section asks about sexual knowledge, opinions, and behavior. Please answer all questions as instructed. You will be able to answer that you never had sexual intercourse.

F1. About what percent of students in your school grade do you think ever had sexual intercourse?
(For example, you might think about how many in a group of 100 students or three classrooms.)

A) 0 percent (None)   G) 60 percent
B) 10 percent        H) 70 percent
C) 20 percent        I) 80 percent
D) 30 percent        J) 90 percent
E) 40 percent        K) 100 percent (All)
F) 50 percent (Half)

Please indicate whether you agree or not with the following statements.

<table>
<thead>
<tr>
<th></th>
<th>Very much agree</th>
<th>Agree</th>
<th>Disagree (do not agree)</th>
<th>Very much disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>F2. For teens your age, abstinence (not having sexual intercourse) is a better choice than having sexual intercourse.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>F3. For some teens under 18 years old, it is a good decision to have a baby.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
</tbody>
</table>
★ Section F ★

In the past 6 months, have you talked with your parents or other adults in your family about...

<table>
<thead>
<tr>
<th>Question</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>F4. what your parents think about teenagers having sex?</td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>F5. your questions about sex?</td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>F6. reasons why you shouldn't have sex at your age?</td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>F7. how your life would change if you became a father or mother while you're a teenager?</td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>F8. birth control?</td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>F9. AIDS/HIV and other sexually transmitted diseases?</td>
<td>A</td>
<td>B</td>
</tr>
</tbody>
</table>

F10. How likely do you think it is that you will choose to have sexual intercourse one or more times in the next year?
A) I am sure it will not happen
B) It probably will not happen
C) There is an even chance (50-50) that it will or won't happen
D) It probably will happen
E) It will happen for sure

F11. Have you ever had sexual intercourse?
A) No
B) Yes

If you just answered “No” to question F11, you do not have to answer the rest of the questions in Section F. If you answered “Yes,” please continue.
Section F

F12. How old were you when you had sexual intercourse for the first time?
   A) I have never had sexual intercourse
   B) 11 years old or younger
   C) 12 years old
   D) 13 years old
   E) 14 years old
   F) 15 years old
   G) 16 years old
   H) 17 years old or older

F13. During your life, with how many people have you had sexual intercourse?
   A) I have never had sexual intercourse
   B) 1 person
   C) 2 people
   D) 3 people
   E) 4 people
   F) 5 people
   G) 6 or more people

F14. During the past three months, with how many people did you have sexual intercourse?
   A) I have never had sexual intercourse
   B) I had sexual intercourse, but not during the past 3 months
   C) 1 person
   D) 2 people
   E) 3 people
   F) 4 people
   G) 5 people
   H) 6 or more people

F15. Did you drink alcohol or use drugs before you had sexual intercourse the last time?
   A) I have never had sexual intercourse
   B) No
   C) Yes

F16. The last time you had sexual intercourse, did you or your partner use a condom?
   A) I have never had sexual intercourse
   B) No
   C) Yes
F17. The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy?
   A) I have never had sexual intercourse
   B) No method was used to prevent pregnancy
   C) Birth control pills
   D) Condoms
   E) Depo-provera or other injectables
   F) Withdrawal
   G) Some other method
   H) Not sure

F18. How many times have you been pregnant or gotten someone pregnant?
   A) 0 times
   B) 1 time
   C) 2 or more times
   D) Not sure

F19. Have you ever been forced to have sexual intercourse when you did not want to?
   A) No
   B) Yes
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