# This is Who I Am: Aboriginal Women's Healing from Criminalization and Problematic Drug Use

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# INTRODUCTION

Illicit drug use amongst criminalized Aboriginal women is a serious health concern in Canada. Little is understood about how women's healing is impacted by their views of themselves as, and the stigma associated with being, a drug user, involved in crime and an Aboriginal woman in Canadian society. In this article we address two ways in which women's often silenced voices have uniquely guided a national research project: (1) experiential knowledge as methodology, and (2) experiential knowledge in knowledge translation. To engage with such a methodology we must begin by re-centring the voices and experiences of Aboriginal women. To do this we draw on the life history narrative provided by team member and former prisoner Valerie Desjarlais, who shares her story of healing from criminalization and problematic drug use throughout this article. Story sharing was identified as an important part of the women's healing journeys and understanding of who they are. For example, Desjarlais writes:

For myself, I found that alcohol and popping pills medicated the aches and pains of internal suffering. As a result of my addictions I became an inmate in both the provincial and federal system. The type of alcohol and drug treatment I received for my alcoholism and pill popping would not be received in any particular treatment centre. It would be a treatment centre director that would direct my path to finding the key that held me prisoner in my own world. It is through this direction that led me to find sobriety for what it really is and to find myself and be proud of who I am and how I choose to live my life.

- Valerie Desjarlais, 2006

We draw on Valerie's story throughout this article as a way to situate her experiential reality as knowledge and as a way to ground the next stage of our research process – knowledge translation. To translate this knowledge to a wider audience we collaborated with Aboriginal singer/songwriter Violet Naytowhow to develop a song based on our initial research findings specific to identity, stigma and healing.

# **BACKGROUND**

The problematic use of drugs amongst Aboriginal women is a serious health concern in Canada. According to the 2002-2003 First Nations Regional Longitudinal Health Survey, although the documented rate of past year illicit drug use is low (7.3 percent) among First Nations (9.3 percent for men, 5.3 percent for women), it is still more than double the rate of the general Canadian population (3.0 percent) (First Nations Centre, 2005, p. 116). Aboriginal women also make up a disproportionate percentage of Canada's injection drug use (IDU) population, and IDU is a key mode of Hepatitis C and human immunodeficiency virus (HIV) transmission (Barlow, 2003; Craib et al., 2003). Between 1998 and 2003, 66.9 percent of all HIV-positive tests among Aboriginal women were attributable to IDU (Public Health Agency of Canada, 2004). Aboriginal women, including First Nations, are also over-represented in Canada's criminal justice system, including incarceration at the federal and provincial levels (Balfour and Comack, 2006; Dell, 2001a). Incarceration itself is a welldocumented health risk (e.g. inadequate care) (Arbour, 1996; Kilty, 2008). In 2006, Aboriginal women made up 31 percent of the federal prison population (Correctional Service Canada, 2006, p. 12), while Aboriginal peoples represent approximately 3.3 percent of Canada's total population (Statistics Canada, 2003).

Little is understood about how women's healing from problematic drug use is impacted by their views of themselves as, and the multiple stigmas associated with being, Aboriginal, criminalized, and a drug user. Current research evidence suggests that the effects of competing role expectations and stigma are harmful, though minimal research exists in the substance abuse (Link *et al.*, 1997; Ridlon, 1988) and criminal justice fields (van Olphen *et al.*, 2009), particularly research that is specific to Aboriginal women and the gendered function of colonialism (Carter, 1997; Scott, 1992). In 2005, our team was awarded a Canadian Institutes of Health Research (CIHR) grant to examine the role of stigma and identity in the healing journeys of criminalized Aboriginal women from illicit drug use. Interviews were conducted with 65 First Nations, Métis and Inuit women in treatment for illicit drug abuse at 6 National Native Alcohol and Drug Abuse Program (NNADAP) treatment centres across Canada, and 20 women who completed treatment. The majority of individuals interviewed were of First Nations descent.

Our team's collaborative, multi-year project was spearheaded by the National Native Addictions Partnership Foundation, which steers the First Nations and Inuit addictions system in Canada towards holistic, culturallyrelevant seamless addictions services, the Canadian Centre on Substance Abuse - Canada's national, non-governmental addictions agency, and Carleton University. The University of Saskatchewan joined as a principal investigator in 2007. We compiled a research team and advisory group that represented a diversity of experiences as well as expertise. It is this diversity and recognition of everyone's equitable contributions that has been the mainstay of our project. Members of our team include Aboriginal treatment providers, First Nations women who have been in drug treatment and/or prison, treatment centre directors, Aboriginal Elders, academic researchers, community agencies working with criminalized Aboriginal women, as well as Aboriginal and non-Aboriginal research assistants. We also have three expert mentors to provide advice to our team in specialized areas, including traditional Aboriginal healing, drug treatment and rehabilitation. From its inception and through each stage of the research, community involvement and partnership founded and directed our project.

# EXPERIENTIAL KNOWLEDGE AS METHODOLOGY

To work toward achieving our team's goal of contributing original knowledge to the treatment field, we grounded our project in a community-based participatory approach to research – research that produces knowledge with rather than on marginalized community members (Stoecker, 2003; Flicker *et al.*, 2006), Aboriginal methodologies that serve Aboriginal interests (Gilchrist, 1997; Schnarch, 2004) and feminist methodologies that privilege women's experiences (Kirby and McKenna, 1989; Pederson, 2002), as well as adherence to the OCAP principles (ownership, control, access, possession) and the *CIHR Guidelines for Health Research Involving Aboriginal People* (Schnarch, 2004; CIHR, 2007). Central to our team's work with the women we interviewed, as well as each other, was understanding and respecting that no one form of knowledge was privileged over another (e.g. academic versus lived experience).

Our method of research differs from a conventional Western scientific approach to understanding. Our team is committed to doing research that has been identified by others as being done 'by, for and with' women in drug treatment and not 'on' them (Kirby and McKenna, 1989; Fitzgerald, 2004). We have extended this concept to include doing research in balance with the community. Our inclusion of Aboriginal women's experiential voices challenges the Western scientific method as being the only way to produce empirical knowledge. Contrary to our work, Western science does not typically accept people's everyday experiences as valid 'knowledge' (Tickner, 2005). Similarly, it does not generally work in collaboration with the holders of such knowledge (Smith, 1999). Respect for multiple voices and experiences is foundational to our project. Our team came to its understanding of respect over time, by working together and with the guidance of two Aboriginal Elders.

We designed our study with the intent to respect the rights, beliefs and values of everyone involved, including criminalized Aboriginal women who had abused drugs. For example, we began our project by documenting the personal healing journeys of three women on our research team. Alongside the academic literature, their healing journeys informed our research in multiple ways, from directing our research focus to the content of our interview schedule and storytelling guide. For example, through Valerie's own desire to heal the wounds that kept her silent as a young woman and mother, she brought her life experiences, education and professional understandings to the research project. Valerie's story advanced our team's understanding of Aboriginal women's healing in several key areas not identified in the extant literature, including explaining the significance and meaning of community, along with the central role of hope in individual healing. One of the overarching themes in Valerie's story is the impact of stigma on self-identification and thus on the generation of competing identities. The following is some of what Valerie shared:

Stigma – I always thought belonging to a specific group of people is what identity meant. I grew up near a little village called Lestock, Saskatchewan. My late mother was a treaty Indian up until she married my dad whom was considered non-status and as a result she lost her status. In early elementary years, some of the Indian kids at school would say, "my mom or dad said your nothing but a 'damn half-breed'". On the other hand, some of the little white kids would say "you're an Indian" and I would go home and cry to my kokum asking her "What does that mean?" I remember her hugging me and saying "you're like me, you're an Indian, never mind what they say". But,

on Treaty Days (five dollar day), I would watch all my Indian relatives lineup and get their five dollars; as young as I was, I felt 'different and ashamed' because I didn't know 'who I was or what I was'.

It was difficult to figure out what I was or where I belonged because a lot of the times I lived on the reserve with my grandparents. Then, in the winter times we always moved to live with my mom on the Métis farm, off the reserve. To get to school, we rode the bus with the white kids and to think back, I liked that. It made me feel white, I guess – superiority over my own race of people.

Incarceration of Body, Mind and Spirit – As a result of my stealing and lying, I ended up at Pine Grove Correctional Centre for many charges of Break and Enter, wilful damage and theft. While in there, I met an old school friend and she seemed 'solid and right on'. There was this mental projection that I had to become 'tough and solid', meaning I can take all that is dished out to me and would stay true to my friends. My friend introduced me to pills and weed, and by the time my four months of a six-month sentence was up, I knew what ailments to describe to the doctor to get valium or Ts & Rs.

When I came back home, I started introducing my own relatives to what I learned could be a cheap and quick way to get 'stoned'. I soon ended-up in jail again for forty-five days. The social worker in Pine Grove said I was a chronic alcoholic and I should look at treatment. I used his prognosis of me to my advantage, a scam to get out early. I agreed to go to the Native Alcohol Centre in Regina a few weeks before I was actually to be released. It would be the first time I met my Elder sponsor because he was the Treatment Director of that centre. Anyway, I lasted a few days in that place and took off back to home in Lestock.

The same cyclic pattern occurred again, this time I committed a more serious offense of robbery with violence – I got nine months. This would be the last time I would be in Pine Grove. While serving this sentence I escaped custody twice in which one of those escapes we over-powered the guards. The sentence from the courts ran consecutive to the current sentence I was serving at that time and I ended up with three years. I was eighteen years old and was being sent to the 'pen'. I was scared, but I didn't show it.

Three months from the time I was sent to Kingston Prison for Women (P4W) I had open-heart surgery. The women serving life befriended me and really took the time to talk to me about trying to change my life. One of the women told me "even if you feel no one gives a shit about you, you got to learn to start caring for yourself" and "if no one believes in you, you got to learn to believe in yourself, this is not the place for you".

That longing I felt to once again feel loved and safe started surfacing, only this time the lifers were becoming my family, they gave me that sense that I was no longer alone. Their words and caring tones reminded me so much of my Kokum. I was at Kingston for nine months when I won my appeal and got time served on my sentence. I was so scared to leave the penitentiary. I already knew what was going to happen. But, I got put on the train and headed back – how I dreaded that trip.

Sure enough the same cyclic addictive pattern started occurring. I was drinking, popping pills, smoking up and trying to crank up. I felt hopeless and helpless, like I couldn't cope any longer. So once again, I deliberately took all my pills and ended-up in the psych ward in Regina Hospital. I felt I belonged there, because I actually felt I was going crazy insane. I spent about three weeks there and was discharged with nowhere to go and no one to go to. They told me I was suffering from depression.

I stayed in Regina with a friend of mine from the reserve and slowed down on the drinking for a while, but continued to pop pills. One weekend we partied all weekend long, quite a few of us. It was on a Sunday evening when I got the news that one of my friends I was partying with passed away from a drug overdose. I remember going into shock and couldn't believe it. She had two little kids and it was they who found her. As I was being told this, I had this mental image of those kids finding their mom, and how devastating and traumatizing it must've been.

I went to the wake and funeral, and seeing those little kids tear stained faces stirred something in my heart. I remember thinking, here was a mother who loved her children very much, and now they've been robbed of that love because of alcohol and drugs. For some reason after that I just quit taking pills, but kept on with the alcohol and smoking weed. I end up

leaving for Alberta with the thought in my head, that maybe I could make things different over there. But things never changed. I end up in my first common-law relationship with a guy who loved booze, women and loved to abuse. After the third beating in a year, I headed back to Lestock.

When I was twenty-one, I got into a car accident with my cousin. Of course we were drunk and I started popping pills again, so we were both stoned when we hit the grader on a grid. I was going to court for Impaired Driving and met an older guy who was the native court-worker at that time. I received fine option and started to do some work for this guy. Little did I know he would become my husband and we'd have two kids together. Anyway, he was in A.A. and used to ask me to go along with him to some A.A. meetings – sure why not. The meetings weren't my interest, he was. So I would go, just to try and snag him – he kind of reminded me of my ex in Alberta and I know now that was a rebound thing. We ended up living common law five months after we met.

Well, trying to sober up for him didn't work, because I always ended up drinking and I would try to fight him. Whenever I felt he gave up on me, I would crumble like hell for him to take me back. I was really desperate for intimacy, to feel close to someone again. When I found out I was pregnant, I was so happy because now I was going to have someone to love me. But, I ended up drinking again during my pregnancy. After my first daughter was born, eleven months later I gave birth to another daughter. I really tried to sober up, but I battled with it and used every excuse in the book to cling to a lifestyle I had become conditioned to. This pattern became a cycle for about six years, but each time the length of time I stayed sober and straight was longer and longer. The longest was eighteen months before I relapsed and went out for my last drink.

# EXPERIENTIAL KNOWLEDGE IN KNOWLEDGE TRANSLATION

Our team's initial introduction into knowledge translation was featured in the CIHR Institute of Health Services and Policy Research Publication, Evidence in Action, Acting on Evidence: A Casebook of Health Services and Policy Research Knowledge Translation Stories. In our article, "Responding from Within: Women and Self-Harm" (Dell et al., 2006, p. 33) we commented that our research approach "resulted in a holistic appreciation of the issue and sparked a series of partnered research initiatives with multisector involvement. Working in a team founded on diversity and committed to shared decision making was challenging but ultimately positive, and has led to ongoing research and knowledge translation activities". This continues to hold true today within our team's approach to sharing our research findings. Our team has a steadfast commitment, and we would identify a responsibility, to share the outcomes of our project so that others can benefit from it. As Ho et al. (2004, p. 70) note, "[n]on-incorporation of the knowledge generated by research into mainstream health practices greatly diminishes its value". The key question for our team was how to do this while honouring and respecting women's experiential voices.

Our team held a gathering in February 2009 to develop a song based on the key overarching findings of our study in relation to stigma, identity and healing. Our team collaborated with Woodland Cree singer/songwriter and Canadian Aboriginal Music Awards nominee, Violet Naytowhow. Approximately 30 individuals attended the gathering, including government and non-government decision makers, women we interviewed, researchers, treatment providers and Elders. Our goal was to collaboratively create a song portraying the healing experiences of Aboriginal women who have struggled with criminalization and drug abuse. We chose the unique form of song creation because of its neutrality among all of our team attendees (e.g. none are song writers).

Violet's introduction to song writing with the group was analogous to story writing — with an introduction, body and conclusion. Our team focussed on the importance of drafting an ending that leaves the listener with an inspiring and forward moving message. Our team also listened to several different genres of songs to give us ideas of melody. The song writing process involved our team being divided into four groups to brainstorm three separate lyrics for the song (i.e., introduction, middle and ending). The fourth group focused on the bridge/chorus. Each group was facilitated by an individual familiar with the song writing process: Violet Naytowhow, Talla Tootoosis, Jonothon Couchman and Douglas Purcell. Lyrics were constructed based on the themes from data analysis summary reports produced prior by the team, alongside individual's contributions from their own experiences.

After the individual groups composed their lyrics, they met together with Violet to review and work on the combined set of lyrics. The group also discussed different ways to frame the song. For example, having the song begin with drumming and an Elder speaking, and ending it with children's laughter. Following the conclusion of our gathering, Violet and guitarist Kevin Joseph worked with the song for the next several weeks to add a melody. The draft of the song was distributed to all team members, including those not able to attend the gathering, for feedback prior to it being officially released in May 2009. The song is available at http://www.nnapf.org.

# FROM STILETTOS TO MOCCASINS

I survived through the pain
Many emotions like waves
Laughing and crying again and again
Honesty, strength, friends and devotion
Showering gifts of hope to reclaim

Walking the streets dragging my heart
Wandering with my head held down in shame
When and how did my family fall apart
Who am I, what is my name?

#### BRIDGE:

Surviving the street lost and alone I started a journey to find my way home

# **CHORUS:**

From stilettos to moccasins
Our spirit dances within
On our way to resolution
We find our peace
And this is who I am

Broken barriers and new discoveries
My spirit I now reclaim
Coming home to who I am
Taking honour in my name

No longer a prisoner lost in this world Look within my shell To find that pearl

#### **CHORUS:**

From stilettos to moccasins
Our spirit dances within
On our way to resolution
We find our peace
And this is who I am

© Violet Naytowhow and the CIHR Project Research Team – Aboriginal women drug users in conflict with the law: A study of the role of self-identity in the healing journey.

The song release took place at a fundraising event for the Elizabeth Fry Society of Saskatchewan, a non-profit organization committed to assisting women in conflict with the law. The event at which it was released, titled "Rebels with a Cause", honours 'rebel' women in Saskatchewan who have made significant contributions to their communities. These women are 'rebels' because of their strength, feistiness, innovation and determination to create change in their communities. The guest Rebel of the evening was Tantoo Cardinal, the widely acclaimed Canadian and award winning actress from theatre, television and film. One local Rebel awardee was our research team member – Valerie Desjarlais. Valerie, who is always humble, notes that the designation of 'rebel' fit her well because she felt that because of her past incarceration and involvement in the federal correctional system she was prevented from doing things she has wanted to. Valerie acknowledged that being able to assist others through her community service and involvement in our larger research project is a means for her to "help give others a voice".

### **CONCLUSION**

Our team's respectful approach to including women's stories and voices throughout the research process, from its design to knowledge translation products, reflect our attempt to serve Aboriginal interests through research. In particular, we worked together to legitimize, celebrate and honour the voices of the women we spoke to who are silenced through stigma,

shame, as well as discrimination from criminalization and problematic drug use. From its inception, our approach has recognized that the history of research within Aboriginal communities is fraught with disrespect and the appropriation of power. Our attempts to generate knowledge from a research process that is by, for and in balance with the voices of Aboriginal women is a unique contribution to understanding and an honour for each member of our team to be a contributing member to. There is an insurgence of negative stereotypes of Aboriginal women in Canada, and specifically women in conflict with the law (Monture-Angus, 1999; Dell, 2001b) and illicit drug users (Boyd, 2004; Murphy and Rosenbaum, 1999). Hopefully this song as well as stories like Valerie's will assist with addressing this. Since the creation and release of the song, the team has worked tirelessly to produce a video and teaching guide for the song so that it can be used in the treatment centres where the interviews took place. The video can currently be viewed and/or listened to on different websites, including:

#### Facebook:

http://www.facebook.com/group.php?gid=91707422584

## YouTube:

http://www.youtube.com/watch?v=1QRb8wA2iHs

#### NNAPF:

http://www.nnapf.org/stilettos-moccasins-song-violet-naytowhow-and-unique-group-aboriginal-women.

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# **ABOUT THE AUTHORS**

Along with being the Research Chair in Substance Abuse, *Colleen Anne Dell* is Associate Professor in the Department of Sociology and School of Public Health at the University of Saskatchewan. Dr. Dell is a Senior Research Associate with the Canadian Centre on Substance Abuse, Canada's national non-governmental addictions agency and the Correctional Service of Canada Addictions Research Centre. She is also an Adjunct Professor in the Department of Sociology and Anthropology at Carleton University and a Research Associate with the National Network for Aboriginal Mental Health Research at McGill University and the Indigenous Peoples' Health Research Centre at the University of Saskatchewan. She is currently leading a five-year national study of the role of stigma and identity in Aboriginal women's healing journeys from problematic substance use.

Valerie Desjarlais is a Saulteaux woman and a student of Cree ways. Following her incarceration she earned a Bachelor's degree in Human Justice from the University of Regina. Valerie is a therapist and trainer in Focusing Therapy, Post Traumatic Stress Disorder, Domestic Violence, and Chemical Dependency. Valerie's traditional purpose is to be speaking Cree by the time she is 50 so she could teach her children and grandchildren (all children) to find balance, as well as survive in the modern ways of today and to keep passing down the traditional ways of the ancestors. Valerie's future academic goal is to work towards a second degree in Specialized Education and obtain her Master's in Justice Studies.

Jennifer Kilty is Assistant Professor in the Department of Criminology at the University of Ottawa. Her primary area of research interest is criminalized women – their experiences of incarceration and reintegration, their adoption of self-harming behaviours, and their construction as 'violent', 'dangerous' and/or 'risky'. Using identity and citizenship theories, Professor Kilty examines how different health and mental health statuses come to affect the construction, maintenance, and negotiation of identity in prison and post incarceration. Much of this work is based on discussions of rights and ethics of care, and is framed by a prison abolitionist standpoint.