Chapter 6.2

Homeless Aboriginal Men: Effects of Intergenerational Trauma

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As an Aboriginal therapist working out of Canada’s largest mental health and addiction treatment facility, I have found the prevailing theories on homelessness fail to provide an adequate explanation for why a growing number of Toronto’s homeless service users are people of Aboriginal origin. I work closely with homeless Aboriginal people who struggle daily for survival. Consistently, they report a personal or family history of traumatic events that have left an indelible mark on their lives. In many cases, this has resulted in a severing of ties from both birth family and community of origin. This scenario repeats itself among a diverse cohort, with those in their early 20s sharing family histories that reflect the experience of those in their 50s and even 60s.

While theories related to the cause of homelessness are beginning to recognize broader systemic factors such as poverty and lack of housing, little consideration is given to the cumulative impact government policies have had specifically on Aboriginal peoples. There is increasing evidence that more than 140 years of social strategies aimed at the assimilation, segregation, and integration of generations of Aboriginal children into mainstream Eurocentric culture have resulted in personal, familial,
community, and national trauma. A brief overview of how public policy has reframed the lives of Aboriginal peoples in Canada is set out below.

**Public Policy and Canada’s Aboriginal Peoples**

Canadian social policy has been instrumental in creating institutions that have eradicated value systems that existed for thousands of years, replacing them with doctrines that continue to disrupt life for Aboriginal peoples and creating a legacy of trauma.

The *Indian Act* of 1876 established the federal government as the “guardian” of Aboriginal peoples. Artificial settlements were created, segregating individuals into groups that were defined by authorities outside existing community networks. It set up authority within these artificial settlements and created hierarchy and decision-making authorities that did not reflect traditional values and practices (Royal Commission on Aboriginal Peoples, 1996, Vol. 3).

Today, the Act continues to perpetuate unstable and inequitable programming and delivery of support services, especially to Aboriginal peoples living off-reserve and in urban communities. By creating artificial separations and introducing external control over the relations between family members, within communities, and across peoples, the Act has effectively isolated community members from one another.

The Canadian government has used other mechanisms, including religious institutions, to transform Aboriginal communities. Between 1840 and 1983, more than 100,000 Aboriginal children were placed in the residential school system (United Church of Canada, 1994) for the purpose of assimilation, segregation, and integration into mainstream Canadian society. Separation from their family for months, even years, at a time resulted in children losing their language, culture, and spiritual beliefs, as well as sense of belonging to a family or kinship network. The physical, sexual, and psychological abuse endured by many children, including the more than 100,000 residential school survivors living in Canada today, is chronicled by both the Assembly of First Nations (1994) and the Royal Commission on Aboriginal Peoples (1996).

With the integration of Aboriginal children into the public school system by the mid-1900s, child welfare became the new instrument of government assimilation policies. From 1951 until the late 1960s, the fed-
eral government and the provinces and territories were locked into funding disputes related to Aboriginal peoples. Johnston (1983) introduced the phrase “the Sixties scoop” (p. 23) to identify the overwhelming number of Aboriginal children removed from their homes and communities by child welfare authorities during this period. Taking a crisis intervention approach to child welfare meant that Aboriginal children were permanently removed from their homes and placed in foster care or wards of the Crown (Andres, 1981; Johnston, 1983; Richard, 1989; Timpson, 1990).

Recent child welfare studies have described the long-term effects of removing Aboriginal children from their birth family and placing them in non-Aboriginal homes (Couchi & Nabigon, 1994; Frideres, 1998). Locust (1999) used the term “split feathers” to describe the long-term psychological problems developed by Aboriginal children adopted or placed in foster care outside of their culture. Forced to assume the values of another culture that derided their own belief system, Aboriginal children were left in a cultural vacuum, relating neither to mainstream culture nor to their own community. Warry (1991) reported that as these children matured, they became “apples”: racially “red,” or Aboriginal, on the outside, but culturally “White” on the inside. Aboriginal psychiatrist Clare Brant (1990) identified how social anomie — a feeling of being disconnected from any particular cultural group — has contributed to poor mental health in many Aboriginal communities. Brant (1993) linked this condition to the fact that residential schools created confusion and value conflict for the children, taking them from their homes without providing an alternative home with which they could form a positive identification.

Historical social policies have affected multiple generations of Aboriginal peoples. The severing of family and community ties — that is, creation of a homeless state — has left a legacy of traumatized individuals who may be unable to function in mainstream society. Left dependent on social institutions, many Aboriginal peoples are unable to address their individual needs.

The trauma of separation from family and community — the Aboriginal home — has affected the ability of individuals to achieve balance in their physical, mental, emotional, and spiritual well-being. When ex-
experienced by more than one generation, personal trauma becomes institutionalized within a family. Where multiple families within a community experience similar life events, the community is left without the resources required to effectively address the resultant social consequences.

As adults, former residential school students and child welfare system survivors have demonstrated symptoms of anxiety disorders, alcohol and substance abuse, depression, suicide, and low self-esteem that are significantly higher than those of the general population (Beisner & Attneave, 1982; Gagne, 1998; Hodgson, 1990; Mussell et al., 1991). Psychologists have developed the phrase “residential school syndrome” (Brasfield, 2001) to explain the array of behaviours exhibited by Aboriginal residential school survivors. The physical, sexual, mental, and emotional abuse experienced or witnessed by generations of children has left many Aboriginal peoples with a variety of mental health conditions.

While post-traumatic stress and associated disorders focus on the individual’s response to such trauma, emerging studies on post-traumatic stress do not acknowledge the systemic conditions that allow these disorders to be sustained or even perpetuated within families and across generations (Duran et al., 1998; Yellow Horse-Brave Heart, 2003). Furthermore, research on trauma does not connect the individual’s experience to broader, systemic conditions that perpetuate and exacerbate the individual’s experience. Kirmayer et al. (2000) concur that the focus on individual trauma does not adequately reflect the Aboriginal experience. The authors suggest:

The emphasis on narrating personal trauma in contemporary psychotherapy is problematic because many forms of violence against Aboriginal people are structural or implicit and so may remain hidden in individual accounts ... Individual events are part of larger historical formations that have profound effects for both individuals and communities (p. 613).

**Research Project**

In 2004, as the basis of my doctoral thesis, I undertook a study to identify whether any link could be established between intergenerational trauma and homelessness. A growing body of research suggests intergenerational trauma as an explanation for the social and psychological prob-
lems experienced by Aboriginal peoples. However, this theory is not specifically linked to homelessness.

The purpose of this study was to determine whether intergenerational trauma can serve as an explanation for Aboriginal homelessness. Although the growing body of research describes intergenerational trauma and notes its causes in historical processes, that research does not present a clear set of indicators of intergenerational trauma. This study provided an opportunity to identify the indicators of intergenerational trauma in a sample of Aboriginal homeless men.

The study employed a qualitative methodology, involving key Aboriginal stakeholders in the collection and evaluation of the data and thereby contributing to an understanding of the unique factors that explain homelessness among Aboriginal men in Toronto. Arguably, the approach is a modified form of grounded theory (Creswell, 1998; Neuman, 1997; Rubin & Babbie, 1997) in that the intention is to proceed inductively and build an explanatory model rather than test hypotheses. The participants in this study played an active role in helping us understand the issue, so that any proposed solutions to homelessness reflect their pathway to home.

Sample
Established in 1986, Na-Me-Res (Native Men’s Residence) is a 60-bed emergency hostel for men in downtown Toronto. The agency was selected for this study because it is the only shelter for Aboriginal men where residents are allowed to stay for an extended period of time, and because it also has counselling staff on site to support residents with a range of psychological and emotional needs.

The research participants included 16 adult Aboriginal men between 18 and 64 years of age who were using the services of Na-Me-Res during the period in which this study took place. An additional five men participated in a focus group discussion. Quota sampling was used to ensure that the sample included men who were within the age ranges 18 to 24, 5 to 49, and 50 to 64. The sampling also attempted to include men from a variety of places of origin — urban centres, rural communities, and First Nations communities.
The 16 participants ranged in age from 26 to 55 years, with a median age of 40.8 years. Thus, all the participants were born between 1950 and 1977, with a majority born in the early 1960s. Most of the participants indicated that they were born in Northern Ontario. Two had no information about their birth community, and two others indicated that they were born in other provinces. For many, the link to their birth communities had been severed at an early age through placement in child welfare agencies and/or adoption. Only 44 percent of the participants were raised within their biological family. Of the seven participants raised by a biological parent or extended family member, four were raised in blended families with a step-parent strongly influencing their early family life.

Of the nine participants who were not raised by their biological families, four were adopted and the remaining five had been placed at a relatively young age in foster care or residential boarding schools. Of the four adopted participants, two had families who had moved outside Canada. Therefore, as compared to the norms for society, the participants in this study had relatively atypical and unstable family arrangements.

The participants had a range of education and work experience. About two-thirds of the group had either some high school education or less than Grade 8. Two participants had received some vocational training as young adults, two others had some postsecondary training at a college, and one reported having a university degree.

Of the 16 participants, only one had a full-time job at the time of the interviews, and that was temporary. Three indicated that they had been previously employed in teaching, providing art instruction at a postsecondary institution, and one worked as a computer programmer. Two others had recently undertaken apprenticeship training. The remaining participants say they had work experience as general or unskilled labourers in either the construction or manufacturing industries.

Of the 16 participants, 14 had recent experience with the criminal justice system. All had been charged either while intoxicated with alcohol or under the influence of drugs.

Over one-third of the participants indicated a history of mental illness and hospitalization related to depression. One revealed that he had
been assessed at an early age as having fetal alcohol syndrome. The issue of being formally diagnosed within the mental health system was not explored at any length, nor did I attempt to substantiate reports of clinical diagnoses. Rather, the interviews focused on having the participants describe their lives from their own perspective.

The length of time the participants had been staying at the hostel ranged from one night to several months. For many, their current homelessness was closely linked to deinstitutionalization following a release from a hospital, treatment centre, or incarceration.

Aboriginal women were not included in this sample because I believe their homelessness is affected by other systemic factors related to the oppression of women in North American society. A study of homeless women would benefit from a separate analysis that integrates a feminist perspective in both the literature review and data analysis. For this reason, the study focused on the factors contributing to homelessness among Aboriginal men.

**Interviews**

Semi-structured interviews were based on an interview schedule with questions related to specific themes. These themes included personal and family experience with residential schools and child welfare (foster care, adoption); life history as it related to community of birth, connections to birth family, and relationship with extended family; connectivity to Aboriginal culture; mental health and substance abuse issues as experienced by the participants and their family members; housing history; and length of time living without permanent shelter.

The order of the questions varied to allow each participant to share his story in his own way. These themes were explored with participants to determine if other family members or community members were affected by similar events or circumstances. Additional questions naturally emerged from responses to the interview schedule and allowed for further exploration of themes. Indicators of intergenerational traumatic experiences emerged from these themes.

The interviews were audiotaped and later transcribed for analysis. Key themes emerged from the data and were recorded in a separate document. Using an inductive approach, the meaningful units for each
of the interviews were then recorded in table format to assist in a comparison of the responses (Tutty et al., 1996). Finally, a cross-case analysis was prepared (Patton, 1990). Initial categories were identified and meaningful units of information were organized and coded into the appropriate theme area on a chart. As Dey (1993) suggests, this initial categorization was reviewed several times using the constant comparison method to ensure that themes were easily defined and units coded appropriately.

Validity was measured by sharing the results of the study with a focus group of five different homeless Aboriginal men who used Na-Me-Res services (Neuman, 1997; Padgett, 1998). The purpose of this exercise was not to modify the findings of the study, but to determine whether the interpretation was valid and to supplement the findings with additional notes (Holt, 1993).

**Ethical Considerations**

As I am an Aboriginal male within the age group of the sample frame, I believe that my personal affiliation as a member of the Aboriginal community allowed me to gain the trust of the research participants and contributed to their willingness to share their experiences with me. The men who volunteered for this study did not receive any financial remuneration for their participation. Instead, the traditional offering of tobacco was made to all the participants as a gesture honouring their willingness to share of themselves. The men were advised that they could withdraw from the study at any time. Details of how their private information would be protected and remain confidential were reviewed. Counselling support was available to each of the participants, after the interview, to ensure their safety and allow for debriefing. Each of the men signed an agreement to participate and was given a copy of that agreement and my contact information.

**Results: Indicators of Intergenerational Trauma Among Homeless Aboriginal Men**

The participants were initially asked to reflect on their family history. Many were unable to provide details of their genealogy — particularly the nine removed from their home at an early age. While these participa-
pants had little knowledge of their birth family, others offered poignant details of their family history within the context of residential school experience, child welfare authority, and the impact of these systems on their personal identity.

Ned, age 42, was raised by his biological mother and maternal grandmother in an urban centre in Western Canada. His biological father is unknown. Ned struggled to describe his mother’s experience in residential school and identified how it significantly influenced her own behaviour as a parent:

My mother went to residential school and at that time she was, my mother was, totally scarred up from residential school ... She did exactly what those people did to her in residential school ... she was abusive.

Henry, age 52, was born in Northern Ontario but raised by his mother and paternal grandparents in the northern United States. At an early age, he was made aware of his family’s experience in both Canadian residential schools and American boarding schools:

She [his mother] don’t like talking about it. Only when she was yelling at us how rough she had it compared to what we had ... She said it [residential school] was really strict. The food, the rules, the discipline and nobody cared. She got punished — whippings and straps — and they took her away from my grandmother. She was very lonely. She wanted to go home and they wouldn’t let her.

Ben attended residential school from age five to 11 in the 1950s. He remembers that most of his extended family attended residential school as well. He illustrated how the resulting isolation from family affected his relationship with his mother upon his return:

I used to watch those movies, you know, back then about the kids with their parents ... you know, Leave it to Beaver or something like that, yeah. You know, I saw him hugging his mom, and I tried that once — tried to hug my mom. And when I hugged her and all that ... actually, I told her I loved her. And she didn’t know how to react. She didn’t know how to take it, you know. So after that, I just shut myself off from her.

While only a minority of the participants identified a direct personal experience with the residential school system, nine, or 56 percent, had
personal experience with the child welfare system at some point in their lives.

Adopted as an infant by a Caucasian family who later had their own biological children, Adam described the emotional disconnect that permeated family life within his adoptive home:

The support was lacking in the family. It was a little bit dysfunctional in that aspect ... I don’t know. Being adopted, I think a lot of attention went more to my younger brother and sister who were their natural kids ... I don’t know about, you know, love and being able to talk to somebody, you know, how you’re feeling and whatever. There just wasn’t a lot of that around.

Further along in the interview, Adam voiced his frustration with the disconnection from his birth family and the emotional isolation he felt in his adoptive home:

You’re adopted as a baby, taken away from your parents, and then you’re in this other setting, and then they disown you, and it’s just like, Christ, it just seems like an ongoing cycle I’m living.

Dan, age 40, recalled that before his adoption he had lived with his biological family. He and his younger siblings were removed from their home because of his parents’ drinking when Dan was five years old. He was adopted separately into a non-Native family where he was the oldest of three children. His siblings were the biological children of his adoptive parents. Dan described the lack of connection he felt in his adoptive home:

I was just there, taking up space...I didn’t love any of these people in this family. A person from age 5 until about 14 or 15 could live with a family and not love anybody in the family. I thought that’s just the way it has got to be.

Frank, age 42, commented, without emotion, that he has never felt any connection to the people who raised him. He described himself as particularly independent from an early age:

I’m always picking myself up. I’ve never really had no mommy or daddy to run home to ... I got to pick myself up... They were what they were. They were adoptive parents. I’ve never relied on [anyone], whether
they’re my adoptive parents or foster parents. I’ve never relied on those people.

Pat acknowledged that he has no close connections with the rest of his family or home community. His years in care have left him emotionally insecure:

I have nobody to really get close to. That’s been a problem for me… When things are really doing good, I feel I really don’t deserve this. Even relationships — you try to be there for them, but you never could be.

More than 40 years later, John is able to recall the poignant details surrounding the removal of a child from the reserve where he stayed with his grandparents each summer:

I remember once this kid came running over to [me]… I was fishing on these docks, and he dove in the water and he came up right under where I was standing, because you could breathe a little bit… And the police car comes flying over there… They were looking all over the docks, like under boats and stuff… They asked me and they asked the people hanging around the dock… Well, we said we haven’t seen him. Meanwhile, he was under [the dock]. I could see the bottom of his feet. They were white because he was treading water and just hoping to God they didn’t see him there. And they didn’t. But eventually he ended up going… he got caught… [long silence].

John identified the chronic stress created within the community as a result of witnessing child welfare interventions with other families in the small reserve community:

For me, I didn’t see them as being any poorer than me, because I lived in the same conditions as them, and I had no idea why they were… why they would take them and not [me]? I don’t know how they figured out which kids were… which ones to pick… I was angry. I was afraid.

Despite acknowledging that the rationale for removing them from their homes at a relatively early age was linked to family violence, alcoholism, or poverty, they felt that this break with their community and subsequent placement in non-Aboriginal foster care, group homes, or adoptive families had detrimental effects on them. In effect, these men were without a home — or homeless — from an early age.
Over many decades, negative stereotypes of Aboriginal peoples significantly influenced public perception of the value of Aboriginal culture. Several of the men interviewed for this study indicated that they found little support for affirming their cultural heritage from their immediate family and from the communities in which they were raised. Issues related to cultural identity were affected by the individual’s physical characteristics, as well as his “blood heritage,” as demonstrated by having “status” under the Indian Act. Mike summarized the internal battle waged by many throughout their youth:

We didn’t look the same colour as them so we were teased about it.
Teased at school… I didn’t want to be an Indian because of the fact that I was getting teased. I wouldn’t hang around them or I’d fight them. I’d tell them off, you know, I’d do everything in my power not to be Indian.

Many of the men indicated that their current state of living in shelters or sleeping outside without permanent shelter is now a fact of life. Ned has lived in Toronto for 16 years, and drug addiction and, on numerous occasions, alcohol addiction have led to incarceration. He offered the following description of his own transition into homelessness:

Being homeless is actually very easy, you know. It starts, you’re drinking somewhere, the tracks, behind a building, and you pass out. You wake up in the morning and you’ve already spent your first night on the street… Next thing you know, you’re sleeping there and other people have been there longer before you, and they have their shit together. They have shit stashed everywhere. They know where to go… I learned how to live on the streets, so there’s no big pressure for me any more to find something different.

For the Aboriginal men in this study, their experience with homelessness appears to be linked to historic social policies. This study’s findings suggest that the trauma experienced by generations of Aboriginal peoples has contributed to the experience of homelessness among the men in this study and possibly among other Aboriginal peoples.

Much of the research on trauma looks at psychological and social contributors that affect the individual, with an emphasis on family dynamics (Beisner & Attenave, 1982; Brasfield, 2001). Although there is a level of insight in this type of research, the trauma experienced by the
men in this study must be viewed historically. Building on the precepts suggested by Waldram (1997), Kirmayer et al. (2000), and Duran and Duran (1995), the data suggest that indicators of intergenerational trauma may exist along four distinct realms: the individual, the family, the community, and the nation. Indicators arising from the data analysis have been isolated for each of these realms and are summarized below.

**Individual Indicators**

Individual indicators emerging from the data are:

- lack of a sense of “belonging,” identification, or affiliation with a specific family, community, culture, or nation;
- feeling of “abandonment” by caregivers;
- limited or no information about one’s culture of birth, including language, customs, belief systems, spirituality;
- one or more “flight” episodes from a caregiver environment as a youth;
- inability to sustain personal or intimate relationships;
- being present-oriented, not future-oriented;
- low self-esteem;
- limited education and employment history;
- history of substance misuse;
- history of involvement with the criminal justice system, precipitated by substance misuse;
- involvement with the mental health system.

Rather than pathologizing the individual, as is often done, I would argue that these indicators should be viewed as resulting from a historical process. It is important that these individual indicators of intergenerational trauma be considered in relation to the indicators for family, community, and nation.

**Family Indicators**

Family indicators emerging from the data include:

- chronic or episodic family violence, including physical, sexual, emotional, and/or verbal abuse — children by adults in the household;
lack of emotional bonding between parents, siblings, and extended family members;
- denial of cultural heritage by older family members;
- perpetuation of negative stereotypes within the family of birth or caregiver environment;
- irregular contact or the absence of contact with caregiver family members;
- unconcealed and rampant alcohol and drug misuse that crosses generations.

Community Indicators

Additional factors that may be present in the community and that influenced the individual’s early life history must also be considered:
- unconcealed alcohol and drug misuse among community members;
- lack of cultural opportunities, including transmission of language skills, history, traditional values, and spirituality;
- unwillingness to “reclaim” community members;
- low levels of social capital (Putnam, 2000), including trust, reciprocal helping relations, and social engagement.

It is important to recognize that within traditional Aboriginal culture, the community’s support is critical for the development of individuals and families. Holistic healing is not achievable without the influence and guidance of a balanced and healthy community. These findings suggest that for Aboriginal peoples, the definition for “homelessness” must emphasize the breakdown of community structures. Therefore, I propose a definition of homelessness that is more relevant to Aboriginal peoples: homelessness is a condition that results from individuals being displaced from critical community social structures and lacking stable housing.

National Indicators

The data also indicate that a fourth element must be considered. The individual, family, and community are embedded within national structures that both historically and contemporaneously have had a profound
impact on these other institutions. Some key national indicators that may contribute to homelessness include:

- popularization of negative stereotypes through mainstream media;
- social policies that perpetuate colonialization of Aboriginal peoples on an individual, family, and community basis;
- lack of support for holistic programs and services targeting Aboriginal needs;
- lack of support for community self-determination.

The impact of trauma on the Aboriginal nation must also be reconciled. The need to support the development of community beyond geographic boundaries to include all Aboriginal peoples is critical to the healing process.

The data provided have identified how external social policies have corroded the links between critical elements within Aboriginal culture. Individual, family, community, and nation now exist in isolation of one another. Social policies, including the Indian Act, the residential school system, and child welfare legislation, have systematically negated Aboriginal culture and imposed values that are contradictory to our traditional ways of relating to one another (Cross, 1986; Good Tracks, 1973; Proulx & Perrault, 2000). The colonizing impact of these policies has resulted in many individuals experiencing “social anomie” — a feeling of disconnection from a particular cultural group (Brant, 1990). The pervasiveness of this condition has left the Aboriginal nation in a similar state — unable to draw upon common bonds to bring individuals, families, and communities together.

**The Intergenerational Trauma Model**

The indicators discussed above are integrated within the Intergenerational Trauma Model. The model is premised on the main constructs of the traditional teachings of the Aboriginal medicine wheel, a conceptual process that frames our understanding of the world as Canada’s First Peoples:

The teachings assume that all humans can exist in balance with themselves, their families, communities, and their natural surroundings.
Where alcoholism, violence, abuse, or any kind of dysfunction exists, there is imbalance: the dark side domination (Nabigon & Mawhiney, 1996, p. 19).

The medicine wheel breaks the main constructs of life into four elements, generally referred to as the four directions: east, south, west, and north. There must be harmony between the four elements of life for balance to be achieved (Morrissette, 1998). Similarly, the Intergenerational Trauma Model is predicated on the assumption that public policies have disrupted relations between the four systems and the resulting trauma has incubated negative social conditions for Aboriginal peoples, making them significantly more vulnerable to a number of threatening conditions, including homelessness. This has disrupted the balance of the wheel in which the individual, family, community, and nation exist. The Intergenerational Trauma Model identifies risk factors that may contribute to Aboriginal people’s homelessness. Given the limitations of the study, however, it is premature to say how many indicators need to be present to determine the likelihood of an individual’s becoming homeless.

Starting outside the larger circle in the figure, the influence of public policy is identified through the Indian Act residential school system, and child welfare authorities. These social policies are external elements that have penetrated traditional Aboriginal culture and caused change to occur within the traditional social systems, as illustrated by the four smaller circles.

The large outer circle represents Aboriginal culture, and the four smaller circles represent the four subsystems of individual, family, community, and nation. The four subsystems exist within a permeable boundary signalled by the broken line of the outer circle. The influence of external elements, such as public policy, has weakened the role of culture in supporting the inner circles of individual, family, community, and nation.
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**Nation**
- Popularization of negative stereotypes through mainstream media.
- Social policies that perpetuate colonization of Aboriginal people on an individual, family, and community basis.
- Lack of support for holistic programs and services targeting Aboriginal needs.
- Lack of support for community self-determination.

**Community**
- Uncontrolled alcohol and/or drug use among community members.
- Lack of cultural opportunities, including transmission of language skills, history of traditional values, and spirituality.
- Unwillingness to "reclaim" community members.
- Low levels of social capital, including trust, reciprocal helping relations, and social engagement.

**Family**
- Chronic or episodic family violence including physical, sexual, emotional, and/or verbal abuse to children by adults in the household.
- Lack of emotional bonding between parents, siblings, and extended family members.
- Denial of cultural heritage by older family members.
- Uncontrolled and rampant alcohol and drug misuse that crosses generations.
- Perpetuation of negative stereotypes within the family of birth or caregiver environment.
- Irregular contact or the absence of contact with caregiver family members.

**Individual**
- Lack of sense of "belonging," identification, or affiliation with a specific family, community culture, or nation.
- Feeling of "abandonment" by caregivers.
- Limited or no information about one's culture of birth, including language, customs, belief systems, spirituality.
- One or more "flight" episodes as a youth from a caregiving environment.
- Inability to sustain personal or intimate relationships.
- Being present oriented, not future oriented.
- Limited education and/or employment history.
- Involvement with the mental health system.
- History of substance abuse.
- History of involvement with the criminal justice system precipitated by substance abuse.
- Low self-esteem.

**Traditional Aboriginal Culture**
- Residential Schools.

**Indian Act**
The proposed indicators of intergenerational trauma are noted in the centre of each of the four inner circles. The circles representing the individual, family, community, and nation exist in isolation from one another. If they operated as an adequate support system, they would intersect, but within the Intergenerational Trauma Model, they do not, symbolizing that they are not able to support one another. The balanced existence between the four systems is thwarted by the pervasive presence of intergenerational trauma, which has prevented the four “systems” from re-establishing their former balanced and linked existence and in effect is the barrier that thwarts the reunification of the four systems. As indicated by the arrows in the figure, intergenerational trauma pushes the four inner circles apart. Although the impact of the trauma may be most visible in the individual, a holistic approach — as presented in this model — suggests that trauma affects all the four spheres.

The homeless men in this study operated without a support system from their family, community, or nation — in fact, as discussed, they were alienated from these entities. The cause of the problems that they experienced as individuals could be linked to these other systems, and once they were homeless, these other systems did not provide the support the men needed. A minimal form of support came from the community through Aboriginal shelters such as NaMeRes, but the problems experienced by the men were so severe that most often it was “too little, too late.” The men remained alienated from their families, communities of birth, and the Aboriginal nation. The wounds they had suffered through these other systems were deep, and therefore the countervailing influence of a shelter and its services were insufficient to alter their life dynamics.

Limitations of the Research

This was an exploratory study with a limited number of participants, and a single site was used to obtain study participants. As a result, the study precluded a cross-section of homeless Aboriginal men who, for a variety of reasons, do not use shelter services specific to the Aboriginal population. This study was limited to Aboriginal men using services in the Toronto community, and the data were collected over a six-week pe-
period in the late winter and early spring of 2003. Seasonal use of shelter services may have affected the study sample.

I did not use a non-Aboriginal comparison group to identify differences in their experiences. My concern with research on homelessness is the assumption of a generalized “homeless” population. I wanted this study to focus on the experience of Aboriginal men, as I believe their issues should not be compared to those of another group. I believe their experiences warrant singular attention and should not be weighed against the experiences of other “subpopulations.”

The systemic issues identified in this study have affected Aboriginal women differently. In addition, there are broader social issues that compound an understanding of homelessness for women and youth. As such, these results cannot be generalized across the Aboriginal population and, in particular, to homeless Aboriginal women or homeless Aboriginal youth.

None of the information provided by the participants was verified through other sources, such as interviews with family members, First Nation administration records, or the justice system. I considered this approach, but given the social isolation of the men in the study, it would have been extremely difficult to access their social networks, to the extent that these even existed. However, as noted above, a focus group of other Aboriginal men who used the same hostel services was conducted at a later date and confirmed the interpretation of the study results.

**Recommendations**

For more than two decades, significant research has been undertaken in Canada and across North America on the growing crisis of homelessness in our urban centres. For the most part, researchers have focused on the personal or structural factors that have contributed to this phenomenon in our modern society. While this research is valuable, with the exception of a small number of studies it does not capture the uniqueness of homelessness as experienced by Aboriginal men. In addition to involving homeless Aboriginal men, the current study interprets homelessness from the “social lens,” or world view, of an Aboriginal researcher. It is meant to expand the discussion of homelessness and promote the value of undertaking culturally congruent social research.
The data from the study suggest that there may be significant benefits to engaging in further research in the area of intergenerational trauma, and specifically to testing the utility of the Intergenerational Trauma Model. A more representative population of Aboriginal peoples across Canada, including women and youth, would provide further insight into how useful the indicators are in determining the impact of intergenerational trauma as an explanation for homelessness in our urban centres. Provincial and municipal authorities must consider the need for culturally appropriate support services in urban centres if homelessness is to be effectively addressed.

It would also be interesting to assess the usefulness of the proposed model in helping to understand other social issues in which Aboriginal peoples are overrepresented, such as family violence, substance misuse, suicide, and involvement with the justice system. The model can assist us in understanding whether intergenerational trauma is contributing to the incubation of negative social conditions for Aboriginal peoples.

The data suggest that focusing on individual causation factors will not effectively address the needs of Aboriginal peoples. A holistic approach, such as in the Intergenerational Trauma Model, is required to assess the impact of intergenerational trauma across the four identified systems. Although research is available on the impact of residential schools, child welfare authorities, and the Indian Act on the individual systems (individual, family, community, nation), little research documents the cumulative impact of public policy on the relationship among all of these four systems. This includes assessing how relationships between individuals and their caregivers, individuals and their birth communities, and individuals and their culture (Aboriginal nation) have been affected by public policy.

The trauma experienced by the men who participated in this study signals a need for more holistic program responses. While most of the recent literature on counselling for Aboriginal peoples focuses on developing approaches that are culturally relevant and culturally congruent (Cross, 1986; McKenzie & Morrissette, 1993; Morissette, 1998; Morissette et al., 1993), there is no call for approaches that provide for lifelong treatment modules in a continuum-of-support approach. Long-term support must be incorporated into the current range of responses, in-
including housing, health, and social programs. These supports must be offered to other family and community members as well. Further, it must be recognized that, given the pervasive influence of trauma in our lives, it may take more than one generation to heal from experiences with a lengthy history. There is no “quick fix” for these men.

Solutions to homelessness that focus only on helping people meet their personal needs are not likely to effectively address the underlying causes of homelessness as experienced by the participants in this study. Some preliminary health data on the rates of youth suicide in Aboriginal communities suggest that there may be a strong correlation between programs that promote positive self-image and community well-being and reduced suicide rates in Aboriginal communities (Chandler & Lalonde, 1998). Such programs need to be expanded to include Aboriginals living in urban centres. For Aboriginal peoples, the solution to homelessness is not necessarily the construction of housing; rather, the response also requires a holistic approach that reconstructs the links between the individual, family, community, and Aboriginal nation.

There have been several attempts to promote the need for public policy and programs that are culturally congruent (Congress of Aboriginal Peoples, 2001; Maidman, 1981; Morissette et al., 1993; National Aboriginal Housing Committee, 1993). The need is paramount for programs that support the development of Aboriginal peoples and allow us, as a community, to enhance our knowledge and skills so that we can provide support to community members through health care services, education, public policy, the justice system, and other important elements of our nation’s social infrastructure.

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