

The Village: Cooperative Social Investment for Shared Dignity

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The village health analysis study examines Canadian social issues surrounding cultural inequality of our Indigenous population from a Manitoban perspective. Exploration of the roots of systemic inequality, oppression maintenance and the growing gap between the providers and receivers of social services is held to express comprehensive perspective of the sustainability crisis we face within community wellness. With cooperative, multifaceted perspective on the development of the social system crises in Canada, (particularly related to ongoing intergenerational trauma affects of our Indigenous relatives), this paper summarizes the theoretical foundation for current creative collaborations in Manitoba; striving to offer cooperative alternatives to support sustainable wellness within and between socially-focused systems.

The background research and analysis of systemic crisis development, paired with examination of longitudinal impacts of trauma on Manitoba's fastest growing population serves as motivation to develop and implement policy alternatives that focus on capacity building and empowerment of the trauma-surviving to truly support successful independence and sustainable wellness. The findings from the work expressed in this paper lead to the sharing of a grassroots multi-stakeholder cooperative initiative aimed at not only providing trauma affected youth transitioning from CFS care tools for longitudinal recovery and sustainable social health, but also serving as a cooperative model based on shared dignity that can be adopted globally.

Keywords: cooperative; sustainability; wellness; trauma; youth

In the age of social media, let us imagine the reality of Canada's fastest growing population in yearbook fashion such as one might view on a popular Facebook page. Yearbooks or more modernly, Facebook often are created to highlight the recent history of ones life in the context of the social environment they are attached to. Photographs, information, pride of tribe, are included to give the listener a self-determined snapshot of ones' current life; a moment frozen in time from which all future events will follow.

"Let me paint you a picture"

My name is Amy Rasmussen. I identify myself as a Danish and English woman. I have no First Nation, Métis nor Inuit roots, yet I have been gifted to a path to walk beside those suffering and in that walk, face my own sources of oppression, suffering and courage. I have had the privilege of walking beside many members of this social Canadian village within child welfare and through the gaining of many perspectives have developed the observations detailed below. Through the walking beside the child in care, the youth in search of emotional need fulfillment, the well-intended, compassionate social worker spinning in the broken system, the survivor, the offender, the community worker and the First Nation community teacher, I have been able to, with the ongoing support of team, assemble a cooperative vision for sustainable wellness for our children transitioning from CFS care. Most recently, the walk was with another beautiful young person, full of ability, kindness, courage, who fell into the dark shadows of hopelessness and couldn't bear to walk another day.

It is through being a part of the journey of those within all roles of the village that is required to bring a vulnerable child into healthy independence that understanding of the deep rooted Canadian social problems, and through the cumulative courage, resilience and strength of us all, access to imagining an educated alternative view has been enabled.

The yearbook: Let us highlight some recent history for Canada's fastest growing population:

- Canada's Aboriginal youth suicide rate is 5-7 times the frequency of non-aboriginal youth (Statistics Canada. 2015. P78)
- Over the past 15 years, suicide varies between the first and second leading cause of death for Aboriginal youth 15-25 years. (Statistics Canada. 2015. P111)
- Identified risks for suicidal ideation, attempts and completing suicide are : Addictions, family history or suicide, academic problems, abuse, lateral violence, mental illness, problems with the law, poverty and unemployment, breakdown of cultural values, accumulation of trauma , barriers to health or education services, dislocation from land, rapid cultural change and social isolation (Statistics Canada. 2015.)
- Housing: 1/15 Aboriginal People in Canada experience homelessness compared to 1/28 for non-Aboriginals (Patrick, 2014. P22)
- Poverty rates: MB child poverty rate is over 60% in 2013 (Hildebrandt. 2015)
- Education 2014, in Mb 72% of children on reserve will not complete high school (Patrick. 2014. P28)
- Children in Child and Family Service Care 10, 000+, in MB highest percentage of kids in care in the country with 87% children in care being Aboriginal in 2014. (Hildebrandt, 2015)
- Incarceration rates: Aboriginal people represented 27% of those in custody 2010-2011. This is 7-8 times higher than the Aboriginal population represents as a whole, demographically (Statistics Canada. 2011. P96)

As demonstrated through these recent statistics, the current reality for Canada's and particularly Manitobas' Indigenous population is disheartening. As reflected in the staggering suicide rates, the current social climate, born under the current systemic social structure appears to be further harming and maintaining oppression within a particular demographic. This very population may in fact possess the most resilience and catalyst for positive change, given the opportunity to actualize their potential as Indigenous bearers of the future.

Fortune telling:

***Formulating an educated prediction of Canada's social structure
for Indigenous and non-Indigenous people***

As depicted through the various calls for action and advocacy movements such as demonstrated through the *Idle no More* movement¹, the *Truth and Reconciliation Commission*², request for formal inquest into the Murdered and Missing Aboriginal women³ and endless other private and community level awareness building efforts, the time for change is desperately now. Let us take a moment to imagine the future results and impacts of not adopting systemic, policy change, nor creating a clear vision for

¹ Idle no more is a peaceful movement to call for greater rights and protection of Indigenous people, values and resources.

² The TRC is a part of the residential school settlement agreement, aiming to bring awareness, justice and healing as a result of the treatment of Indigenous people during residential schools.

³ Inquest into the over-represented number of missing and murdered Aboriginal women in Canada

ethics with awareness of truly understanding Canada's history regarding the treatment of Indigenous peoples.

It is estimated in 2011 that 4% of Canada's population is of Indigenous descent. This rate is expected to increase by 3% over the next 10 years. Remember, in MB alone, there are currently over 10000 children in Child and Family service care. 87% are Indigenous. (Statistics Canada. 2015)

It is estimated that the foster care rate for a child with exceptional needs including trauma affects is \$200/day⁴ which is reportedly not sufficient for meeting the special needs of a trauma- affected child. This is a tax payer expenditure of \$73, 000.00/year for one child. Let us imagine a family that has four children and parents have experienced life events resulting in apparent need for child protection. Let us imagine the impact of attachment based trauma from sudden familial displacement, paired with potential cognitive impairments from prenatal maladaptive coping practices on the children. Let's suppose the children are 1, 2, 4 and 6 and become permanent wards of CFS. The financial cost alone, apart from the potentially more devastating emotional, relational, mental and spiritual residual cost to the family and all others and environments the individuals in this family interact with is: $4 \times 73000/\text{year} = \$292, 000.00$ not accounting for inflation. Assuming these particular children are in care until age of majority, the minimum cost for the youngest is \$1, 241, 000.00; \$1, 168, 000.00 for the next child;

⁴ \$200/day is an estimation from insight gained from the multidisciplinary perspective this paper is written in.

\$1, 022, 000.00 for the next and \$876, 000.00 for the eldest. This is a total of \$4, 307, 000.00 for one at- risk family. This is the base cost, separate from the multiple public health services, crisis services, potential correctional and probation provincial costs to support these children to independence where observed likelihood or re-entry or maintenance of attachment to multiple social systems are likely.

Minimum societal cost for one vulnerable, trauma affected family with 4 children in care approximation:

\$4, 307, 000.00

Let us remember that there are presently over 10, 000 children in care in Manitoba, alone.

Recall that 87% of children in care in MB are of Indigenous descent.

In the year 2000, there were 5358 children in care, followed by 6000 in 2006 and over 10000 in 2015 (Puxley. 2015). The percentage of Indigenous children are over represented just as they are in other social based systems in MB, including significant rates in correctional settings. (Puxley. 2015) If we apply the facts that our Indigenous population is fastest growing, correlations can be drawn to highlight the decrease in available members, contributing economically to sustain the social systems that are in high demand today.

Without a step in the direction of united dignity as suggested by commissioners of the TRC (Sinclair. 2015), we as a province and a country cannot continue to invest in an intervention founded system. Crisis based response with lack of ability to consider long term sustainable wellness planning or opportunity to build capacity in children of trauma-affected parents will eventually yield a platform of a system that will crumble and contribute to further despair of our capable and suffering fastest growing demographic.

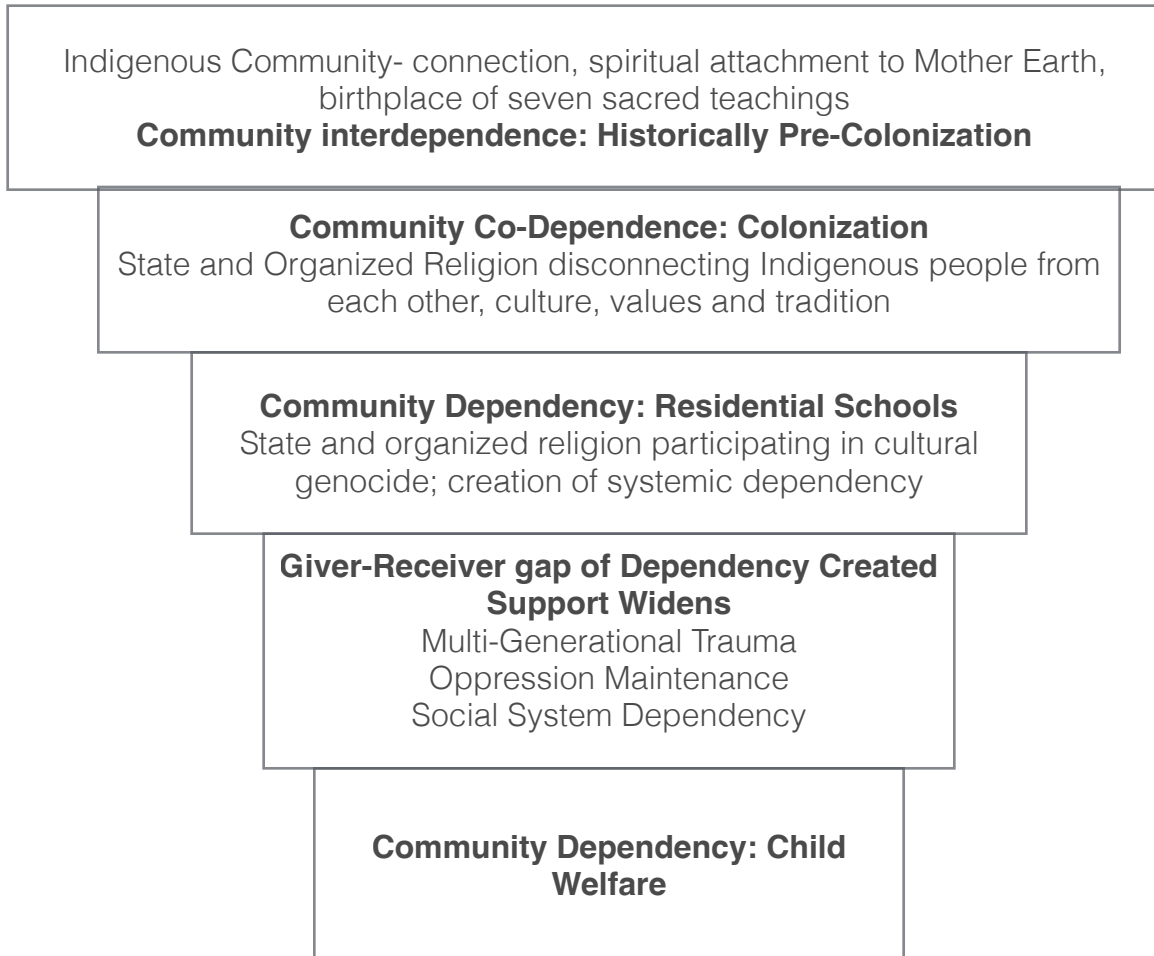
From the viewpoint of a helper whom has had the privilege of observing and working alongside systems delivering service, those seeking funding to extend support services, those receiving supportive services and those whom have given up, it becomes pressingly evident that we as collective social community need to understand the progressive path that has led to the creation of the crisis-driven social response system we are now clinging to attempt to sustain.

The following paragraphs highlight one perspective based on observations between and within Canada's public social health system. The objective of presenting a collective, multidisciplinary perspective is to introduce a responsive plan correlated to comprehensive understanding of the problems' development.

"It's where our parents are coming from. It's where our grandparents are coming from. By the time you get to my generation, we have all the baggage and we don't know where it comes from." Hendrick K, Councillor Cheppewas on the Thames

Historical Development of the Social Service Structure

Drifting from Sustainability



Following this analysis of the development of social service structuring as visually depicted above, looking forward, it becomes evident that continuation of this type of culturally-exclusive social regression will result in the collapse of ethically responsible support based systems. When the demand of services exceeds supply or resources to provide supply, a priority structure must be applied to ensure those most in need of urgent care receive minimum care required. This is precisely what is being observed on

all levels (policy, care providing, resource building, etc) in the current child welfare system; a crisis-driven, intervention based system that due to the increasing number of systemically-dependent, intergenerationally trauma-affected people in need of support based services (Wesley-Esquinimax. 2014), priority scales are applied to ethically respond to those most obviously and dramatically affected by adversity.

The tremendous risk this poses for all involved is perhaps most significantly noted within the structural inabilities support-based social systems have to choose to respond comprehensively over reacting immediately, yet temporarily to dynamics at-risk families present with. Where providing preventative resources and capacity-building opportunities to trauma-affected families might allow for greater opportunities for sustainable wellness and eventual interdependence with service receivers, the current over-burdened systems do not appear to have the freedom to consider such options. Another benefit of engaging in healing/enrichment-type activities with those whom have come to receive supports as a result of historical trauma and maladaptive coping practices may be missed under the same reality. Perhaps one of the most urgent crises we face as Canadians and particularly Manitobans is that if this trend continues without creating resources for considering alternatives to the current social system structure, it is predicted that as the number of those in need of service increases, we will not have the population, nor infrastructure to sustain an ethically-stable social system.

Let us return to the yearbook analogy...

- 2006 Statistics Canada: Indigenous youth have the highest teen pregnancy rate in Canada. 24% of Aboriginals in Canada were/are teen parents compared with under 10% of non-Aboriginal population (Statistics Canada, 2006)
- Indigenous children/youth make up 87% of children in care in MB 2014 (Puxley, 2015)
- Indigenous youth face significant barriers to education, employment and successful transition to independence in adulthood: teen pregnancy, trauma, mental illness maladaptive coping (including addiction) poor childhood sociology-economic status, homelessness, abuse (Burnside, 2012)

***correlated to this, the population with sufficient access to opportunities to education and employment can be expected to decrease per capita, given that our Indigenous population is our fastest growing*

- Tax contributing population is composed of employed independent adults, whom have the education and lifestyle freedom necessary to secure and maintain employment
- High school completion rates: less than 30% on reserve (Patrick. 2014. P 28)

It becomes concerning to see a decreased societal ability to support a growing demand for social supports. Even if the systemic demands stayed the same size, there still may be strain to sustain it, given the lack of sustainable wellness opportunities available to trauma surviving community members.

Cycle of Dependency: Intergenerational Implications

Let's suppose that it is a collective desire for our children to grow healthfully and successfully transition into adult life, equipped with sustainable tools for wellness so they may achieve their goals and have freedom to be their best selves. This child clearly requires some important things from his world to support uninterrupted development. By understanding the child in wholeness, it is helpful to look at the child within the context of his four directions; the physical, mental, emotional and Spiritual components of self. For the purpose of this examination, success of the child will be analyzed through her emotional needs- love and belonging, identity, purpose and empowerment (Bopp, 1989).

What happens to ones wellness when emotional needs are not met? If one does not have primary human need for love and belonging, the ability to develop a certain sense of identity in adolescence is extremely challenging. This in turn negatively affects ones ability to develop a natural or healthy sense of purpose and eventual empowerment - gained from a life of acceptance, pride of identity and a sense of accomplishment from the life purpose. The impact of emotional needs left unfulfilled may create a sense of disempowerment and low self worth which could result in a tendency to feel dependent upon the service and resources of the systems that have been present in our lives, perhaps due to the lack of natural love and belonging in early childhood.

If one has opportunity to survive trauma with connection to healthy others in community, one may have access to fulfillment of the very primary human need of love and belonging. This naturally facilitates transition into a sense of identity based upon the positive messages received and adopted by the attached and connected individual. If a sense of identity is attainable in adolescence, ideas and practice in purpose follows with a deserved reward of empowerment. A sense of resilience is available from this path.

If we consider primary emotional needs to be fulfillment in love and belonging, identity, purpose and empowerment, then the impact of a trauma affected child in care is first observable in the area of love and belonging. If one does not have a secure sense of love and belonging, all other emotional needs come into question, setting the stage for hopelessness.

If one has a sense of empowerment and ownership of resilience, one has the freedom to experience natural progression into independence and systemic codependence ('I require continued support as I grow and I contribute to the functioning of the systems while I temporarily require such supports).

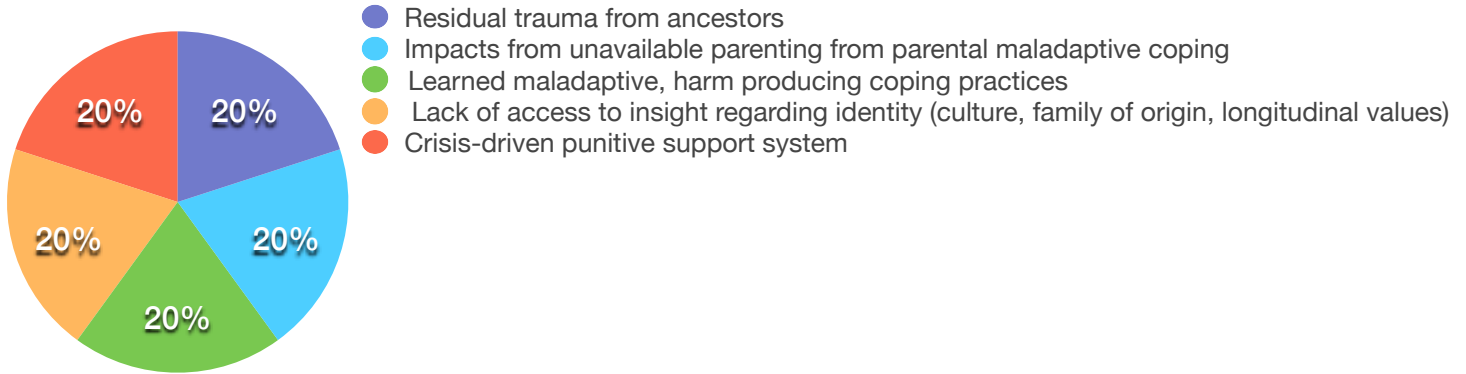
Interdependence is experienced in the high functioning adult whom has healthfully and successfully overcome adversity, whom has experience with independence and has practical confidence in sustaining personal wellness *despite* what occurs in ones environment. Due to the self-sustaining confidence earned, there is limited need to exchange power and control for a sense of security. Cooperative partnership is

interpersonal relationships is based on the understanding that while I may function highly on my own, I recognize that we'd fair better together, each contributing our unique set of characteristics.

It may be through the transition from systemic dependency to interdependence that sustainable social health is within reach. Without those dependent on social systems developing a sense of confidence, deservedness and feeling comfort within a cooperative care network, the ability to proactively move toward excellence is impaired. In applying principles of social consciousness, it becomes illuminated that we have a responsibility to include our most vulnerable in processes and procedures to support meaningful healing to reduce or eliminate barriers to personal and eventual intergenerational success. It may be through the shift from *giving* service to *inviting* partnership in the fulfillment of needs that the growing gap between overburdened, giving systems and overburdened vulnerable people may be bridged and reduced.

Historical Trauma: Implications for our Youth

Youth : Current Challenges



As witnessed within numerous social systems, Indigenous youth face unproportionately greater challenges related to trauma than their non-Indigenous peers. As highlighted below, residual trauma from their ancestors from seven generations of residential school activity, attachment based trauma from perhaps not having emotionally available parents to nurture them (based on parental experience of trauma), development of their own harmful maladaptive coping methods, loss of identity through insight to culture, loss of family of origin (especially if taken into care), and loss of longitudinal value systems, with attachment to a crisis-driven, overburdened, often punitive support system for care providing are additional challenges to the typical adolescent difficulties young people face transitioning to independence that current Indigenous youth may be up against.

If we consider the complex set of challenges outlined in a hierarchy of needs format, it becomes necessary to focus awareness on the area where the youth might have most control to produce meaningful change. Given the great weight of historical trauma (Sinclair, 2015) and actions of close others surviving trauma, the youth may have greatest success in healing and striving to cope with their reality, with commitment to a brighter future by choosing access to sustainable wellness over more immediately effective, but harmful coping methods. Again in order to consider helpful strategies for addressing maladaptive coping, understanding is required. The following paragraphs explore the birthplace of maladaptive coping.

Maladaptive Coping

Maladaptive coping encompasses any form of coping that is unproductive to the individual due to one's urgent need to survive the given situation⁵. The need to urgently survive one's given adverse reality drives the affected individual to do what is necessary to endure and exist beyond the scope of the trauma. The behaviour that results is often initiated by one's automatic stress response, yet can be maintained by a chronic sense of stress, ongoing threat to survival or due to the reset heighted homeostasis level.

⁵ Maladaptive coping as defined by the leadership team at Four Directions Cooperative centre for a Trauma Recovery Ltd.

For example if one is crossed by a vicious animal, one might automatically run in the other direction or use any tool available to aggressively fight the animal until the threat to personal survival is no longer present. Due to the lasting effect of the trauma endured, the trauma affected individual may experience a heightened sense of stress and anxiety, reacting accordingly with an urgent motivation to survive -regardless of the actual environmental threat. For example, a child is walking home and is met with a bear and had to fight to survive. This event happens repeatedly. The child's heightened stress response raised his sense of homeostasis, to where the new normal reaction to stress is de- or hyper-sensitized. The next time this child walks home and is met with a domesticated animal (dog) the brain system that stored animal=threat responds to this situation with a hyper-activated stress response that turns out to produce behaviour in the child that is not adaptive, nor helpful (ex child aggressively attacks the dog or runs in terror) despite anything else that may be happening in the given present moment or relationship to actual threat (VanderKolk. 2015).

The same occurrence may occur with youth whom have had repeated exposure to traumatic event. When a significant life event or series of events occur that is beyond the control of the child, the experience of trauma is elicited. This experience may cause a sensation of threat to the function and/or survival of one or more of the components of self (physical emotional mental and/or spiritual). This threat to function and or survival of the individual causes the crisis-driven stress response system to be activated. Once activated, a heightened motivation to protect and preserve ones function or survival is had. Motivation to apply relatively quick and effective methods to reduce or otherwise alleviate sensation of threat of survival is great during this time.

For a young child this might take the form of readily available and effective means such as participation in self-soothing behaviours such as anxiety ticks, excessive gaming or aggressiveness . In adolescence, response to a heightened stress yield more measurable and immediate behaviours, again based on the urgency of the need to immediately and effectively survive the perceived environmental threat (sadness, loss, rejection, safety concerns, etc)(VanderKolk. 2015). Examples of such maladaptive coping means at this stage of life can be observed through substance abuse, addiction, suicidal ideation self-harming behaviours (cutting, burning, etc), promiscuity and/or prostitution, participation in gang culture or other unhealthy relationships.

The cyclical dilemma exists when the over-driven stress response is stored in the brain as a success. As an evolutionary protective measure, the brain stores pathways from undesired sensation to desired outcome as successful, despite any subsequent harm this produces.

To demonstrate:

- A. My emotional survival felt threatened (a caregiver let me down)
- B. I was motivated to quickly and effectively relieve the sensations attached to this experience
- C. I discovered something beyond myself to change this internal state immediately and effectively (substances, distraction of risk taking behaviours)
- D. I lived to tell the tale (I survived) and this cause and effect pathway is stored as successful in my brain and emotional memory.

Next time I am faced with adversity, trauma, uncomfortableness, the information stores that exist within me are readily available despite negative, personally or interpersonally destructive after affects (VanderKolk. 2015). Therefore maladaptive coping patterns develop because the moment of the next crisis is not a realistic time to develop new, foreign, perhaps less immediately effective means to survive the next threat to my four directional function. There is additionally high risk for learned helplessness the more this behavioural pattern is exercised.

The birthplace of maladaptive coping may be more pronounced in our Indigenous population due to the degree to which intergenerational cultural trauma contributes to irregular response to perceived threat. It is possible that an attitude or belief system developed long ago can still hold power over those attached to the people, system, culture that the given experience stemmed from. There is significant risk of adopted emotional, cognitive, spiritual and physiological impacts from Indigenous inter-generations, following the historical trauma suffered and survived from colonialism, residential schools and now within our social systems.

If we as members of the global village seek to improve social conditions for our trauma surviving, it may be essential to first understand the depths of development of maladaptive coping. When considering treatment for the reduction of harm associated with maladaptive coping within an intergenerationally trauma affected group, it becomes necessary to grasp a perspective that enables one to comprehend what it is that requires support, healing and empowerment so that sustainable wellness can be possible. Visible in perhaps the most noticeable direction of self, the physical body, if

one went to the doctor with stomach complaints, the doctor would most likely involve the suffering person in a number of diagnostic tests before treatment. One might assume this is done to ensure the most effective treatment is applied to the appropriate source of illness. By considering the individual in terms of the four directions, it becomes simpler to understand all parts of the person as balanced and tangible. Why would we address another direction in a different manner than we would, the most obviously measurable one?

For example if someone came across your path starving and you observed them eating distasteful food from a garbage bin, it may be assumed that educating them about the risks of eating contaminated food would not be helpful at the moment. It may be more helpful to respond with compassion to their pain, offering better quality food if you're able. From a sustainable wellness point of view, exploring the reasons one is in this dire position might be most helpful, for with understanding there is pathway to maintainable solution.

The issue stands then why we would approach suffering in the emotional, mental or spiritual essence any differently. Let us suppose that a person is using large quantities of alcohol because it has proved to consistently, immediately and effectively relieve unbearable emotional pain (however briefly).

It may be possible to experience a degree of emotional pain so deep that the motivation to survive is lessened. Just as insight to the risks of consuming distasteful food was not helpful to the starving person, information sharing regarding risks of

substances may also be presently inappropriate or ineffective if the person is in such a dire inner reality.

The emotionally suffering person might better be able to receive support with the pain (which may be the catalyst for harmful coping practices) to encourage sustainable wellness than integration of education surrounding risks of continued use during crisis.

Addressing maladaptive coping

When survival is threatened the need to preserve oneself is great. With this shift in understanding surrounding 'choice' regarding participation in harmful coping practices, an alternate dialogue can be held around effective and sustainable planning for safe trauma recovery. Multidisciplinary frustrations with barriers to wellness and crisis-based limitations to helping have been shared in Manitoba over the past several years⁶, with hope and anticipation to create alternative ways to facilitate safe trauma recovery to youth transitioning from CFS care. The foundation for holistic trauma recovery stems from the belief system that with cooperative support from a consistently available healthy community, the trauma-affected may access opportunity for successful and sustainable recovery from the trauma itself and additionally from harm associated with survival-based coping practices. Stemming from this foundation is the hypothesis that once crisis-driven motivation to cope is lifted, healing and personal empowerment can begin.

⁶ Discussion referred to here are meetings with multidisciplinary members to develop a cooperative centre for trauma recovery

Just as it is possible to examine the implications of continuing to provide support limited by the realities of overburdened systems, it is also valuable to project implications of cooperative, partnership-based resolution of crisis-motivated trauma survival. The following comparison chart shows possible implications of trauma symptom treatment and cooperative trauma recovery.

With collective opportunity to adjust to a non-stressed environment, a non-crisis motivation to cope may be within reach. With a gradual reduction in stress hormones, it may be possible for the trauma affected to shift focus from survival to personal and interpersonal development.

Such opportunity to discover ones potential may naturally produce proactivity toward culture, education, employment and greater desire to maintain health. Ultimately, the goal of considering cooperative, holistic alternatives to healing trauma is to expand potential for a rebirth of positive intergenerational implications where shared dignity is held for all future Canadians. It is within a cooperative village that healing can be encouraged and supported with unyielding belief in the trauma affecteds' ability to survive and thrive, separate from past and future adversity. In returning to the concept of the village, restorative justice enables sustainable resolution to harmful behaviour over punishment and shaming which risks to add to the trauma experience of the afflicted's life.

Revisiting the yearbook snapshot, if we examine a rising culture in the context of resilience and courage, the Indigenous population of Canada has perhaps the greatest earned skills of vitality and spiritual strength, in many cases beneath layers of intergenerational trauma. Through analyzing the longitudinal cultural and systemic

attitudes that existed in order to attempt cultural genocide, we as members of this particular National and Provincial village have privilege to imagine the qualities a group of people would possess to continually rise in the face of tremendous adversity. Humility, immeasurable inner four directional strength, persistence, faith, patience, courage, determination, commitment and endurance are a few of the many qualities we could imagine a group of people possessing to successfully rise against a force so much larger in number and power, determined to destroy the Kundalini (*life force*) of their cultural essence (Sinclair. 2015).

What would it look like if the heavy fog of residual trauma and barriers of maladaptive coping were lifted or even lightened? From a multidisciplinary perspective of village members committed to shared dignity, it would be a necessary and awe-inspiring occurrence.

Initiative to support cooperative, sustainable wellness

Theory and comprehension of some of the complex social issues our resilient yet systemically dependent Indigenous relatives face may be helpful but ultimately not enough to produce meaningful change. Upon years of multi-cultural, multidisciplinary collaboration and commitment to systemic enrichment and necessary restructuring, ideas have been pooled to develop an initiative aimed at safe trauma recovery with cooperative opportunities for sustainable wellness.

Four Directions Cooperative Centre for Trauma Recovery Inc. is a proposed cooperative development initiative designed to assist Indigenous youth along their journey of recovery from the residual effects of adverse life events. The goal of trauma recovery is

to reduce ongoing, cyclical harm associated with grief, loss and trauma. Guided by a holistic, culturally relevant perspective of restoration, program participants are introduced to a variety of healing opportunities, aimed at creating, building and maintaining physical, emotional, mental and spiritual health. With trust that it takes a village to raise a child and support a youth transitioning to independence, the impacts of overburdened support systems that are being nationally observed makes the concept of the cooperative village urgently invaluable, if not necessary. *"At FDCCTR we serve as the meeting place for all members of the village to connect, share and support to not only restore balance within and between trauma affected individuals, but through trauma recovery, aiding in restoring the harmony between and within the systems that were designed to support our community's suffering."*(A.Rasmussen Waluk. 2015).

In utilizing the social benefits of co-operative development under a social-investment model, leaders have renewed opportunity to serve as catalysts for sustainable and accountable social betterment.

The healing centre focuses on safe recovery so the trauma affected participant may have opportunity to reset their heightened stress response to have the option to transition from a place of crisis to a place of personal development and empowerment. All program components developed and offered are mindful of the engagement and implications for the complete self (physical, emotional, mental and spiritual) simultaneously.

Throughout the six month in-house recovery process and twelve-month follow-up mentorship program, youth transitioning from CFS care will have flexible opportunity to discover and develop tools for sustainable, four directional wellness. Focus on relationships with peers, mentors, animals and the natural world are central to the programs foundation, with added opportunity to engage in various recreational and educational pursuits once that urgency to survive is lessened. Four Directions is founded on commitment to supporting trauma survivors and encouraging independence via culture, connection, healing, learning and sharing.

The vision behind the initiative is a future of multi-generational trauma recovered people, functioning with full capacity, open to the creators' gifts and teachings.

We have been a part of history surrounding cultural oppression and have witnessed the dramatic impacts of intergenerational suffering and overcoming. In striving for shared dignity, it may require looking at the social issues from a collective and united standpoint. By offering acknowledgment of pain over focusing on shame-filled coping practices, a cooperative approach to trauma recovery comes with the belief and trust that wellness is deserved and trust that it is attainable and maintainable for the young person and generations that shall follow.

A multistakeholder cooperative requires contribution of unique skills, abilities and gifts from all committed parties within the village. The community, which may be composed of community based supports or organizations, supporting individuals, socially concerned citizens, agencies, private funders makes up one of the classes of membership. The next class is composed of the workers; the individuals employed at the trauma centre either in an in-house, mentorship or outreach capacity. Lastly but

certainly not least are the program participants themselves. The three classes make up the cooperative, from which all decisions and direction are made.

Benefits of cooperative ideology in social health

Separating cooperative sustainable wellness from traditional treatment based services, is the support network created prior to program start and remaining beyond program exit. The community investment in the village is at the core of the co-op and is visible in the eclectic fabric of supporting members of the cooperative network. The vision of Four Directions is supported by representatives of health, culture, education, cooperatives, employment, housing, recreation, equine facilitated learning, art, support services, and child and family service agencies to create a robust network of support and opportunity within and beyond the meeting place of trauma recovery.

Providing healing opportunity from a cooperative model also meets the challenge of bridging the gap between the giver and receiver of social service, and by doing so, fosters greater chance for intergenerational systemic independence. By including the trauma surviving participant in the shaping of their healing journey and entrusting in their ability to share wisdom gained with those beginning recovery, empowerment becomes more likely than maintained oppression.

In applying simple helping concepts to complex social issues, cooperative trauma recovery approaches long term wellness by focusing on what we know to be effective factors of resilience. By empathizing with the attachment based trauma that youth transitioning from CFS care may be struggling with, basic emotional need fulfillment of love and belonging sets the foundation for programming. In offering connection to trauma surviving peers, healthy adults, community, skill development, animals, culture

and nature, participants have ample opportunity to reclaim fulfillment of primary attachment needs.

As highlighted in recent youth focused literature (Brokenleg. 2011), once a secure sense of love and belonging is felt, the development of identity, purpose and empowerment flow at a natural rhythm. In offering the secure base within the safety of the village, our intention is that participants may develop a sense of actualization in self-identity that may aide in the pride of the qualities that makes him unique. With a restored vision of identity, a look toward purpose may serve as motivation to preserve oneself as a sacred being and carry on ones family name with honour. If the self is valued in this way, sustainable wellness is predicted to be more of a natural driving force than crisis-driven urgency to survive. Again from a multidisciplinary perspective, it is assumed that once drive for longitudinal, cross-generational wellness is desired and realistic, the need to cope in ways that are temporary and harmful would become naturally irrelevant.

The catalyst

When considering any type of sustainable change it is helpful to understand factors of success. The trauma recovery team is composed of helpers within corrections, addictions, counselling, rehabilitation, residential care, education, foster care, recreation, and equine facilitated learning. In preliminary discussions planning for safe and sustainable recovery from trauma, the root of change was agreed on from all professionals. The agreement was based on the insight that sustainable change is motivated from within. We as helpers do not possess the choice to want change for the receivers of help more than they desire it themselves. We may plant seeds for

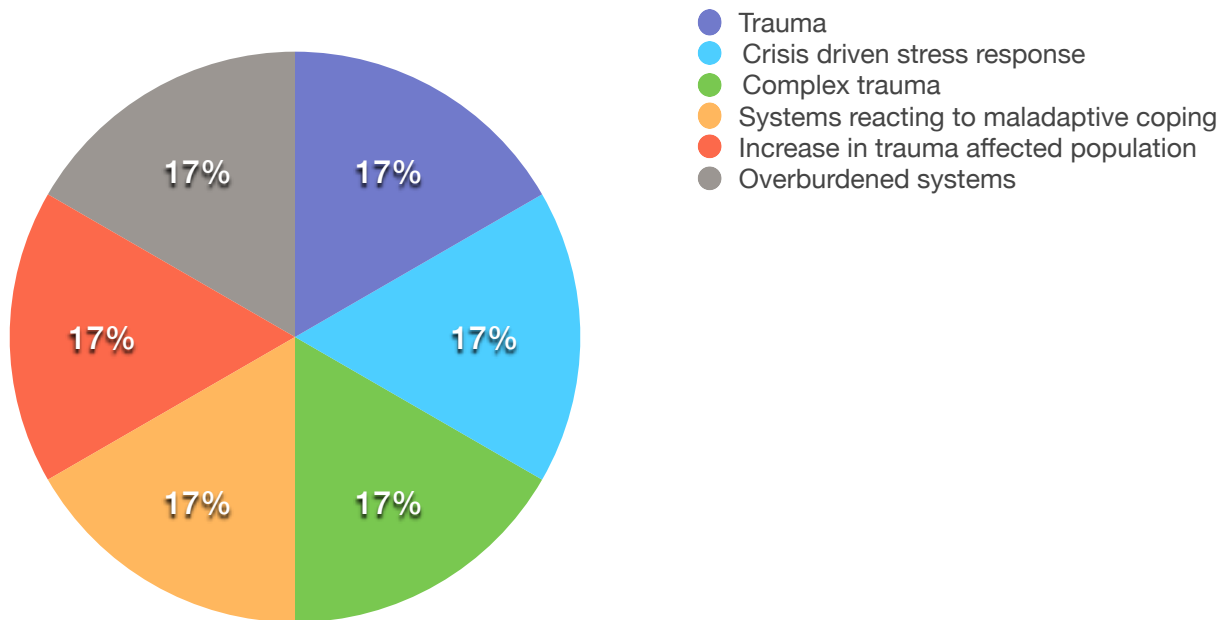
participants to consider potentials of behavioural change, yet until it is believed, felt deserved and desired by the given participant, the likelihood of successful transition to sustainable wellness is unlikely.

In returning to the health analysis of the village, it is valuable to keep this thought in mind. If we examine the realities of the overburdened social systems, contrasted with the ripple effect of sustainable systemic change if the gap between the givers and receivers of support services were bridged, we are still left with the question of the catalyst. Recall that any type of meaningful change begins within. Let us imagine the implications if village members cooperatively contributed the concept of united dignity as so eloquently put forth in recommendations following the *Truth and Reconciliation* inquiry of residential school survivors (Sinclair, 2015).

Current realities and a hopeful future

The current realities of overburdened social systems are daunting. Examination was provided about how this came to be. If we look to adults raised in the system, it becomes understandable how they may be almost forced into crisis, to immediately and effectively fulfill unmet needs. Without previous access to independence due to intergenerational systemic dependency, the risk for re entry into social systems upon reaching age of majority can be predicted to be high (Heckman et.al, 2015). The cyclical danger to this is that the individual is now re entering into a social system that is more weighted and overburdened than it was the generation prior, with not a lot of extra observed resources to support or sustain it.

Cyclical harm of trauma and overburdened systems



To summarize:

- Crisis-driven, reactive systems respond to crisis-driven, reactive individuals quickly
- At-risk youth are flooded by services
- Relationship dynamic of giver and receiver is established
- Greater dependency = diminished belief/ability to self sustain
- Creation of:
 - a) Adoption of oppressive ideology
 - b) Missed opportunity to learn or integrate adaptive functioning tools = risk for intergenerational systemic dependency

- c) Creation of overburdened social system now ADDITIONALLY required to foster re-entry of the individuals that once simultaneously sustained the system and given individual in a manageable way

From the multidisciplinary perspective of this paper, questions related to the cyclical nature in which our talented, capable and beautiful Indigenous relatives become lost are correlated to the expanding depth of hopelessness for our young people.

So our question remains, why would we as members of the village striving for shared dignity, attempt to interrupt, break, or restore wellness anywhere in the current cycle of systemic response? Our intention in creating a cooperative village of healing is to walk alongside trauma affected individuals to assist in the opportunity to walk peacefully and assertively outside the cycle of trauma, while paving a new path of cyclical growth and betterment for themselves and generations to follow.

In contrasting implications for success within overburdened systems and cooperative sustainable wellness, the urgency for utilization of the potential benefits becomes clear.

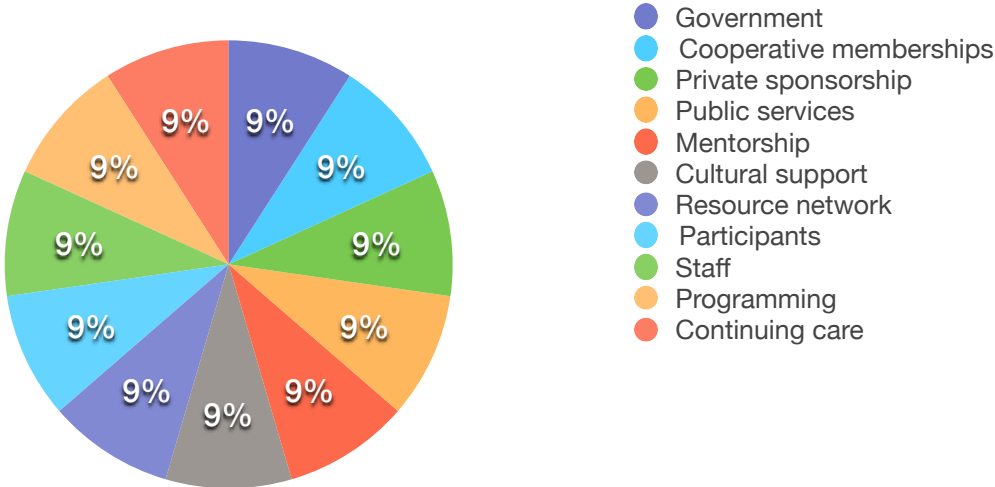
With the belief that the catalyst for functional systemic change is within united dignity, focus should be on nurturing the climate to foster the processes that would allow dignity to be equally accessible to all. Cooperative, partnership founded support is structured in a way to elicit many factors of dignity ownership. Through the honouring of each cooperative community members strength and suffering, the foundation is built for connection and hope.

The *Cooperative Centre for Trauma Recovery* is built with the intention that the cooperative structure the healing centre is built on may be shared and duplicated within any social health context. The village model of sustainable wellness includes the very structural components that contribute to wholeness of any social community. To achieve shared dignity and metabolize the benefit from a collective investment, all parts of the community are requested to responsibly contribute to receive the privilege of social wellness (Robertson, 2012).

We have collectively suffered the impacts of an imbalanced community for far too long. Within the safety of a cooperative village, each member is celebrated and embraced for his unique set of skills, gifts and abilities. Just as we would not interrupt the village carpenter by demanding he hunt, we should not disturb the child in discovering his gifts by asking him to grow in an environment that is not able to make him know he is sacred.

In order to offer grounds for shared dignity, all relatives may be required to step up, down or sideways to create opportunity for a new equilibrium where all members of the village have the right, responsibility and privilege to gift their unique and collective talents while being celebrated and belonged especially for their contribution.

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References

Bopp, J. (1989). *The Sacred Tree: Reflections on Native American Spirituality*. Lotus Press.

Burnside, L. (2012, March 12) *Youth in Care with Complex Needs*. Special Report for the Children's Advocate; Children's Advocate, Wpg Mb 2012. Retrieved from <http://children'sadvocate.mb.ca/Wp-content/uploads/Youth-with-Complex-Needs-Report-final.pdf>

Dobbs, D. (2011) Beautiful Brains. Retrieved from <http://ngm.nationalgeographic.com/2011/10/teenage-brains/dobbs-text>

Heckman, Mosso (2014, May 20) *The Economics of Human Development and Social Mobility*. Cambridge MA NEBER Working Papers, National Bureau of Economic Research.

Hildebrandt, K. (2015, June 19) *Half of First Nation Kids live in Poverty*. Retrieved from <http://www.cbc.ca/news/canada/half-of-first-nations-children-live-in-poverty-1.1324232>

Kaultz, Heckman, Diris, Weel, Borghans (2012, Feb 10) *Fostering and Measuring Skills: Improving Cognitive and Non-Cognitive Skills to Promote Lifetime Success. Better Policies for Better Lives*; Cambridge MA NEBER Working Papers, National Bureau of Economic Research.

Neepinak, D. (2015, Jan. 27) *The Assembly of Manitoba Chiefs reaffirms "Bringing our Children Home" in response to the AMR report "Options for Actions"*. www.manitobachiefs.com

Patrick, C. (2014) *Aboriginal Homelessness in Canada: A Literature Review*. Toronto: Canadian Homeless Research Press.

Puxley, C. (2015, April 14) *Manitoba kids in care stay in jail longer due to a lack of foster spots: watchdog*. Retrieved from www.cbc.ca/m/news/Canada/manitoba/manitoba-kids-in-care-stay-in-jail-longer-due-to-lack-of-foster-spots-watchdog-1.3032484

Quinn, A. (2007; vol. 3, number 4) *Reflections on Intergenerational Trauma: Healing as a Critical Intervention*. http://www.fncaringociety.com/sites/default/files/online-journal/vol3num4/Quinn_pp72.pdf

Robertson S. (2012, March 12) Valuing Change Managed by Social Impact Bonds. SiMPACT Strategy Group. Retrieved from <http://www.simpactstrategies.com/LiteratureRetrieve.aspx?ID=133284>

Sinclair, M. (2015, May 29) *Residential School Findings Point to Cultural Genocide*. Retrieved from <http://www.cbc.ca/news/politics/residential-schools-findings-point-to-cultural-genocide-commission-chair-says-1.3093580>

Statistics Canada. (2015) *Aboriginal peoples; Population by Province*. Statistics Canada Catalogue number 76-221. Retrieved from <http://www5.statcan.gc.ca/subject-sujet/theme-theme.action?pid=10000&lang=eng&more=0>

VanderKolk, B. (2014, Sept 25) *The Body keeps the Score: Brain, Mind, Body in the a Healing of Trauma*. Retrieved from <http://www.trauma-pages.com/a/vanderk4.php>

Wesley-Esquinimax & Smolewski (2004) *Historical Trauma and Aboriginal Healing*. The Aboriginal Healing Foundation; Annishanabe Printers.