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Prairie Research Centre

Final Paper

An Exploration of Addictions Recovery among Aboriginal Peoples who utilize the Friendship Centre in Saskatoon: A Holistic Approach to Healing

UAKN Prairie Regional Research Centre

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Social Sciences and Humanities
Research Council of Canada

Conseil de recherches en
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Abstract:

Addictions recovery is a major issue concerning governance in Aboriginal communities, Saskatchewan, and Canada at large. Aboriginal Friendship Centres have identified priority areas for improving access to addictions recovery programs and assistance. This report addresses the following priority areas identified by the Aboriginal Friendship Centre and the urban Aboriginal community of Saskatoon in regards to addictions recovery: impoverishment, food shortages, homelessness, and the problem of growing Aboriginal incarceration rates. This study is qualitative in nature and highlights the factors critical to a developing addictions recovery interpretation through the stories of Aboriginal clients who use the services of the Friendship Centre.

Literature Review/Conceptual Framework/How Research is Community-Driven:

Recovering from addictions is a challenging undertaking. Various studies have shown that many of the addictions treatment programmes available are not very effective, not very successful, and not very productive at creating or maintaining addictions recovery. For example, some four decades ago, Brecher noted that, after undergoing treatment for addictions, “almost all [addicts] become re-addicted and re-imprisoned ... [and that] ... for most the process is repeated over and over again” (1972, 71). Added to the fact that treatment programs have limited success, is information showing a correlation between addictions and incarceration. This point is important because a common experience for many participants in this study was that they have been incarcerated at some point in their lives. In 2012, Statistics Canada reported that Aboriginals are overrepresented in society’s prisons and jails: “In 2010/2011, 27 percent of adults in provincial and territorial custody and 20 percent of those in federal custody involved Aboriginal people, about seven to eight times higher than the proportion of Aboriginal people (3%) in the adult population as a whole” (cited in Dauvergne 2012, 11). These kinds of numbers truly demonstrate how the criminal justice system deals with Aboriginal offenders. The Commission on First Nations and Métis People (CFNMP 2004, 9–38) notes that “Aboriginal accused are more likely to be charged with multiple offences ... more than twice as likely to be denied bail ... Aboriginal people often plead guilty because they feel intimidated by court proceedings and want them over with.” Today, Aboriginal overrepresentation in custody is so extensive, and Aboriginal underrepresentation as employees in the criminal justice system is so deeply entrenched, that it seriously marginalizes Aboriginal people communities in Canada. As Patricia Monture, a prominent Aboriginal law scholar notes that there are ongoing colonial activities such as incarcerating Aboriginal offenders for profit. She writes:

Aboriginal offenders are the commodities on which Canada’s justice system relies. If all Aboriginal offenders were released from custody tomorrow, prisons would be empty and forced to close. Justice personnel from parole officers to correctional workers to police officers would be laid off. The grave majority of any such fantasized layoffs would not affect employment in the Aboriginal community. As dramatic as the figures of over-representation of Aboriginal people in the criminal justice system as clients, the under-representation of Aboriginal people as employees within any component of the justice system is equally notable (1995, 1).

The prison plays an important role in sustaining the ongoing colonization of Aboriginal peoples, who are subject often to political discourse and “tough on crime” rhetoric together are driving Aboriginals into prisons in increasing rates. The Commission on First Nations and Métis People [CFNMP] Commission has shown that “Canada is a world leader in incarcerating 118 per 100,000 general population” (CFMNP 2004, 9–41). However, the CFNMP has also shown that documented “empirical evidence in the U.S., Canada, and Europe over the last thirty years shows longer sentences do not reduce recidivism” and “longer sentences may increase recidivism” (9–41).

However, we would have to see that those suffering from chemical addictions need more help and healing than they do punishment. The current work of academics and researchers is demonstrating that the most basic need had by many offenders is the need to recover from addictions. For example, Dauvergne documents that “adults who entered custody in 2010/2011 typically had four of the six rehabilitative needs. The most common need was in the area of substance abuse, scored by 9 in 10 adults (92%) admitted to custody” (2012, 12).

Given the relationship between addictions and incarceration, we recognize that reducing Aboriginal addictions is extremely important in sustaining a healthy and flourishing Canadian society for a few different reasons. First, Aboriginal peoples are the fastest growing population in the Prairie Provinces, and will play a key role in countless societal developments in Canada’s future. Aboriginal peoples and communities need to be healthy in order to make positive contributions to Aboriginal society and society at large. However, in order to do this, we should observe the structures and processes that promote community development. The Commission on First Nations and Metis People (2004) observe:

Community promotion means problem solving and identifying community strengths and weaknesses. The focus is on successes. It includes traditional First Nations and Metis justice by stressing First Nations and Metis values and customs. It builds relationships between community and the criminal justice system ... As the delivery of government services shifts to communities, so too must the resources needed to carry out the responsibilities. This does not always occur. “Offloading” is the term used to describe transfer of responsibility without transfer of resources (CFNMP 2004, 1: 2–4).

This research is “community-driven” in the sense that the project idea stemmed from the interests and values expressed by employees at the urban Aboriginal Friendship Centres of Saskatchewan, who have spent years working with clients to help them with a wide range of needs. The urban community partners in the study requested Nicole Callihoo, an Aboriginal graduate student at the University of Saskatchewan with extensive experience working with the Friendship Centre movement, be involved in the study, demonstrating that the community had a say in its development. Appropriately, it was Nicole who interviewed the participants and transcribed the collected data. In doing so, she observed the details and the context of what participants said.

Explaining Addictions Recovery

Addictions recovery is a complex process made up of a conscious choice to be sober and/or clean, an active support system, and a sense of belonging to a community. Sobriety is perhaps the best-known indicator of addictions recovery; however, we would have to say that harm reduction is also an important step in moving towards addictions recovery. For example, if someone is drinking heavily and then decreases their drinking, it is a step towards recovery; that person is, in other words, exercising harm reduction. According to the International Harm Reduction Association (IHRA), the theory of harm reduction refers to the “policies, programmes and practices that aim primarily to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing drug consumption” (2010, 1). The harm reduction concept holds that the addictions recovery process has other options than abstinence. The IHRA maintains that “small gains for many people have more benefit for a community than heroic gains achieved for a select few. People are much more likely to take multiple tiny steps rather than one or two huge steps” (2010, 2). Healing from addictions usually does not occur instantly; instead, many people tend to relapse. Understood this way, harm reduction is a good thing.

Aboriginal people in Canada have a unique history, in that no other group in Canada has been subjected to residential schools in an attempt to destroy their culture and to force assimilation. Today, however, researchers from a variety of disciplines are particularly interested in creating and establishing culturally appropriate programs to provide possible solutions for addictions recovery and healing Aboriginal communities. Chansonneuve, for example, notes that Aboriginal “communities in all parts of Canada have created a revolutionary approach to healing that is grounded in their cultural teachings” (2007, 73), and maintains that:

The origins of alcohol abuse can be found in early Canadian history with the introduction of liquor by European fur traders in the early seventeenth century. Prior to this, drunkenness and violence were virtually unknown to Aboriginal people ... As well as introducing alcohol, trading practices had a dramatic impact on traditional diet: healthy, natural foods readily available through hunting, gathering, and agriculture were gradually replaced with convenience foods (7).

Aboriginal people were generally healthier prior to colonialism, as Chansonneuve clearly indicates, and colonialism functions to marginalize Aboriginal populations, Hansen (2012, 1) concurs that a Western state-sanctioned “retributive justice system ... has been used to colonize and marginalize Indigenous peoples.”

According to Wotherspoon and Hansen, Aboriginal people are also socially excluded in Canadian society: “there is extensive evidence of how discourses of colonialism, racism, and social exclusion have been exhibited by the police, courts, and others in the process of interpreting Indigeneity in accordance with racial constructs” (2013, 30). Studies have shown that being socially excluded is an emotionally painful experience and, ultimately, hazardous to health. As Downey and Feldman (1996, 1327) assert, “[t]he desire to achieve acceptance and to avoid rejection is widely acknowledged to be a central human motive.” Research pertaining to the expectation of prejudice, by Mendoza-Denton et al (2002), concluded that experiences of social exclusion may lead people to expect, nervously, that

they will be treated negatively in new situations where the possibility of discrimination exists.

Reactions to exclusion and rejection have been found to include hostility, emotional withdrawal, and depression and jealousy (Downey and Feldman 1996). Medical research has shown, through the use of functional magnetic resonance imaging (fMRI), that social rejection triggers the activation of brain regions comparable to those triggered by physical pain (Eisenberger et al. 2003). Not only is a socially exclusive society creating depressed, angry, disconnected individuals who are mentally and physically hurting, but the harmful effects of social exclusion and rejection continue to echo long after each instance; and they accumulate. (Baldwin 2005) During the course of our research, many participants provided their lived experience of racism and marginalization with stories about issues of justice, poverty, and homelessness. Similarly, Kitchen et al. argue that when human beings lack a sense of belonging to a community, their health deteriorates.

Sense of community belonging is a concept related to levels of social attachment among individuals and is indicative of social engagement and participation within communities. Social isolation can adversely affect health while social engagement and attachment can lead to positive health outcomes and significantly reduce mortality risk (2012, 104). Although Aboriginal people experience social exclusion, racism, and discrimination there are social advocates who have produced favourable accounts of Aboriginal healing strategies that are culturally appropriate, such as Aboriginal cultural practices, healing circles, sharing circles, and traditional teachings. Aboriginal healing strategies tend to emphasize culturally appropriate programming in the addictions recovery process (Tempier et al. 2011; Hansen, Booker, and Charlton 2014). In terms of Aboriginal accounts of healing from addictions, a theme that emerged from the participants responses in our study indicate, cultural teachings are a major factor in the development of addictions recovery.

Research Question/Objectives:

- What are the most important factors that lead to addictions recovery from the perspective of Aboriginal people who utilize the Friendship Centre?
- What do Aboriginal clients who utilize the Friendship Centre identify as factors that lead to addictions recovery?
- What do Aboriginal people who utilize the Friendship Centre perceive as barriers to healing from addictions?
- What do Aboriginal clients who utilize the Friendship Centre perceive that needs to be done to promote addictions recovery?
- Provide recommendations that will assist in the development of policy concerning urban Aboriginal issues.

Methodology:

The research methodology in this study utilized qualitative methods and, more specifically, open-ended interviewing, case study, and narrative. The eleven participants were Aboriginal clients who utilize the Friendship Centre in Saskatoon, and they were interviewed to understand “how” the urban Aboriginal community understands addictions recovery. The methods of case study, personal experience, interviews, and introspection have been put into practice with this study. The participants were recruited through postings at various

community-based agencies. The posting sought First Nations, Métis, or Inuit people residing in Saskatoon who had experienced or were currently experiencing addictions issues. As this research is related to Friendship Centres, each participant also had to have knowledge of Friendship Centres, and either be current or past clients or have participated in the programming at Friendship Centres in general. Nicole Callihoo conducted in-depth interviews with 11 participants who identified themselves as Aboriginal.

The interviews with the participants provided the data for analysis. All interviews were transcribed by Callihoo, and we were able to observe the details and the context of the participant's life experiences and perceptions. The process of transcribing the interviews has assisted in the development of understanding for the topic. Wood and Kroger for example, share this assessment: they argue that transcribing "is both part of and necessary for analysis" (2000, 87). We read and examined the interviews again carefully before we began the cross-case analysis. From that point, we identified broad categories that we developed into themes. The following were some of the themes we observed as significant to the addictions recovery process:

- Aboriginal Friendship Centres are seen as a place for community and have the ability to assist in addictions recovery;
- Children and family are factors in decisions by individuals to enter recovery and begin a sober lifestyle;
- Spirituality and ceremonies are seen as important factors in individual recovery process;
- Traditional Healing circles should be offered at Friendship Centres as an effort to increase recovery and healing in our community;
- Connection to a community is an important factor in going to a Friendship Centre;
- Access to cultural programs and counselling are gaps in programming at the Friendship Centre in Saskatoon;
- Meals and food programs are seen as an important program to the community;
- Alcoholics Anonymous meetings do assist in the recovery process.

The data analysis was developed by examining the interviews, which were then reviewed to identify themes that corresponded to addictions recovery. As this process developed, the theme emerged that social inclusion at the Aboriginal Friendship Centre was important for participants. Creswell (1998) has suggested that, when several case studies are used, a description of each case, termed "within-case analysis," should be put forth. After our within-case analysis was finished, we carried out a cross-case analysis to manage emerging themes in the data. This qualitative research produced what Denzin calls a "rich, thick description" (1989, 83) from each participant, and themes, as Creswell (1998, 63) suggested, were identified. Identified themes were organized around healing mechanisms identified by participants, such as: traditional teachings, the sense of belonging to a community, spirituality, and ceremonies.

Data also produced thematic contributing factors to addictions, such as the death or loss of family members, stress, addicted friends, incarceration, residential schools, history of addictions with family members, childhood trauma, and so on, as identified by the

participants. The analysis of the data became feasible by carefully discussing the information garnered from the interviews, the field notes, and the transcripts with the participants. For the most part, the participants expressed the feeling that addictions recovery is a community responsibility that takes a holistic approach to addictions recovery. It is holistic terms of its emotional, physical, mental, and spiritual approach. For the most part, participants described addictions recovery as being based in a model of healing, rather than punishment, and identified healing factors as practices that promoted healing in the urban Aboriginal community at large. The thematic addictions recovery factors identified by the participants are having children and family, counselling, traditional teachings, sweat lodge ceremonies, spirituality, and community inclusion. Participants expressed that the Aboriginal Friendship Centre was beneficial to them socially, culturally, and personally. However, in addition to identifying addictions recovery factors, participants also identified factors that lead them to relapses.

Results/Findings:

The thematic factors that led them to relapse were: stresses, specifically the death of a loved one; incarcerations; a breakup with a spouse and associating with chemically addicted friends. Since they were Indian residential school survivors and their descendants, participants exhibited residual effects of residential schooling, such as the loss of traditional teachings, ceremonies, and a language, as the schools attempted to assimilate them while erasing their culture. The participant interviews have provided us with a summary of healing factors as well as healing obstruction factors, out of which an addictions recovery ideology emerged. As the participants identified the important role in providing social support played by Aboriginal Friendship Centres, we see how addictions recovery ideas and practices have become enmeshed with cultural teachings and community inclusion.

Looking at the Data

For the most part, the participants expressed that addictions recovery is a significant challenge and that having a sense of family and community is significant to the recovery process. Through their experience, Aboriginal Friendship Centre supports families and provides a sense of recovery. Healing factors are the practices identified by participants that promote healing from addictions. The thematic healing factors most mentioned by the participants are: having children; family support; counselling; a sense of belonging to a community, such as an Aboriginal Friendship Centre; traditional teachings; sweat lodge ceremonies; spirituality; and Alcoholics Anonymous. In the following interview excerpt, the participant is describing the programs and services offered at the Friendship Centre that he found useful to his recovery:

“I like the dances and the cultural gatherings, you know, the round dances and the little gatherings they have there every now, and then that I like and the culture is awesome, you know, it makes people proud when you hear that drum, get that feeling in your chest, yeah, instilling the pride, that’s what’s gotta happen, it’s gonna happen” (quote from C-11).

In contrast, participants identified the factors of relapse or obstructions to recovery as being the death of family member or loss of a close friend, incarceration (jails), the residual effects of the residential schools, friends that drink, and stress.

The following are excerpts from two separate interviews with participants where they are describing their relapse triggers with their addiction:

“Me, yeah, I didn’t, I just kept going and, plus with my mother dying and that really pushed me over the edge, I just gave up on everything after that I guess, I don’t know, some people grieve some way and some people grieve the other way. Me, my grief is in the bottle” (quote from C-14).

“Yeah, many things (made me relapse), broke up with my girlfriend and I moved away from her and my daughter, and that made me relapse. What else, I have had seventeen friends die of methadone, morphine, and heroin overdoses, and that would make me relapse too” (quote from C-13).

Participants emphasised the importance of the Aboriginal Friendship Centre, illustrating the need for Friendship Centres by the Aboriginal community. The addictions recovery aspects included dissociating with friends that engage in drinking and drug use. The phenomena of having children in the participants’ accounts allowed for personal reflection (introspection), which enabled a conscious choice to be sober and for addictions recovery healing to occur. The responsibilities of traditional ways of parenting become enmeshed within family and community. In the participants’ interviews, everything was interconnected with community and had a strong spiritual component, which, taken together, serves to make healing from addictions a restorative justice or a holistic matter.

The following is an excerpt from an interview with a participant; at this point in the interview, the participant is describing how the Saskatoon Friendship Centre assists in her recovery:

“Having the counsellors available being able to talk with the resource people there and the unity like, coming together of our people, I found that there is a lot of separation and jealousy among our community members where they ... everybody used to visit with one another and everybody used to support one another, we all worked together, and now it seems that everybody is just on their own or out for themselves and the whole Friendship Centre brings that together, where it’s like bringing the people together again” (quote from C-15).

Identifying the Themes

The thematic healing factors identified by the participants were reconciliation of relationships, a sense of belonging to a community, and Alcoholics Anonymous. Although Alcoholics Anonymous does not come from traditional Aboriginal culture, the participants acknowledge it as helpful to their recovery; perhaps it offers a space where they can feel a sense of community and belonging that make it valuable to them. The thematic healing obstruction factors listed in the table above were family history of addictions, alcoholism, and a history of attending residential schools. Each participant expressed the belief that healing is connected to the community. Healing from addictions apparently involves the reconciliation of relationships that were severed through chemically dependent living. The significant healing obstructions arose from the emotional trauma of family history of dysfunction and alcoholism.

The intergenerational effects of residential schooling, and their contribution to addiction, were expressed by many participants who had either attended residential schools or were descendants of school survivors. Their inability to develop healthy and lasting relationships, and their histories of family breakdown, are acknowledged as being directly related to residential schools (Jaine 1993; CFNMP 2004). This emotional dearth is largely related to traumatic early childhood experiences on the parts of the respondents, and help to explain participants' development of addictions.

Other

Other significant thematic obstructions identified in the emotional realm were growing up in homes where drinking was considered normal. Participants' testimonies reveal that being raised in homes with alcoholic parents and/or family members was a common theme, and they spoke of being raised in alcoholic homes, where drinking seemed like a normal way of living. Thus, alcoholism within the home played an important role in the development of chemical addictions for participants within this study. It helped shape the foundation of developing addictions.

From the data, we can see how Aboriginal Friendship Centres in general manifest themselves in assisting addicts with recovery by providing a community, social and emotional support, and helping people feel connected to one another. Chemically addicted people often develop a physical dependence on a drug to fill an emotional emptiness, which tells us that recovering addicts need to feel that they belong to a community. This qualitative study identified some important factors for addictions recovery, and recognized the role that the Aboriginal Friendship Centre played in addictions recovery. Therefore, as far as this study is concerned, recovery from alcohol and drug addiction is certainly possible. The participants who utilize the Friendship Centre in this study enhance our knowledge of the challenges they encounter.

The participants were asked to identify gaps in services as they pertain to recovery from addictions, and were asked if any programs should be offered at the Friendship Centre. Many of the respondents stated that cultural, spiritual, or traditional programs are necessary, and need to be offered at the Friendship Centre to assist in recovery. Other participants mentioned long-term treatment, addictions counselling, family counselling, and increased access to AA and hostel services. Clearly, Friendship Centres can do more to assist in the recovery process of its clients by offering additional cultural services and access to ceremony.

Discussion, Knowledge Mobilization Activities, Recommendations:

The urban Aboriginal participants in this study demonstrate that the Friendship Centre in Saskatoon is a utilized and much-needed organization that assists the urban community in many aspects of their daily lives. The addictions recovery aspects include dissociating with those friends that engage in drinking and drug use. The phenomenon of having children has been a major factor in the development participant's conscious choice to be sober, out of which sobriety emerged. This conscious choice towards addictions recovery inspired by having children, increased participants determination to heal from addictions. Another predictor of success is when addicts have something else in their lives to focus on besides

addictions, such as having children. The responsibilities of parenting give them something to focus on, which relates with the need for family and community. Belonging to a community helps to inspire addictions recovery via, having a community support system and sense of social inclusion, which may help reduce addictions relapse during stressful life changing events.

This study found that participants indicate spending time with other recovering addicts at the Aboriginal Friendship Centre made addictions recovery more likely. A strong spiritual or cultural component such as sweat lodge ceremonies, which taken together indicates that healing from addictions is enmeshed with culture. However, in order for addicts emotionally to maintain their recovery, having children is not sufficient in itself. There has to be a wide range of social, physical, emotional and spiritual activities and the more holistically developed they are—for example, involved in activities like parenting, education and training, volunteering, cultural activities, and being employed—the more likely they are to be self-fulfilled and therefore more likely to succeed in developing and maintaining sobriety.

Acknowledgement

We would like to thank the Urban Aboriginal Knowledge Network/Prairie Research Centre for funding this project, SSHRC (Internal research grant). The project entitled “An Exploration of Addictions Recovery among Aboriginal Peoples who utilize the Friendship Centre in Saskatoon: A Holistic Approach to Healing”

Recommendations, Mobilization Activities:

This research was presented at the Quality of Life: Towards Sustainable Community Futures Conference on May 15-16, 2014 by John Hansen, Nicole Callihoo, and Gwen Bear. In addition the research has been published in *Aboriginal Policy Studies*, a peer reviewed journal.

Hansen J. G. & Callihoo, N. (2014). How the Urban Aboriginal Community Members and Clients of the Friendship Centre in Saskatoon Understand Addictions Recovery. *Aboriginal Policy Studies*. Volume 3, No1-2, 2014. pp. 88-111.

Furthermore the research is also accepted as a book chapter in; Hansen, J.G. (2014) *Exploring Indigenous Social Justice* (Edited book) J. Charlton Publishing Ltd: Vernon, B.C, Canada. 352 pages. This book will also be used for teaching Soc 319.3 Aboriginal Peoples in Urban Areas at the University of Saskatchewan.

Recommendations:

This study recommends that local, regional, and national governments increase support for urban services utilized by the Aboriginal community. More specifically, Friendship Centres require access to resources to increase their ability to provide these essential services, like cultural and traditional programming.

This study recommends establishing an addictions counsellor devoted to urban Aboriginal health issues; the community would benefit from addictions counsellors at Friendship Centres. Without these supports from government, Friendship Centres are not able to assist the community in healing and recovery.

This study recommends that national and provincial governments revise the funding process for addictions interventions in consultation with Aboriginal communities and increase core-funding measures to programs that are proven successful.

Bibliography

- Aboriginal Justice Inquiry of Manitoba. 1999. *Volume 1: The Justice System and Aboriginal People*. Winnipeg: Queens Printer.
- Baldwin, M.W., ed. 2005. *Interpersonal Cognition*. New York: The Guilford Press.
- Brecher, E.M. 1972. *Licit and Illicit Drugs*. Boston: Little & Brown.
- CBC National News. 2012. "Record-high Prison Numbers Sparking Violence." Accessed 18 September 2012. <http://www.cbc.ca/news/politics/story/2012/08/27/prison-numbers-crowding.html>.
- Chansonneuve, D. 2007. *Addictive Behaviours among Aboriginal People in Canada*. Ottawa, ON: Aboriginal Healing Foundation.
- Charlton, J. E. and J. G. Hansen 2013. "Poona yetum: Shatter Justice Barriers through Forgiving." *The Quint: An Interdisciplinary Quarterly from the North* 5 (4): 7–20.
- Comack, E. 2012. *Racialized Policing: Aboriginal People's Encounters with the Police*. Halifax: Fernwood Publishing.
- Commission on First Nations and Métis People and Justice Reform (CFNMP). 2004. *Legacy of Hope: An Agenda for Change. Final Report from the Commission on First Nations and Métis People and Justice Reform*. 2 vols. Accessed 17 March 2014. www.justicereformcomm.sk.ca.
- Creswell, J.W. 1998. *Qualitative Inquiry and Research Design: Choosing among Five Traditions*. Thousand Oaks: Sage.
- Cuthand, D. 2005. *Tapwe: Selected Columns of Doug Cuthand*. Penticton, BC: Theytus Books.
- Dauvergne, M. 2012. Adult correctional statistics in Canada, 2010/2011. Canadian Centre for Justice Statistics Component of Statistics Accessed 30 July 2013. <http://www.statcan.gc.ca/pub/85-002-x/2012001/article/11715-eng.pdf>.
- Denzen, N.K. 1989. *Interpretive Interactionism*. Newbury Park: Sage.
- Downey, G., and S.I. Feldman. 1996. "Implications of Rejection Sensitivity for Intimate Relationships." *Journal of Personality and Social Psychology* 70 (6): 1327–43. <http://dx.doi.org/10.1037//0022-3514.70.6.1327>.
- Eisenberger, N., M. Lieberman, and K. Williams. 2003. "Does Rejection Hurt? An FMRI Study of Social Exclusion." *Science* 61: 459–70. <http://dx.doi.org/10.1126/science.1089134>.
- Foucault, M. 1975. *Discipline and Punish*. New York: Random House.
- Friesen, J. W. 2000. *Aboriginal Spirituality & Biblical Theology: Closer Than You Think*. Calgary: Detselig.
- Hansen, J.G. 2012. "Countering Imperial Justice: The Implications of a Cree response to Crime." *Indigenous Policy Journal: Journal of the Indigenous Studies Network (ISN)* 23 (1): 1–16.
- . 2013. *Swampy Cree Justice: Researching the Ways of the People*. 2nd ed. Vernon, BC: J. Charlton Publishing.
- Hansen, J.G., T. A. Booker, and J. E. Charlton. 2014. *Walking With Indigenous Philosophy: Justice and Addictions Recovery*. 2nd ed. Vernon, BC: J. Charlton Publishing.
- Hansen J. G. & Calihoo, N. (2014). How the Urban Aboriginal Community Members and Clients of the Friendship Centre in Saskatoon Understand Addictions Recovery. *Aboriginal Policy Studies*. Volume 3, No1-2, 2014. pp. 88-111. University of Alberta. <http://ejournals.library.ualberta.ca/index.php/aps/article/view/21702>

- International Harm Reduction Association (IHRA). 2010. "What Is Harm Reduction? A Position Statement from the International Harm Reduction Association." Accessed 17 March 2014. http://www.ihra.net/files/2010/05/31/IHRA_HRStatement.pdf.
- Jackson, M. 1992. "In Search of the Pathways to Justice: Alternative Dispute Resolution in Aboriginal Communities." Special issue of *University of British Columbia Law Review*, 147: 147–238.
- Jaine, L. 1993. *Residential Schools: The Stolen Years*. Saskatoon: University of Saskatchewan Extension Press.
- Marshall, C. 2006. "Prison, Prisoners and the Bible." *Restorative Directions Journal* (2) 1: 118–31.
- Mendoza-Denton, R., G. Downey, V.J. Purdie, and J. Pietrzak. 2002. "Sensitivity to Status-based Rejection: Implications for African American Students' College Experience." *Journal of Personality and Social Psychology* 83 (4): 896–918.
- Razack, S. 2002. "When Place Becomes Race." In *Race, Place and the Law—Unmapping a White Settler Society*, ed. S. Razack, 1–21. Toronto: Between the Lines.
- Royal Commission on Aboriginal Peoples (RCAP). 1996. *Looking Forward, Looking Back*. Vol. 1 of *Report of the Royal Commission on Aboriginal People*. Ottawa: Canada Communications Group Publishing.
- Statistics Canada. 2012. Special Tabulation, Based on 2006 Census of Population.
- Sudbury, J. 2002. "Celling Black Bodies: Black Women in the Global Prison Industrial Complex." Special issue, *Feminist Review* 70: 57–74. <http://dx.doi.org/10.1057/palgrave/fr/9400006>.
- Tempier, A., C.A. Dell, E. Papequash, R. Duncan, and R. Tempier. 2011. "Awakening: 'Spontaneous Recovery' from Substance Abuse among Aboriginal Peoples in Canada." *The International Indigenous Policy Journal* 2 (1). <http://ir.lib.uwo.ca/iipj/vol2/iss1/7>.
- Wood, L.A., and R. O. Kroger. 2000. *Doing Discourse Analysis: Methods for Studying Action in Talk and Text*. Thousand Oaks: Sage.
- Wotherspoon, T., and J. G. Hansen. 2013. "The "Idle No More" Movement: Paradoxes of First Nations Inclusion in the Canadian Context." *Social Inclusion* 1 (1): 21–36.