



Bekaadendang: A Principles-Focused Evaluation  
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Native Child and Family Services of Toronto acknowledges the women who honoured us with their participation in this program evaluation. They embody what it means to live by the Seven Grandfather Teachings, demonstrating truth, honesty, wisdom, respect, humility, bravery, and love in sharing their stories.

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## Executive Summary

### Introduction

In this program evaluation report, I explore the efficacy and implementation of the five guiding principles of Bekaadendang “Being Peaceful,” a suite of services facilitated by our Anti-Human Trafficking Team, and a pivotal component of the Holistic Prevention Services department at NCFST. The guiding principles—trauma-informed care, cultural safety, 4-quadrant medicine wheel approach, harm reduction, and after-care peer support—are the foundation of Bekaadendang's mission to support at-risk individuals and survivors of human trafficking. This evaluation is of paramount importance given the profound impact of human trafficking on these communities and aims to ensure that Bekaadendang's principles are not only understood by staff but also experienced by community members in a purposeful and meaningful manner.

The issues at the heart of this evaluation are deeply entrenched in the historical and contemporary challenges faced by Indigenous communities, with a particular emphasis on Indigenous women and 2SLGBTQQIA+ individuals. Well-documented reports like the National Inquiry into Missing and Murdered Indigenous Women and Girls (MMIWG) have cast a glaring light on the disproportionately high rates of violence, exploitation, and trafficking experienced by these communities. The MMIWG report underlines the pressing need for holistic, culturally informed interventions like Bekaadendang. Furthermore, the research efforts of scholars, both Indigenous and non-Indigenous, shed light on the persistent systemic issues that make Indigenous individuals more vulnerable to trafficking and exploitation. Recognizing this broader context is crucial to truly grasp the importance of evaluating the guiding principles that underpin Bekaadendang's service model.

### Evaluation Design and Methodology

In this evaluation, I adopt a principles-focused approach, to provide a comprehensive analysis of these fundamental principles. A principles-focused evaluation is a rigorous examination of how well a program adheres to its guiding principles and to what extent these principles are effective in achieving the intended outcomes. Leaning heavily on qualitative analysis, I employ thematic coding through the use of MAXQDA qualitative analysis software to derive themes and trends that speak to the guiding principles within the data. The analysis strategy was rooted in the meticulous organization of data collected during interviews, with a modified version of Patton's (2018) GUIDE Framework serving as the basis for evaluating the effectiveness of the principles. The core research questions revolved around understanding how these principles are put into practice by the staff team, and the extent to which community members experience these principles. In every stage of this program evaluation, I wanted to ensure that I was thinking about the guiding principles and making decisions throughout the process with intention, ensuring that I was mitigating the power dynamic inherent within a research-participant dynamic, especially as it relates to research with Indigenous peoples, but also to ensure

that I was creating as safe of a space as possible for participants to tell their stories, without fear of judgment or pressure to share more than what they felt comfortable.

## Findings

Through my analysis, I uncover the deep interconnectedness and holistic nature of Bekaadendang's guiding principles, highlighting how they are deeply embedded not only in the staff's work but also in the life experiences of community members. The guiding principles are not isolated concepts but a harmonious framework, with each principle complementing the others. This holistic approach underlies Bekaadendang's service model and positively influences both staff and community members. Staff testimonials vividly depict a community of support, mentorship, and a strong sense of family within the program, underscoring the positive impacts of these principles. Community members, in their own accounts, attribute their newfound stability, confidence, and healing to Bekaadendang. These experiences are a testament to the practical and meaningful application of the guiding principles, as they are not just abstract ideals; they actively shape experiences and practices within Bekaadendang. The principles-focused evaluation affirms the positive impact of these principles and emphasizes their need for continued deliberate and intentional application within the program.

## Recommendations

To ensure the guiding principles are not merely practiced but celebrated, I provide recommendations on being more deliberate in the articulation of these principles, and uniquely tailoring them to Bekaadendang's service model. They should elucidate how these principles should be applied by the Anti-Human Trafficking team in a way that's deeply intertwined with their specific mission and values, as well as seamlessly integrated into staff training materials, onboarding, and orientation processes. Moreover, supervisors should play an active role in fostering a culture of ongoing discussions about these principles, emphasizing their profound significance within team meetings, staff get-togethers, and during supervision. I perceive these principles as a living framework, always open to fresh research and enriched by Indigenous perspectives from established experts, and the team should therefore ensure that they remain current in their service model by periodically updating their materials to reflect innovations in the literature about the guiding principles.

## Future Directions

This evaluation not only serves as a tool for elevating Bekaadendang but also offers insights into strategic program development. The meta-principles of prevention, education, intervention, and healing, observed in Bekaadendang, provide a foundational philosophy guiding the approach of holistic support services at NCFST. Future programs with aligned objectives should consider developing a distinct set of principles using the GUIDE framework to foster clarity, assess performance, and better serve the communities they support.

This principles-focused evaluation reaffirms the immense value of Bekaadendang's guiding principles of trauma-informed care, cultural safety, 4-quadrant medicine wheel approach, harm reduction, and after-care peer support. It underscores the potential for more deliberate and intentional application, offering a blueprint for other holistic support services to follow both internally and externally. Research and community reports emphasize the urgency and importance of such initiatives in addressing the complex challenges faced by Indigenous communities, particularly women and 2SLGBTQQIA+ individuals.

Not only is it clear that Bekaadendang has made a great impact on staff and community alike, it has also made a great impact on myself as the evaluator, as not only did I get to learn about Bekaadendang in great detail by staff and leadership on the team, I had the privilege to hear about the experiences of both staff and community members, who trusted me to be open and vulnerable as they shared their stories; I could feel the passion, gratitude, and love within each and every participant, and within myself after every interview. Their support and collaboration were key factors in the successful production of this program evaluation, and it is with hope that their voices are truly heard throughout this report, as their feedback is not only valuable, but integral to ensuring that not only Bekaadendang, but NCFST as a whole works toward the continuous improvement of their services to meet the needs of our community.

Chi Miigwetch.

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## Introduction

Human trafficking remains a pervasive social problem in the Canadian context (Sikka, 2010; NWAC, 2014; Bourgeois, 2015). This issue extends beyond singular instances of crime, as Indigenous women, youth, and 2SLGBTQQIA people continue to be most at risk of being trafficked. They are increasingly victimized year after year, in part because the issue of human trafficking deeply intersects with other systemic issues that require more government attention (Olson-Pitawanakwat & Baskin, 2021). While the Criminal Code as well as numerous international laws define what is considered human trafficking, perpetrators frequently remain undetected, and even if caught, they are rarely convicted due to various loopholes within the language of the law itself (NWAC, 2014; Bourgeois, 2015). Victims of human trafficking encompass a diversity of identities, with First Nations, Inuit, and Métis (FNIM) women, girls, and 2SLGBTQQIA+ people disproportionately targeted (Sikka, 2010; NIMMIWG, 2019; Parsloe & Campbell, 2021).

To understand this complex social problem, Native Child and Family Services of Toronto (NCFST) consulted with traditional teachers, FNIM persons with lived experience, and frontline workers. Out of these consultations, NCFST developed Bekaadendang (“Being Peaceful”) to provide preventative and healing services to Indigenous survivors and those at risk of being targeted by human trafficking and sexual exploitation. The program name comes from Don Ense, Ojibwe Knowledge Carrier. Bekaa den daang means peaceful heart way, where “Bekaa” means either quiet or still, “Den” means heart, and “Daang” means way or path. While the program is implemented by NCFST, the agency recognizes the importance of collaboration in addressing such a systemic issue. The Bekaadendang team also provides Indigenous perspectives to external human trafficking advisory groups/teams, including Lotus Health Clinic (Sick Kids), Covenant House, HTA Advisory Committee, Victim Services Toronto, and Strides Toronto. These community partnerships and collaborations allow for community members accessing Bekaadendang services additional connections to other supports in the Greater Toronto Area.

Ultimately, Bekaadendang seeks to empower Indigenous people through self-esteem building and increasing one’s self-determination to access the right community supports needed in their healing journeys, including programming offered by the aforementioned agencies. Through internal (to NCFST) and external agency collaboration, the Bekaadendang (Anti-Human Trafficking) team is able to provide wraparound supports to Indigenous community members of all ages, where prevention, healing, and outreach are at the forefront. Bekaadendang programs include mental health support, community programming (prevention-focused services and specialized programming for survivors), and intensive case-management. One of the Bekaadendang programs is the Peer Mentorship program, which creates an opportunity for Indigenous survivors (18+) to participate in trauma-informed, culturally grounded, skills-building workshops that aim to empower survivors in their personal development, sense of identity, confidence, and community building. People supported by the Bekaadendang team can access different supports, to ensure comprehensive and cohesive wrap-around supports that honour the importance of balance.

Five core principles guide the implementation of the services provided by Bekaadendang. These principles are harm reduction, trauma-informed framework, cultural safety, four-quadrant medicine wheel approach, and after-care peer support. To evaluate the efficacy of services provided, one must transcend beyond Western notions of evidence-based best practice by realizing the complexities of the social problem at hand and lean into a principles-focused approach to evaluate not only efficacy, but adherence to the principles that guide programming (Patton, 2018). Seminal and current literature, with emphasis on Indigenous research, will be explored in relation to the five core principles of Bekaadendang.

For the purpose of this report, “Indigenous” will be used as an all-encompassing term for First Nations, Métis, and Inuit community members, with a note that women, girls, and 2SLGBTQQIA+ people are disproportionately victimized by human trafficking and sexual exploitation (NIMMIWG, 2019). Risk factors will be overviewed, followed by a synthesis of existing literature about the five principles. Human trafficking as a complex and systemic social problem will be analyzed to gain a better understanding of why a principles-focused approach is most beneficial in evaluating the services that Bekaadendang provides, while understanding how they can be improved further through a thematic analysis of staff and participant interviews conducted by myself, Senior Analyst on the Quality Assurance and Decolonization Team (QAD) at NCFST. Their stories serve as data to evaluate whether Bekaadendang is adhering to their guiding principles and to understand the impact on those who have participated in their programming and support services. Strengths will be highlighted along with recommendations for future directions for Bekaadendang.



## Risk Factors Associated with Human Trafficking among Indigenous Youth

Sexual exploitation and human trafficking are problems that are uniquely experienced in the Indigenous context. A breadth of research over several years identifies Indigenous women and girls, as well as 2SLGBTQQIA people to be most at risk of victimization, with several pathways that lead to such involvement (Sethi, 2007; Sikka, 2010; NWAC, 2014). Risk factors specific to Indigenous young people are vast, and often intersect and overlap, thusly increasing vulnerability in tandem. Most notably, childhood maltreatment, including physical, emotional and sexual abuse, and neglect are cited in numerous studies that examine this issue (Bourgeois, 2015; Louie, 2018; Latzman et al., 2019; Reid et al., 2019). Child welfare and criminal justice involvement are also key interlocking contributors to high rates of abuse, mental health issues, and alcohol and substance misuse and addiction among Indigenous people, which further increases their vulnerability to being trafficked and sexually exploited (NWAC, 2014; Bourgeois, 2015; Latzman et al., 2019). These are considered “risk factors” because of the way traffickers and/or sexual exploiters target those who are experiencing difficulties in an effort to develop trust, exploit their complex needs, and exert power over them.

The collective and individual trauma that is experienced as a direct result of colonialism, and more specifically, the residential school system, forced assimilation, isolation from land, and decimation of cultural identity play a unique role in contributing to the vulnerability of Indigenous people to human trafficking (Sethi, 2007; Chadwick, 2019; Olson-Pitawanakwat & Baskin, 2021; Parsloe & Campbell, 2021). These impacts are manifested systemically through disconnection from land, underemployment, food insecurity, clean water scarcity, housing instability, homelessness, lack of educational opportunities, increased family violence, and limited access to culturally safe support services (Bourgeois, 2015; Louie, 2018). The survival sex trade is where Indigenous people may find themselves due to a lack of supports and resources, placing them at significant risk of being sexually exploited and trafficked through these channels (Sethi, 2007; Olson-Pitawanakwat, 2021). Traffickers may guise themselves as lovers and ‘boyfriends’ who manipulate their victim into participating in prostitution, and because of the trauma Indigenous people may have faced, they may not realize that this type of relationship is unhealthy, coercive, and predatory (Durisin & van der Meulen, 2020). This immense body of research illustrates clearly how the risk factors and pathways that may lead to individuals being victimized through human trafficking, sexual exploitation, and the sex trade are vast, emphasizing the need for attention and action.

## Contextualizing Bekaadendang's Guiding Principles

### Cultural Context

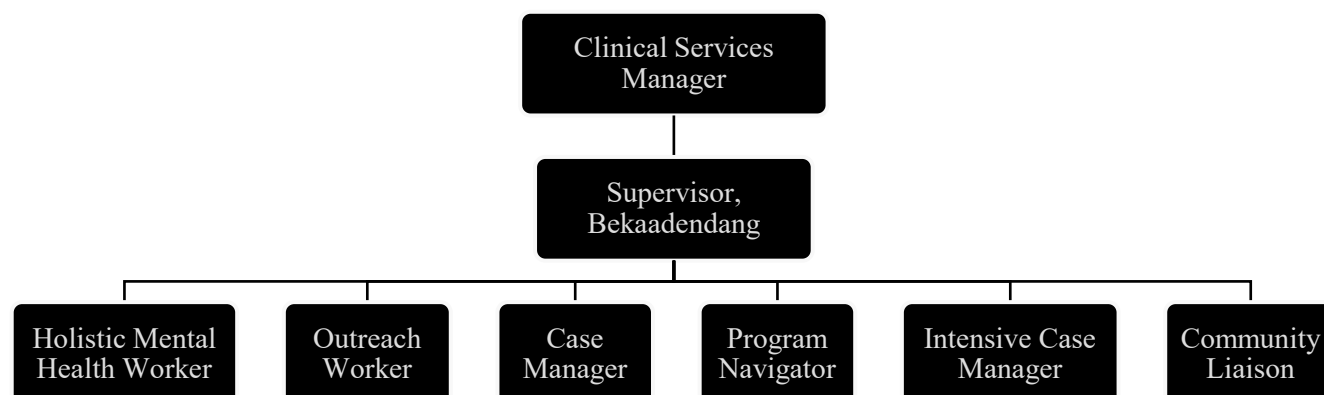
The name Bekaadendang (Being Peaceful) was given to the Anti Human Trafficking team by Don Ense, Knowledge Keeper (and Elder). This name reflects how the anti-human trafficking team has supported community members and continues to innovate new programs and initiatives that seek to address the needs of First Nations, Inuit, and Métis community members who are survivors of sexual exploitation and human trafficking or are at risk of being victimized by those who prey on this population. While Bekaadendang opens its doors to anyone who meets the criteria, the majority of those served identify as women, which is representative of the broader population of those who are targeted by traffickers. From providing case management, counselling, and resources, to group workshops, structured programs, and cultural teachings, the team “aims to support community members in not only finding their inner peace but seeking peace in the process of reclaiming spaces, minds, bodies, and their spirits” (Bekaadendang Neechi, 2021, p. 1). The principles that guide Bekaadendang represent a treatment philosophy that the anti-human trafficking team aims to practice through the provision of services that address the unique needs of each community member, with the ultimate goal of facilitating positive outcomes that contribute to their healing journey.

### Structure of Bekaadendang

The Anti-Human Trafficking Team was first developed in 2017, where they provided case management services to community members up until 2020, when the team grew in its service breadth, expanding to consultation and mental health services. By 2022, the team grew further, introducing education and outreach services, care liaison, and peer mentorship programming. Bekaadendang is a multidisciplinary service that comprises of various roles that work both individually and together to provide quality of care. This service is nested within the Holistic Healing Services Department and works closely with Child and Family Wellbeing Services. Throughout the development of this program evaluation, members of the staff team shifted. Of those who were interviewed, one was a Community Liaison, one was a Program Navigator, one was a Holistic Mental Health Worker, one was an Intensive Case Manager, one was a Case Manager, and one was a Community Outreach Worker. These roles still remain within the Anti-Human Trafficking Team; however, staff have changed since the interview process took place.

The Clinical Services manager oversees the Bekaadendang program and provides supervision to the Supervisor of the Anti-Human Trafficking team. The Supervisor of the team provides support and supervision to staff and is also involved in several advisory committees. They also work to collaborate with sister agencies that support the service population in other jurisdictions, in addition to working toward the expansion of such services with external agencies and institutions. While each role as identified in the chart have their own individual responsibilities, it is necessary to note that these roles

are interconnected, and staff often emphasize that they wear many different hats because of the large scope of responsibilities they have.



The Holistic Mental Health Worker provides counselling, service coordination, and case management, often working with other staff on the team to create treatment plans. The Outreach worker role involves facilitating psychoeducational prevention groups at NCFST's various hubs and providing case management to community members who may need short term support to connect them to other services they might need. The Case Manager works with community members on a more long-term basis to address their needs and work toward treatment goals. The Program Navigator also supports with case management, but additionally supports program development, and most specifically the implementation of the Peer Support Program. The Intensive Case Manager is often the first point of contact for community members who may be at risk or are already being trafficked and are working toward exiting, and therefore this role involves assessing the immediate needs in the particular moment of contact in a collaborative way.

Finally, the Community Care Liaison, who works in tandem with the CARE (Children At Risk of Exploitation) unit with Toronto Police to reduce the risk of victimization amongst children and youth under 18 years old; they may be at risk or have already experienced trauma related to grooming, exploitation, and human trafficking. Within this role, children and youth are supported in developing life skills, improving cultural connections, learning about healthy relationships and sexuality, providing support in legal matters, in addition to safety planning, goal setting, and connecting with external resources. Overall, the team is structured in a way that promotes long-term healing in a trauma-informed way, and this dynamic reflects the guiding principles identified.

## Service Statistics

As shown in *Figure 1*, the Anti-Human Trafficking team has served 320 unique participants as of September 2023, with 490 total enrollments in various program components. These components include care liaison, case management, consultation, education and outreach, mental health, and peer mentorship. This is a large number of community members who have received support from Bekaadendang services, many of whom have participated in multiple branches of programming.

Depending on the program, a community member may be involved with Bekaadendang for at least one month and up to 9 months on average.

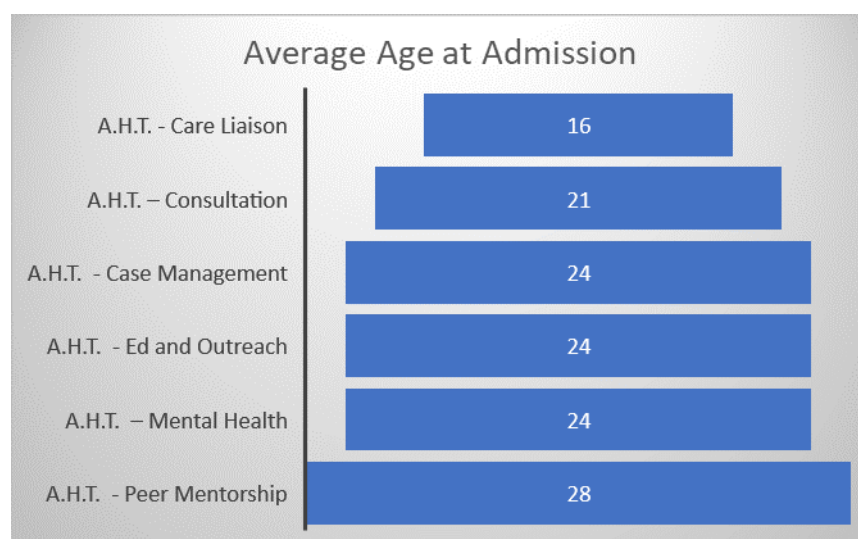
## 320 Unique Participants

## 490 Enrollments

Program Components	No. of Unique		Average Age at Admission	Average Length of Service (Days)
	No. of Enrollments	Participants		
Anti-Human Trafficking - Care Liaison	17	17	16	263
Anti-Human Trafficking - Case Management	221	186	24	161
Anti-Human Trafficking – Consult	34	34	21	30
Anti-Human Trafficking - Ed and Outreach	134	108	24	77
Anti-Human Trafficking – Mental Health	72	68	24	160
Anti-Human Trafficking - Peer Mentorship	12	12	28	132

**Figure 1: Enrollment Statistics December 2017-September 28, 2023**

The average age at admission varies from program to program within Bekaadendang. Most individuals served are in their 20s; however, because the Care Liaison specifically services children and youth, the average age at admission (16 years) reflects the demographics of the population served.



**Figure 2: Average Age at Admission December 2017-September 28, 2023**

Typically, community members are referred internally from other NCFST services to the Anti-Human Trafficking team. Most referrals coming from other holistic services, with 74% of cases coming from this avenue. Additionally, protection and children's services make up another 18% of referrals. Some community members self-refer, and other external agencies have historically referred to Bekaadendang services as well. Furthermore, the team also makes outgoing referrals to other services, such as legal, mental health, cultural, and educational supports. Some referrals are also made within the team to other program components. The discrepancy in the number of referrals is due to the majority of referrals coming from unknown sources per the data collected in Caseworks. It is evident that Bekaadendang is making a significant impact on the urban Indigenous community and is

contributing to the protection and healing of community members at-risk and affected by sexual exploitation and human trafficking.

#### 180 Incoming Referrals

<i>Referral Source</i>	<i>No. of Cases</i>	<i>%</i>
<i>Internal - Prevention</i>	133	74%
<i>Internal - Protection</i>	25	14%
<i>Internal - Children's Services</i>	8	4%
<i>Self-referral</i>	8	4%
<i>Other Agency</i>	6	3%
<b>Total</b>	<b>180</b>	

#### 9 Outgoing Referrals from AHT Case Management

<i>Referrals Reasons</i>	<i>No. of Cases</i>
<i>Mental Health Support</i>	3
<i>Other</i>	2
<i>Legal Support</i>	2
<i>Cultural Support</i>	1
<i>Educational Support</i>	1
<b>Total</b>	<b>9</b>

#### 13 Internal Referrals

<i>Destination</i>	<i>No. of Cases</i>
<i>Anti-Human Trafficking – Mental Health</i>	6
<i>Anti-Human Trafficking - Case Management</i>	3
<i>Anti-Human Trafficking - Case Management</i>	1
<i>Launch Psychological Assessment</i>	1
<i>Anti-Human Trafficking - Ed and Outreach</i>	1
<i>Developmental Support</i>	1
<b>Total</b>	<b>13</b>

**Figure 3: Statistics on Referrals**

### Trauma-Informed Framework

A Trauma-Informed Framework is characterized as a treatment framework and organizational structure, having its basis in research that examines the effects of Adverse Childhood Experiences (ACEs) on neurodevelopment and physiological development (Perry, 2006). This approach highlights the need to acknowledge and address trauma within therapeutic interventions, and to understand trauma as a lived experience that has shaped a person's worldview (Perry, 2006). It embodies an understanding of the developmental impact of trauma on children and youth; emphasizes the importance of relationship-building as integral to the establishment of safety; realizes the need for safety as a precursor to healing, and; identifies engaging in the co-regulation of emotions and impulses as a process that service providers and caregivers have a responsibility to facilitate when responding to

the needs of those with whom they work (Finlay et al., 2019). Organizations and institutions that shift to a trauma-informed lens must demonstrate a recognition that mainstream approaches to treatment with those affected by complex trauma may in fact exacerbate the problems experienced (Fecser, 2014). As such, programming and services should be structured to support people with trauma histories, focusing on the avoidance of re-traumatization and addressing the ways in which trauma is exhibited within the context of diverse identities (Fecser, 2014). Healing begins when safety and trust is first established, allowing such individuals to talk about their pain in a supported manner.

In understanding this it must be emphasized that trauma is often researched from a Western lens, and while it is important and relevant to therapeutic intervention to understand such epistemologies, it is also necessary to frame trauma within an Indigenous lens, especially given that Bekaadendang is a program that serves FNIM persons. Indigenous concepts around trauma transcends the notions of its impact on the brain and moves further into how trauma affects all aspects of the self, as illustrated within the four directions of the medicine wheel, and also identifies the collective experience of trauma among community (NIMMIWG, 2019). One must acknowledge that historic trauma from the Indian Residential School system is perpetuated intergenerationally, creating a prevalent risk factor for human trafficking and sexual exploitation (Sethi, 2007; Chadwick, 2019; Olson-Pitawanakwat & Baskin, 2021; Parsloe & Campbell, 2021). The impact of intergenerational trauma is long-lasting, affecting entire families and communities (NIMMIWG, 2019). There is a collective trauma shared among Indigenous people because of colonization and given the sheer number of adverse experiences that Indigenous people have faced, a trauma-informed approach that is culturally informed is necessary to provide intervention that acknowledges such lived experience (NWAC, 2014; Olson-Pitawanakwat & Baskin, 2021).

The idea of “historical trauma” is of utmost importance within the context of Indigenous healing models, as it places the individual within the collective, identifying the problem and its treatment harmoniously in order to find balance again (Waldram, 2014). “The healing journey involves reparation of damages caused by colonial processes in a way that accentuates both individual agency and collective responsibility” (Waldram, 2014, p. 377). Healing cannot be forced upon, it is a decision that must be made by the individual, and with support from Elders, healers, peers, and loved ones, one can move through this journey at their pace (Waldram, 2014). Waldram (2014) explains that to address the trauma experienced by an Indigenous person, history cannot be denied or ignored as it is inextricably linked to the trauma the individual is experiencing, helping them to understand their circumstances, what might have triggered the harm, and to ensure culture and reconnection are prioritized within the healing journey.

Given that Indigenous women, girls, and 2SLGBTQQIA individuals, are most often the victims of human trafficking and sexual exploitation, this adds an additional layer to the trauma they experience, as it is situated within a patriarchal and heteronormative system (Bourgeois, 2015; NIMMIWG, 2019; Parsloe & Campbell, 2021). Healing through family is particularly noted as a beneficial tool for Indigenous women, girls, and 2SLGBTQQIA people, where they can find strength within their own identity and community (Kingsley & Mark, 2000; Bourgeois, 2015; Olson-Pitawanakwat & Baskin, 2021). Ceremony,

spirituality, and traditional knowledge are all integral healing methodologies specific to addressing trauma among Indigenous people, where working with Elders and learning about traditional teachings are particularly helpful (Chawick, 2019; Christmas, 2020; Olson-Pitawanakwat & Baskin, 2021).

## Harm Reduction

The goal of harm reduction is to reduce negative consequences that may result from risky behaviours, such as substance and alcohol use (Murphy, 2014; NWAC, 2014). The focus is not on the cessation of such behaviours, but on what can be done to reduce the risks with which they are associated (NWAC, 2014). For those struggling with substance addiction, for example, clean needles and naloxone are harm reduction tools that aid in preventing the individual from contracting an STI from using a contaminated needle, or overdosing on opioids (Sethi, 2007). As it relates to sex work, this may be providing condoms and information on sexual health (Seshia, 2005; Sethi, 2007). This is especially necessary because perpetrators often force victims into not using condoms (Sethi, 2007).

Indigenous people who have been lured into human trafficking may be forced to take drugs so they are less likely to escape, and additionally, they may also choose to use substances to numb the pain, shame, and humiliation they may experience because of being sexually exploited (Sethi, 2007, p. 63). Providing Indigenous people with tools to reduce harm will help to increase their personal safety as they work toward escaping and exiting the sex trade (Sethi, 2007). The most important facet of harm reduction within a service model is a non-judgmental approach, with the goal of attending to the needs of the individual, which in turn will reduce harm to the family unit and the community at large (Murphy, 2014; NWAC, 2014). This approach illustrates Humility, one of the seven grandfather teachings. This support method is seen as an effective tool in meeting the person where they are at, and walking beside the individual is cited as especially helpful for victims of sexual exploitation, given that the goal is improving their safety in non-coercive ways (Seshia, 2005, p. 35).

## Cultural Safety

Cultural safety is a complex concept in and of itself, as it can vary from person to person; however, what underpins this principle is its inclusion in policy, procedures, and workflow processes (Thunderbird Partnership Foundation, n.d.). It extends beyond cultural sensitivity and awareness within services by emphasizing reflexivity and social location as integral to understanding power dynamics that are inherent within the services and care provided to Indigenous peoples (Thunderbird Partnership Foundation, n.d.). The creation of this cultural safety net involves at its core, “the inclusion of Indigenous languages, laws, protocols, governance spirituality, and religion” (NIMMIWG, 2019, p. 59). Self-determination is key in establishing cultural safety, as culture is deeply rooted in Indigenous identity, language, stories, the land, and ways of living (NIMMIWG, 2019).

As such, these Indigenous ways of knowing and being must be centered in conversations about their care and embraced by service providers to progress their healing journeys (NIMMIWG, 2019; Olson-Pitawanakwat & Baskin, 2021). Services are best provided when they are led by Indigenous peoples,

communities, and agencies that base their service models on traditional values, ways of knowing, and cultural practices (Olson-Pitawanakwat & Baskin, 2021). Findings demonstrate that services that employ Indigenous-led culturally safe principles such as the inclusion of spiritual and cultural teachings and practices, are most beneficial to victims of human trafficking, with ceremony and sharing circles reported as interventions that allow service users to feel safe and connected to the facilitated programming (Olson-Pitawanakwat & Baskin, 2021).

### Four-Quadrant Medicine Wheel Approach

Human trafficking and sexual exploitation are manifested through a cycle of colonial violence and intergenerational trauma, and as such, it is important for the healing journey to also take on a cyclical format, whereby knowledge, stories, and relationship building is shared at every stage (Sethi, 2007; Waldram, 2008; NWAC, 2014; Louie, 2018). Indigenous teachings emphasize every aspect of life to be circular, such as the seasons changing, or the shift from day to night, and to illustrate such cycles, the Medicine Wheel is a teaching tool that seeks to assist an individual in finding their own path in life through the balance of every aspect of their being (Waldram, 2008). The Medicine Wheel is divided into four quadrants, or directions, each quadrant representing a part of the wholistic self – the physical, emotional, mental, and spiritual parts of one's being must be in harmony to achieve healing and wellness (Waldram, 2008). The trauma an individual carries creates an imbalance of their whole self, and the Medicine Wheel provides a visual representation of where an individual may need support, while also emphasizing cultural teachings in the process (Waldram, 2008).

This four-quadrant framework also emphasizes what needs to be in harmony to live a healthy life, transcending beyond the individual into their relationships with family, community, and their spirit, allowing the individual the agency to understand their own needs and choosing how they want to proceed on their healing journey (Waldram, 2008). This assessment and intervention tool also aids in identifying the connection between one's childhood and adult experiences, and how they may influence one's life course (Waldram, 2008). Providing a model that illustrates both holistically and developmentally the imbalance one has in their life can help that individual realize that change and healing is possible, and where they are in their life at present is not necessarily a choice they made, but a culmination of one's lived experience (Waldram, 2008; Christmas, 2020).

The Medicine Wheel is adaptive, and unique to each person, thus emphasizing that there is no singular way to proceed toward recovery (Waldram, 2008). Facilitators who employ this tool assist and guide the individual through their healing process without taking control over the process itself – it is simply a case management tool that allows the facilitator or practitioner to see how an individual is progressing through their goals, while helping to build up their self-esteem in the process (Waldram, 2008). Teachings from Elders at NCFST have shared teachings about how trauma manifests within the body, mind, and spirit. Given that spirit begins in the Eastern doorway of the Medicine Wheel, it is thought that one's spirit jumps out of the body when one experiences trauma, and this is why healing work within this context is important to reclaim one's spirit again.



## After-Care Peer Support

After-Care Peer Support encompasses the main tenets of the cyclical healing journey, centering peer support as the driver of this process. Peer support allows service users to create a circle of safety, where connection and trust is built through lived experience (Seshia, 2005; Murphy, 2014; NWAC, 2014). Intergenerational trauma is often cited as a cyclical process in and of itself; interventions and exit strategies for Indigenous people who are survivors of sexual exploitation and trafficking must consider these deeply rooted impacts that surpass the individual experience, while providing culturally safe and appropriate services in tandem (Sethi, 2007; Louie, 2018; NWAC, 2014). The delivery of services is maintained through wraparound peer support, as those participating in programming are then able to mentor and provide support to new participants who share a similar lived experience (Seshia, 2005; NWAC, 2014).

Peer support is known to be especially helpful for victims of human trafficking, as Seshia (2005) notes, participants feel supported by staff in a non-judgmental and encouraging atmosphere. Being able to share stories of trauma with staff who legitimately understand what the individual has experienced increases the sense of safety among participants as well as gives participants hope that they too can overcome the obstacles they face, escape trafficking, and begin to heal (Kingsley & Mark, 2000; Seshia, 2005; NWAC, 2014). Through the power of storytelling, participants can recognize themselves within the stories of others, creating an interconnected circle of safety and support that remains in flux (Seshia, 2005).

## A Complex and Systemic Social Problem

It is widely reported that Indigenous women, girls, two-spirit, and trans women disproportionately experience higher rates of violence over their lifetime (NWAC, 2014). Human trafficking and sexual exploitation within Canadian society affects Indigenous people the most, and while Indigenous peoples only account for 4% of the Canadian population, they are severely overrepresented, with Indigenous women, girls, and 2SLGBTQQIA people representing half of all sex trafficking victims in the country (Olson-Pitawanakwat & Baskin, 2021). There is limited research and availability of evaluation data to date on Indigenous-specific mental-health interventions or anti-human trafficking programs (Hopper et al. 2018). Euro-North American research into anti-human trafficking prevention and healing practices indicates the correlation of histories of social marginalization including racism and sexual minority identity (Hershberger, 2020) sexual abuse, parental neglect, poverty, familial substance abuse and homelessness to human trafficking (Hopper et al. 2018). For Indigenous people, the vulnerabilities identified are intertwined within a colonial context, as many of such pathways and risk factors are rooted in intergenerational trauma and systemic inequities that continue to pervade communities and society at large (Sethi, 2007; Sikka, 2010; Bourgeois, 2015; Olson-Pitawanakwat & Baskin, 2021).

What is more, there continues to be a lack of attention and action to address the issue at hand, which is further emphasized by the multitude of missing and murdered Indigenous women, girls, and 2SLGBTQQIA people whose cases remain unsolved and ignored by the Canadian government (Bourgeois, 2015; NIMMIWG, 2019; Olson-Pitawanakwat & Baskin, 2021; Parsloe & Campbell, 2021). This lack of government response demonstrates how these vulnerabilities are exploited, as the marginalization and cultural genocide of Indigenous communities continue to permeate systemically, thereby perpetuating the colonial structures that seek to oppress and isolate these communities to this day (Bourgeois, 2015). Human trafficking and sexual exploitation are instead framed as a deviant lifestyle choice, disappearing the role of structural inequality, colonialism, and marginalization as a contributing factor to this phenomenon (Bourgeois, 2015; Olson-Pitawanakwat & Baskin, 2021). Indigenous women, girls, and 2SLGBTQQIA people are stereotyped as dirty and promiscuous, rationalizing the perception that they are sexually available, and thusly sexually violable, which is often why they are less likely to report such violence and sexual exploitation, for they already know that they will not be characterized as victims, but willing participants (Sikka, 2010; Bourgeois, 2015; Olson-Pitawanakwat & Baskin, 2021). This devaluation of Indigenous femininity and humanity is rooted in stigma stemming from colonialism, explaining the lack of response by the Canadian government (Bourgeois, 2015; Louie, 2018). This ideology transcends to the perpetrators, who are usually received with leniency and exonerated from the violence they commit toward Indigenous people, imposing patriarchal and settler colonial order as a result (Bourgeois, 2015).

As Sweet (2014), an Indigenous legal scholar argues, the trafficking of Indigenous people is colonization in and of itself, and numerous researchers concur with this assertion, identifying human trafficking and sexual exploitation as a deliberate pattern of systemic racial and gender discrimination that is maintained by the Canadian government (Bourgeois, 2015). It is by design, another method to

displace Indigenous peoples from their land, governance, community, and thusly eradicate their existence, which would explain the dearth in action to solve cases of those currently missing and murdered, and prevent further victimization (Bourgeois, 2015). This also explains the high instances of violence against Indigenous women, girls, and 2SLGBTQQIA people, as well as the continued socio-economic marginalization and oppression of Indigenous peoples and communities (Bourgeois, 2015; NIMMIWG, 2019).

The policies and legislation in place only serve to expedite displacement and socio-economic instability, ultimately making it more likely for Indigenous people to enter the survival sex trade, and thusly human trafficking and sexual exploitation (Bourgeois, 2015; Louie, 2018; NIMMIWG, 2019). Therefore, the trauma experienced by Indigenous peoples, and particularly Indigenous women, girls, and 2SLGBTQQIA people is entrenched in colonial violence and oppressive structures that are carried forward to the present day through complicit policy and inaction (Bourgeois, 2015; NIMMIWG, 2019). The intergenerational effects of the Indian Act for example, have created barriers to the cultural and physical safety of Indigenous people, especially as it relates to the limited services available to address this complex social problem (Sikka, 2010; Bourgeois, 2015). Violence is thus normalized, and human trafficking and sexual exploitation is merely a conduit to preserve the genocide of Indigenous peoples (NWAC, 2014; Bourgeois, 2015; Olson-Pitawanakwat, 2021; Parsloe & Campbell, 2021).

## A Principles-Based Approach to Healing

It is clear that action is needed on a systemic level to create change and truly address the numerous calls to action that have been brought forth by Indigenous peoples; however, it is imperative that the development and implementation of programs and services are facilitated in consultation with Indigenous peoples as well as with emphasis on amplifying and ingraining cultural teachings, practices, and interventions into its very fabric (NWAC, 2014; NIMMIWG, 2019). To do so is to ensure the principles that guide Indigenous ways of knowing and healing are acknowledged as a process of systemic decolonization (Olson-Pitawanakwat & Baskin, 2021). This social problem requires more than a rigid set of rules to follow. These overarching principles guide practice, thus a principles-focused evaluation is most suitable in determining whether such principles are indeed being adhered to and intertwined within the structure of community-based programs like Bekaadendang (Patton, 2010).

There is an increasing consensus among researchers, direct service workers, and policymakers that systemic change and improvement is complex and adaptive (Patton, 2010). Those that evaluate services that seek to address a systemic social problem must therefore be designed to address the complexity of the system in which the evaluation is taking place (Patton, 2010). While best practices are often seen as evidence-based step-by-step tools to provide quality of care, it ignores the nuance tied to the nature of the social problem it is trying to address, neglecting the influence of contextual factors as a result (Patton, 2010; Dodd, 2019). Human trafficking and sexual exploitation are dynamic and complex, deeply rooted in historic crises (Bourgeois, 2015). Services provided to victims and survivors would be hindered if a one-size-fits-all approach is applied to treatment and intervention. Services that are adaptive can respond to structural and systemic changes while adhering to foundational principles that guide a framework of practice and solutions to the social problem (Patton, 2010). As such, evaluations of programming must also consider the fluidity of the service model to ensure that the principles that overarch program delivery are adhered to and effective in combating the complexities of the social problem at hand (Patton, 2010).

Evidence-based effective principles are posited by Patton (2018) to address the inherent complexity within social problems that can bridge organizational and systemic boundaries to unify those seeking to innovate and change the status quo. Patton's principles-focused evaluation (P-FE) model is based on analyzing the principles that are being practiced by an organization or program, and evaluate their implementation; more simply, it allows service providers to query the principles with which they adhere as guiding action, and as adaptable within the service model to create better results (Patton, 2010; Anderson, 2018). In the context of human trafficking initiatives like Bekaadendang, a P-FE will allow NCFST to understand how the principles are being adhered to within programming, and whether adaptation is needed to align better with the overall goal of healing and prevention. The GUIDE framework as developed by Patton (2010; 2018) is a framework that evaluates a service provider's principles – principles should be prescriptive, useful, values-based, developmental, and evaluable. These principles tell the service provider what works rather than what is right, assessing the why, what,

and how of what the service is doing, understanding what is and is not being conducted, what can be learned from these findings, and how they can be adapted going forward (Patton, 2018).

The five core principles identified by Bekaadendang will therefore be evaluated within this framework to better understand how they are being upheld within programming, while contextualizing their effectiveness in addressing the complex and systemic social problem of human trafficking among Indigenous people. Because there is no one-size-fits-all approach to prevention and healing, it is imperative that all aspects of a service acknowledge the unique experience of each individual involved in Bekaadendang as success does not necessarily mean completion, success is subjective to the participant and whether they feel like they have been positively impacted by the program. It is only natural then to ensure that the service is evaluated with this in mind to avoid prescribing a specific set of rules to implement the program, but to understand whether the outcomes sought by Bekaadendang are guided by the principles implemented within programming. As such, these guiding principles will be analyzed for efficacy in reaching and impacting Indigenous people who are at-risk or are victims and survivors of human trafficking and sexual exploitation, to determine whether Bekaadendang is adhering to a framework that is trauma-informed, wholistic, reduces harm, increases cultural safety, and encourages a cyclical healing journey vis-à-vis after-care peer support.

Within the analysis of the five core principles, this evaluation seeks to understand how the principles are implemented and adhered to in practice, and how the principles are experienced by community members who receive such services. Under Patton's (2018) framework, this would be closely categorized as a formative evaluation, as it seeks to understand how the program's adherence to the principles can be improved. An evaluation of this nature does not seek to understand the outcomes of a program, rather, it seeks to determine whether said program is operating in accordance with its guiding principles. This evaluation will analyze the suitability of the principles for the population served, while also determining the impact of Bekaadendang as understood through the stories of both staff and community members. Finally, this evaluation will explore whether there are emerging principles that show up in the data that may have not yet been identified or fully understood.

It is important to note that the five core principles identified by Bekaadendang were not initially developed under the GUIDE Framework, and it is thus necessary for the Anti-Human Trafficking Team and other stakeholders involved in the development of Bekaadendang's principles, to use this evaluation as a tool to develop a robust description of each identified principle so there is more clarity on what each principle means to the team specifically, and not just what each principle means as a concept. Based on the data collected, each principle will be evaluated for its effectiveness within the GUIDE Framework, using a rating rubric as developed by Patton (2018). This will serve as a foundational tool to aid in the continued refinement of each core principle as Bekaadendang continues to evolve their service delivery.

## Methodology

### Research Design

This program evaluation takes a qualitative approach that is underpinned by an Indigenous research lens. Qualitative inquiry within an Indigenous research paradigm prioritizes the perspectives and experiences of Indigenous communities, recognizes the importance of context and culture, and allows for the co-creation of knowledge with community members (Pidgeon, 2019). In upholding respect, relevance, reciprocity, and responsibility, it was important to use a qualitative approach that emphasized the expertise and lived experience of those who are closely attached to the Bekaadendang program. Qualitative inquiry is a collaborative process between the researcher, community members and stakeholders, and data collection and analysis are co-created through dialogue and mutual learning.

Community-led research is a prevalent foundation of Indigenous epistemology and values, and ensuring that not only the team being evaluated, but the community members who participated in the program, feel included in the process. Amplifying their voices through dialogue and taking on an approach as a learner instead of a researcher were key to developing rapport and mutual respect with participants. Providing space for both staff and community members to be grounded in a good way through smudge or with the support of our Knowledge Carrier, helped to foster a sense of safety and mitigated the power dynamic inherent within traditional ways of generating knowledge (Pidgeon, 2019). Fostering such a space where participants were able to share their stories allowed me the privilege of receiving myriad insights and teachings that informed this evaluation. It is my responsibility as the researcher and evaluator to ensure such stories are being told accurately, therefore, the team reviewed drafts of this evaluation with both Bekaadendang staff and community members who participated to gain feedback and final approval.

Ensuring that the findings were relevant to the stories shared frames this evaluation as meaningful and actionable for continued advocacy for Indigenous communities and programs such as Bekaadendang to remain a vital service available and accessible to those in need of support. Throughout the entire process it was important that I adhered to the guiding principles identified by Bekaadendang within every stage of this evaluation. These principles helped to create a foundation for how I sought to design and conduct this program evaluation. It was important to steep these principles into the evaluation to ensure fluidity within the process for both staff and especially community members. If I had chosen to conduct this evaluation in a Westernized fashion, where there is distance between the researcher and the participants, with little rapport built, the team would have exacerbated a power dynamic that could bias or misrepresent the stories told within the data collected. Trauma-informed care, harm reduction, cultural safety, the 4 quadrants of the medicine wheel, and after-care peer support were all considered in different ways throughout the research process.

## Recruitment and Data Collection

Prior to collecting data, interview tools were validated by key informant feedback. Key informants include staff members who have worked closely with community members involved with Bekaadendang, as well as Knowledge Carriers and communication and culture staff. Feedback received from key informants aided in validating the interview questions from a cultural lens as well as in ensuring the questions would be comprehensive and well-received by community members. All staff working on the Bekaadendang team at the time of the data collection process were interviewed in the focus group. One of such individuals in the focus group left the team prior to individual staff interviews; however, the rest of the staff team did take part in an individual interview.

There was a total of seven staff members and one supervisor present for the focus group, and one of NFCST's resident Knowledge Carriers was also present during the focus group to create a sense of cultural safety and help in grounding everyone in a good way. This focus group provided context to understanding the operations of Bekaadendang and how staff collaborate amongst each other to provide service to the community. Following the focus group, individual interviews were completed with each staff member to gain insights about each of their unique perspectives within the team dynamic, and to understand how they practice with community members. Six staff members and one supervisor were interviewed individually to get a more personal perspective of each staff member's experience on the team.

Most importantly, individual interviews with community members complete the data collection process. Seven community members were hand selected by the supervisor of the Bekaadendang team. While indeed this method of recruitment may have its limitations, it was important to ensure those selected were individuals who were in a stable and positive space to be able to discuss their experience. I did not have an ongoing relationship with community members who received services from Bekaadendang and as such it was integral for those who had those relationships to aid in recruitment. All the community members recruited had graduated from the Peer Support Program except for one, who received services and took part in programming outside of Peer Support. During the interview scheduling process, unforeseen circumstances caused a drop in interviewee participation, where only four total community members completed the individual interview.

All community members were interviewed by me, three of whom opted for an in-person meeting, while the fourth preferred a virtual meeting. It was important in maintaining a trauma-informed and culturally safe lens to provide choice and flexibility to community members to ensure they felt as comfortable as possible to share their stories, so they had the option to choose in-person or virtual and they could also decide if they wanted a worker from the team with whom they have a relationship built or a cultural support worker present for additional support. Having the presence of a staff with whom they had a relationship built was an option that one of the community members chose, while the rest were comfortable participating on their own. Interviews ranged from 20 minutes to 1.5 hours depending on the amount of information community members chose to share. In upholding reciprocity, community members who participated received a \$50 gift card as an honourarium for their

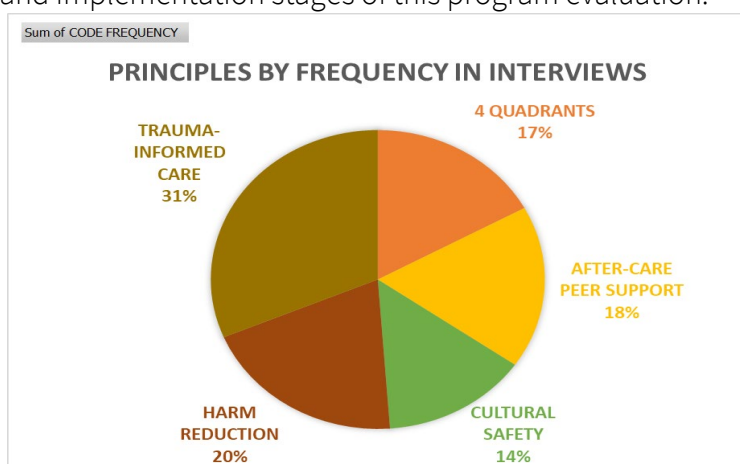
contribution; however, one of the community members interviewed is now an NCFST staff member, and therefore did not receive an honourarium for this reason.



## Analysis

Upon completion of all interviews, a data analysis plan was developed to organize how the data collected would be systematically examined. Using MAXQDA qualitative analysis software, thematic coding was administered to get an understanding of how the data collected fits into each principle. Primary codes were the five guiding principles identified by Bekaadendang, and sub-codes, or sub-principles, were developed to extrapolate nuance and emphasize trends within each guiding principle. The two overarching research questions for this analysis sought to understand how the guiding principles are implemented in practice, as understood by the staff who work directly on the team, and how community members experience such principles as understood by the stories they have shared about their participation. A coding workflow was also created to assist in streamlining the coding process<sup>1</sup>.

Furthermore, visualizations were created to showcase the most frequently discussed principles, topics, words, and concepts that were reported by staff and community members. Additionally, a rubric as modified from Patton's (2018) GUIDE Framework<sup>2</sup> will be used to evaluate the effectiveness of the guiding principles. The overall grade for each principle was developed by assigning a number on the rubric, strongest being worth 5 and weakest being worth 1, and then calculating the mean of the rubric's assessment of each GUIDE concept. These visualizations will be included as figures throughout, along with direct quotes from participants that speak highly to the principles analyzed. There are numerous instances where passages from the interviews speak to multiple guiding principles, which illustrates the pattern of interconnectedness seen throughout the developmental and implementation stages of this program evaluation.



**Figure 4: Frequency of Principles as Discussed in Data**

Figure 4 illustrates the distribution of the five core principles as coded by frequency within the data. While this demonstrates how frequently these principles were discussed, further analysis will show a more granular understanding of the trends, themes, and sub-principles discussed to get a more robust picture of each principle as contextualized within the experiences of the participants.

<sup>1</sup> See Appendix A for workflow diagram

<sup>2</sup> See Appendix B for GUIDE Effectiveness Principles Rubric

## Trauma-Informed Framework

A Trauma-Informed framework is integral to working with individuals who have experienced trauma in their lives, and it is uniquely important for the population served by Bekaadendang (Perry, 2006; NIMMIWG, 2019). Several themes were highlighted when analyzing the data collected, with relationships being top of mind for both staff and community

members alike. Staff continuously emphasized relationship building as a necessary first step to developing trust and safety with community members. This involves being flexible and responsive to the unique needs of the individual in a compassionate and respectful manner, which aligns with the grandfather teachings of both love and respect.

*“I just try to establish like mutual respect and that that's the main thing is that mutual respect, to prevent those transactional relationships from happening.” - Staff Member*

*“I think having an understanding of how trauma can present itself, you know what I mean? Like not judging a person on how they present because a lot of that is trauma, right? Like I just meet the person where they're at and say, OK, you've got all of this going on, what can I take from you to lessen your load?” - Staff Member*

Trauma does not manifest uniformly, and staff agree that meeting the community member where they are at in their healing journey is what helps to foster a therapeutic relationship where the community member feels comfortable enough to receive the support and care provided by the team. Community members often opened themselves up emotionally to the staff with whom they received support, and that takes an immense amount of vulnerability and trust. These difficult conversations and moments in the community member's life requires staff who listen, work with and not for the community member, and validate the experiences that are shared. It is evident that community members felt like staff were reflecting these qualities within their interactions, allowing community members to regulate their emotions so they could embrace the programming and services offered to them.

Staff exhibited many characteristics of relational practice by taking the time to get to know the community members as people and not as victims of trauma, being present,

*“[Staff Member] was always able to help me breathe right over the phone, like, you know with some help ground me, and I have those skills that I'm using now.” - Community Member*

*“You sometimes just need that connection, that somebody really cares, that they're supportive of you...those sessions just kept bringing me forward.” - Community Member*

displaying empathy and understanding without judgment, working within the life-space of the community member, and tailoring treatment plans to suit each individual's unique story. Even when community members were in crisis, the relationship established aided in deescalating the heightened emotions, and community members reported feeling very supported in those especially difficult incidences. Staff frequently discussed the concept of fight or flight mode when serving individuals who have experienced

trauma; however, through crisis management and working with the community member, staff helped to empower them to work through their emotions and navigate the trauma they have experienced, whether this be through western notions of regulating oneself or through mindfulness and grounding techniques.

*“I really feel different about how I handle my anxiety, my OCD, PTSD...I look at it as I'm in control.” - Community Member*

Community members emphasized how encouraging it was for them to feel like they had someone in their corner cheering them on even through the roughest of moments. By creating a skills toolkit that staff passed along to community members through the facilitation programming and

individualized case management, community members were able to develop skills and coping mechanisms through their participation. These skills and teachings received from Bekaadendang staff stayed with community members as they completed their services and continued their healing journeys, many of whom emphasized that they continue to use many of the techniques they learned on a regular basis.

## Recommendations for Improvement

While there is always space to improve the quality of care with any service, the data collected speaks for itself in demonstrating how well Bekaadendang adheres to the principle of trauma-informed care. Staff demonstrate their qualifications as a clinician through their practice, and it is reflected in the feedback provided by community members. Going forward, it is important for the team to not lose sight of this principle by continuing to strengthen their skills through professional development trainings and opportunities to maintain currency in their practice. It would be of great benefit to explore more ways in which a cultural lens can be applied to this work to enhance the trauma-informed cultural supports already provided; however, having staff on the team who identified as Indigenous has greatly benefitted the ability for Bekaadendang to relate to its community members within that context.

*OVERALL GRADE – TRAUMA-INFORMED CARE: 4.2/5*

GUIDING: <i>Prescriptive and provides advice and guidance on what to do, how to think, what to value, and how to act to be effective</i>	EXCELLENT	GOOD	FAIR	POOR	WORTHLESS
USEFUL: <i>Useful in making choices and decisions</i>	VERY USEFUL	FAIRLY USEFUL	SOMEWHAT USEFUL	SLIGHTLY USEFUL	USELESS
INSPIRATIONAL: <i>Values based, articulate what matters both in how to proceed and the desired result</i>	VERY INSPIRING	FAIRLY INSPIRING	SOMEWHAT INSPIRING	SLIGHTLY INSPIRING	UNINSPIRING
DEVELOPMENTAL: <i>Adaptability and applicability to diverse contexts and complex situations over time</i>	HIGHLY ADAPTABLE AND APPLICABLE	FAIRLY ADAPTABLE AND APPLICABLE	SOMEWHAT ADAPTABLE AND APPLICABLE	SLIGHTLY ADAPTABLE AND APPLICABLE	NOT ADAPTABLE AND APPLICABLE
EVALUABLE: <i>Possible to document and judge whether it is actually being followed, and what results from following the principle</i>	HIGHLY EVALUABLE	FAIRLY EVALUABLE	SOMEWHAT EVALUABLE	SLIGHTLY EVALUABLE	CAN'T BE EVALUATED

The rubric above demonstrates the evaluation of the effectiveness of trauma-informed care within the context of Bekaadendang. According to the GUIDE framework, the principle itself should be articulated further by the Anti-Human Trafficking team so it can be understood in more clarity how trauma-informed care guides practice with community. While very useful in making choices and decisions, it is again only contextualized within the literature, and even though the literature about trauma-informed care does provide an understanding of what is important to consider adhering to in this therapeutic approach, it is necessary for the Anti-Human Trafficking team to identify the specific values, grounded within a cultural lens, of what trauma-informed care means to Bekaadendang. The data shows this principle's strong adaptability and applicability to diverse contexts and complex situations, through the stories of staff who have been flexible in their approach with each community member they serve. Nevertheless, articulating the framework of trauma-informed care would help to make this principle

more evaluable in the future so that one can ensure the principle is being adhered to within the context of Bekaadendang's worldview. As such an overall grade for this principle is 4.2/5.

## Harm Reduction

The principle of harm reduction is a crucial aspect of the work of the team, as it aims to minimize the negative consequences associated with risk-taking behaviours and improve the health and well-being of community members. Harm reduction is steeped into numerous aspects of Bekaadendang.

Prioritizing safety is a trend that emerged among staff, with safety planning being top of mind. At the very beginning of the intake process, safety appears to be one of the first priorities discussed as staff begin building rapport with a community member. This is prefaced by

identifying the specific needs of community members and developing targeted interventions to reduce harm. The process of addressing needs is crucial in ensuring that harm reduction services are tailored to the unique context and circumstances of each individual. Immediate needs such as access to food and shelter take precedence to ensure that the community member can establish a semblance of safety in their life, as without such a feeling of safety, it becomes difficult to address other needs and goals identified. As reported by staff, this is often the first step to understanding how best to support a community member.

Given the population served by Bekaadendang, there are instances where a community member is actively engaging in substance use or sex work, yet staff do not expect community members to cease what they are doing, rather staff work with the community member to help reduce risk when they are engaging in these activities. Authenticity is another emerging theme among staff that underscores the importance of being transparent and genuine in working with community members. This theme echoes the grandfather teachings of Truth and Honesty and is exemplified by the team's openness about the goals, intentions, and available resources of the team, as well as building genuine and trustworthy relationships with those they serve. Every staff member attested to the importance of authenticity in their practice, as showing up for the community member in a way that is genuine and transparent helps to foster safety and a positive therapeutic relationship. Setting goals is another

*“Helping them to really name what it is that they're wanting and looking for like, what is it that you actually like? What is it that you want? There are a lot of people who really struggle with even answering that question. It's quite overwhelming for them. So even getting them to a place where they're comfortable assessing their needs is a big process.” - Staff Member*

*“That's where I build my relationship. I say hey, like I know, you know, you discussed having a substance use issue in the past, if this ever came up again, just know that I'm here to support you through it. Don't think I'm here to judge you.” - Staff Member*

theme that was prevalent when discussing harm reduction, where staff report focusing on the need to establish clear and achievable objectives for reducing harm in a community member's life. While goal setting is not exclusive to the principle of harm reduction, it was most often reported by staff as a harm reducing strategy.

The most prevalent theme uncovered from interviews with staff and

community members is the importance of having a non-judgmental approach. This includes reducing stigma, recognizing the strengths of community members, and treating them with dignity and respect. As reported by staff, no one is turned away from receiving services if they are not causing harm to themselves or anyone else. The themes identified within the analysis underscore the value that the Bekaadendang team places on harm reduction initiatives. It is evident that providing effective and respectful harm reduction services promote the health and wellbeing of the community members they serve. Community members and staff alike emphasized a need for increased funding to support harm reduction initiatives more effectively. It would be helpful for continued professional development trainings around Indigenous harm reduction strategies to maintain currency in practice.

*“The staff...they're very honest and transparent” - Community Member*

## Recommendations for Improvement

While indeed the Anti-Human Trafficking team is well equipped to provide harm reduction services, it is not always translated to community members, as some have reported having no awareness of what resources are available. It would be of benefit to provide a harm reduction workshop to community members to increase awareness and understanding around this concept, and to further situate harm reduction as a guiding principle that is experienced by community members in a concrete way. It is also of great benefit to continue to offer harm reduction resources in a more proactive fashion rather than waiting for community members to initiate such conversations. A community member may not necessarily know what to ask to receive such resources, but if they are at the staff's disposal, it would be helpful during the intake phase to identify all the resources that can be offered to community members, so they are fully aware of what they can ask for. This will also allow Bekaadendang to situate itself more clearly within the grandfather teaching of Wisdom, as the more education and resources that can be shared to community members, the better informed they will be once they leave the program. While increased funding is incumbent on community partners and government

organizations, it will greatly assist Bekaadendang in reaching new heights in quality of care provided to those in need of harm reduction supports.

*OVERALL GRADE: 3.2/5*

GUIDING: <i>Prescriptive and provides advice and guidance on what to do, how to think, what to value, and how to act to be effective</i>	EXCELLENT	GOOD	FAIR	POOR	WORTHLESS
USEFUL: <i>Useful in making choices and decisions</i>	VERY USEFUL	FAIRLY USEFUL	SOMEWHAT USEFUL	SLIGHTLY USEFUL	USELESS
INSPIRATIONAL: <i>Values based, articulate what matters both in how to proceed and the desired result</i>	VERY INSPIRING	FAIRLY INSPIRING	SOMEWHAT INSPIRING	SLIGHTLY INSPIRING	UNINSPIRING
DEVELOPMENTAL: <i>Adaptability and applicability to diverse contexts and complex situations over time</i>	HIGHLY ADAPTABLE AND APPLICABLE	FAIRLY ADAPTABLE AND APPLICABLE	SOMEWHAT ADAPTABLE AND APPLICABLE	SLIGHTLY ADAPTABLE AND APPLICABLE	NOT ADAPTABLE AND APPLICABLE
EVALUABLE: <i>Possible to document and judge whether it is actually being followed, and what results from following the principle</i>	HIGHLY EVALUABLE	FAIRLY EVALUABLE	SOMEWHAT EVALUABLE	SLIGHTLY EVALUABLE	CAN'T BE EVALUATED

Because of the need for improvement on articulating Bekaadendang's harm reduction services, the principle of harm reduction receives an overall grade of 3.2/5. As with every principle, a need to

articulate what each principle means to Bekaadendang is necessary to understand its effectiveness and to better evaluate staff's adherence to the principles. Given that harm reduction services are not necessarily always explained to community members, it is difficult to claim that this principle provides advice and guidance on how to be effective within this principle, which in turn makes it less useful when there is not a clear understanding of how this principle can be utilised to make choices and decisions. Because staff have exemplified harm reduction in their practice, regardless of whether this was inadvertent or deliberate, it is evident that they demonstrate the values that are rooted in harm reduction work, such as a non-judgmental approach, and prioritizing safety over abstinence. This results in a principle that can be inspiring in its foundation; however, requires further articulation to clarify what matters to Bekaadendang within this principle and how staff should proceed when working with community members who need harm reduction supports.

Nevertheless, it is clear that once again, as with the previous principle of Trauma-Informed Care, staff are able to adapt their approach to each unique individual and harm reduction in and of itself is demonstrated in various contexts throughout the data, whether this be how staff work directly with community members struggling with addiction, or the safety measures they develop to ensure community members have a plan if they are in danger. Furthermore, the values as aforementioned speak to this adaptability to various challenges and contexts. The principle as well is fairly evaluable as harm reduction in general is a concept that has a plethora of literature and best practices to support its implementation in programming. To further strengthen its evaluability, the team will need to work to develop a set of guidelines that can be followed by staff in order to determine for certain if this principle is being adhered to within the context of their service model.

## Cultural Safety

While all the principles that guide Bekaadendang are significant to providing quality of care, cultural safety is of unique importance given that NCFST serves the Indigenous community. Culture is ingrained into the agency structure, and within the Bekaadendang team, many of those on the team are part of the Indigenous community and/or identify as a person of colour. Having the makeup of the team represent the population that seek Bekaadendang services benefits the ability to build relationships with community members as they may share similar lived experience. Furthermore, regardless of staff identity, building a cultural safety net is prevalently reported by those interviewed as one of the first steps in creating a safe space for community members to feel comfortable expressing their needs and being open emotionally to have difficult conversations about the challenges for which they are seeking Bekaadendang's support.

*“Even if, you know, they're not necessarily smudging, they're still technically in ceremony when they're with me. And so just trying to incorporate that in little bits, you know, planting those little seeds.” - Staff Member*



*“It has always been my decision to participate in anything that I've that I've been lucky and grateful enough to have been part of.” - Community Member*

As aforementioned, holding space for self-determination is necessary to cultural safety, and it is evident within the praxis of the team's treatment processes. Within the thematic analysis, person-centered approaches were not only used by staff, they were also experienced by the community members interviewed. It was often expressed that they felt like they were the leaders of their own

treatment, where they were able to decide what needs they wanted to address while still feeling supported by staff. Culture must be approached with sensitivity and understanding, as the way in which one identifies with their cultural background can look different from person to person. As such, staff reported that various cultural practices and resources were only facilitated and provided based on the community member's level of comfortability and desire to have such programming. Community members reflect this approach, emphasizing that culture was never pushed onto them, and they were able to express themselves in a way that felt most authentic. Additionally, cultural teachings and traditions are integrated into the programming provided by Bekaadendang. Starting in a good way through smudge to ground participants is a practice that staff reported being present within some of the workshops and group programs they facilitate, and there are also occasions where guest speakers, such as Elders and Knowledge Carriers provide support and teachings. Sacred medicines are also available for community members if requested.

*“I don't really like fire much, so I don't like using matches and all that stuff, it scares me, so [staff] gave me sage spray, so if I'm stressed out, then I smell it, so I just focus on the smell.” - Community Member*

## Recommendations for Improvement

*“Connecting with Elders and specific ceremonies. That's been a little bit more challenging and not sure if that was just due to the pandemic and in the scarcity of those events happening... [Community Members] kind of looking for it immediately or in the near future, and it's been really hard to get in touch with those particular aspects.” - Staff Member*

It appears based on the interviews conducted with staff, that communication with the Culture Team at NCFST can be improved to ensure that Bekaadendang strengthens the cultural safety already developed with community members. The culture team provides cultural support staff and Knowledge Carriers that can be of benefit to community members seeking more intensive cultural supports in their healing journeys. The lack of discussion surrounding how these teams interact generates a potential concern surrounding communication between departments. There are many services that are provided in-house that would benefit Bekaadendang's service population, and it would therefore be recommended to increase collaboration efforts with the culture team to strengthen accessibility to cultural resources, and to provide another avenue where community members may feel more comfortable expressing their cultural support needs. If there is a funding increase, it might be of significance to consider creating a permanent spot for a cultural support worker within the anti-human trafficking team, as this would help to streamline services in a more efficient way and extend their multidisciplinary capacity.

*OVERALL GRADE: 3.4/5*

GUIDING: <i>Prescriptive and provides advance and guidance on what to do, how to think, what to value, and how to act to be effective</i>	EXCELLENT	GOOD	FAIR	POOR	WORTHLESS
USEFUL: <i>Useful in making choices and decisions</i>	VERY USEFUL	FAIRLY USEFUL	SOMEWHAT USEFUL	SLIGHTLY USEFUL	USELESS
INSPIRATIONAL: <i>Values based, articulate what matters both in how to proceed and the desired result</i>	VERY INSPIRING	FAIRLY INSPIRING	SOMEWHAT INSPIRING	SLIGHTLY INSPIRING	UNINSPIRING
DEVELOPMENTAL: <i>Adaptability and applicability to diverse contexts and complex situations over time</i>	HIGHLY ADAPTABLE AND APPLICABLE	FAIRLY ADAPTABLE AND APPLICABLE	SOMEWHAT ADAPTABLE AND APPLICABLE	SLIGHTLY ADAPTABLE AND APPLICABLE	NOT ADAPTABLE AND APPLICABLE

EVALUABLE: <i>Possible to document and judge whether it is actually being followed, and what results from following the principle</i>					
	HIGHLY EVALUABLE	FAIRLY EVALUABLE	SOMEWHAT EVALUABLE	SLIGHTLY EVALUABLE	CAN'T BE EVALUATED

As it relates to cultural safety as an effective principle under the GUIDE framework, it would again be important to articulate what cultural safety means to Bekaadendang. Cultural safety can mean different things to different people, and this is why it is important to emphasize how cultural safety is aimed to be practiced by the Anti-Human Trafficking Team, in addition to clarifying the resources at the team’s disposal. Perhaps also identifying communication avenues with the culture team would make this principle more prescriptive and useful for staff, especially non-Indigenous staff, who may not necessarily know about the resources available to provide. It is challenging to understand what makes this principle inspirational because a set of values have not been articulated; however, staff do demonstrate an approach that does indeed identify what is most important when working with the Indigenous community, and now is seen in their approach how they work to create a safe environment for those they serve. This principle is developmental in its ability to shift depending on the context, and staff exemplify this when giving community members the lead on how they want to integrate culture within their services. As with the other principles, it is hard to evaluate this principle because it is not well translated to staff in a way that is clear on what the expectations are in order to adhere to the principle. An overall grade of 3.4/5 is given to cultural safety for these reasons.

After-Care Peer Support

*“Some of the skills that we teach are on self reflection and assessing your needs. That in and of itself is a huge part of even recognizing what's triggering for you, right? And then being able to say...I think I need help, and then being able to ask somebody for help. So those are the skills that we teach in the group” - Staff Member*

The principle of after-care peer support is twofold, encompassing wraparound supports and mentorship into an umbrella of services and programs provided by Bekaadendang. Relationships are again at the forefront of this principle, where staff work with community members to strengthen the relationship with themselves, their families, and their community, whilst also building a network of

resources and life skills to move forward. There were some community members interviewed who expressed how important it was for them to repair relationships with loved ones with whom they might have impacted negatively when they were struggling with their own trauma. Working to heal themselves first was necessary for this to occur, and the community members who reported these challenges felt like they were in a better place to communicate with the loved ones they hurt and avoid relationships that did not serve them in a positive way. Many of the workshops that were held by the Bekaadendang team, such as “Healthy Relationships” provided community members with the skills necessary to work through these challenges related to their personal relationships, whilst allowing them to develop new relationships with their peers at the same time.

Within the analysis, group dynamics was a theme often discussed when community members referred to programming, especially as it relates to the Peer Support program. The Peer Support program, known as “Bekaadendang Neechi” was in its developmental stages when the community members interviewed were receiving services. As noted prior, Bekaadendang means “Being Peaceful,” and “Neechi” means friends, and the goal of the peer support program is to be peaceful friends with one another, “Bekaadendang Neechi.” All but one of the community members interviewed participated in the peer support program, and this

program was held in high regard by all such participants. “The Peer Mentorship program incorporates grounding, the Cree Medicine Wheel, and modules/sessions that aim to support Peers on a healing and cultural journey” (Bekaadendang

*“I just graduated from the peer support program too. I have to say that that was really a big part of my healing.” - Community Member*

Neechi, 2021). There are a total of ten sessions, each of which are split into the four aspects of the self, emotional, spiritual, mental, and physical. These sessions have overarching themes where different teachings, activities, workshops, and discussions are held; however, as staff reported, the program can be adapted to fit the unique needs of the cohort of community members. Community members shared many stories about their time in the peer support program, where they made beading artwork, dreamcatchers, received teachings with Elders and Knowledge Carriers, and had group discussions about topics like the inner critic, grounding and mindfulness, budgeting, connection to nature, and many others.

All these components give community members the opportunity to learn and develop life skills that they can implement within their own healing journeys. Community members had myriad positive remarks about the peer support program, and they were especially grateful for the facilitators who took the time to not only create activities and workshops, but to build a relationship with them that felt strongly situated in Love and compassion, which is reflective of another grandfather teaching. While the Peer Support Program at the time did not have peer mentors due to it being the first cohort to take place, staff and other guest speakers facilitating the sessions with community members are seen as mentors in this context. Both the team and community members expressed the desire to have those

*“I think learning from the group, too, like about the inner critic...the awareness of like ohh I'm not the only one that feels this way and staff supported by being present, yeah, just being there.” - Community Member*

who graduated the Peer Support Program to come back as peer mentors for the new cohorts that will be participating in the future. It is important to emphasize peer support within the staff team as well, as without the solidarity and professional relationships they nurtured amongst themselves, programs like Bekaadendang Neechi would not have

the impact that it has. While not necessarily intentional, the compassion that the team has for each other sets an example for community members about positive social relationships.

Recommendations for Improvement

Community members strongly requested more in-person sessions as it can be difficult to engage when online. Doing so will also help foster peer connections among community members, developing their support networks further as they exit Bekaadendang services. Communication within the staff team is exceptional; however, there remains an opportunity to strengthen interdepartmental communication within the agency. Doing so ensures that all workers involved in a community member’s life are on the same page, as there are many instances where such community members have overlapping services within the agency. Furthermore, this would help in referring community members to other resources and programs within the agency as a relationship among staff is already established. This can then strengthen the wraparound services that the team not only provides, but that the agency strives to provide for all community members served by NCFST.

OVERALL GRADE: 4.6/5

<b>GUIDING:</b> <i>Prescriptive and provides advance and guidance on what to do, how to think, what to value, and how to act to be effective</i>	EXCELLENT	GOOD	FAIR	POOR	WORTHLESS
<b>USEFUL:</b> <i>Useful in making choices and decisions</i>	VERY USEFUL	FAIRLY USEFUL	SOMEWHAT USEFUL	SLIGHTLY USEFUL	USELESS
<b>INSPIRATIONAL:</b> <i>Values based, articulate what</i>	VERY INSPIRING	FAIRLY INSPIRING	SOMEWHAT INSPIRING	SLIGHTLY INSPIRING	UNINSPIRING

<i>matters both in how to proceed and the desired result</i>					
DEVELOPMENTAL: <i>Adaptability and applicability to diverse contexts and complex situations over time</i>	HIGHLY ADAPTABLE AND APPLICABLE	FAIRLY ADAPTABLE AND APPLICABLE	SOMEWHAT ADAPTABLE AND APPLICABLE	SLIGHTLY ADAPTABLE AND APPLICABLE	NOT ADAPTABLE AND APPLICABLE
EVALUABLE: <i>Possible to document and judge whether it is actually being followed, and what results from following the principle</i>	HIGHLY EVALUABLE	FAIRLY EVALUABLE	SOMEWHAT EVALUABLE	SLIGHTLY EVALUABLE	CAN'T BE EVALUATED

After-Care Peer Support as an effectiveness principle receives an overall score of 4.6/5 because of how strongly this principle is developed within Bekaadendang. There are several program materials that help identify what this principle entails, and programming that puts this principle into practice. As such, it is excellent in its guidance whilst also being useful in making choices and decisions; however, it might be of benefit to articulate further the utility of this principle to gain more clarity on how it may need to adapt to changing circumstances. There were times where programming had to be cancelled because of unforeseen circumstances, but there was no alternative or Plan B in place. Further preparation is needed to be more developmental within the GUIDE framework, as staff should know what to do in the event that a challenge may arise in facilitating services. Nevertheless, this principle is very inspiring, as shown by community member's soaring reviews of the Peer Support Program, in addition to the family-like dynamic that the Anti-Human Trafficking team has developed amongst each other. This principle is also highly evaluable because it is so well prescribed and translated in practice.

### Four-Quadrant Medicine Wheel Approach

The four-quadrant principle speaks to the importance of addressing the spiritual, mental, physical, and emotional aspects of the self. All four quadrants are interconnected and addressing the needs within each quadrant helps to facilitate balance and harmony within the whole person. The seven grandfather teachings, which include Love, Respect, Bravery, Honesty, Humility, Wisdom, and Truth, are integrated into this approach, and used to guide the team's work with community members. Bekaadendang works with community members to treat the whole self instead of individual

symptoms, and this is illustrated within their treatment approach, but also within the documentation they use to assess the needs of service recipients. When conducting the initial assessment, the team has a report template with fields that ask about the emotional, physical, mental, and spiritual needs of the community member along with treatment goals related to healing, all such goals are rooted in relationships<sup>3</sup>. The guides not only help staff understand what questions to ask that speak to each of the four quadrants, it also helps the community member understand how each concern or need they would like to address fits within their overall wellbeing<sup>4</sup>.

*“How are you taking care of your physical well-being? Are you eating? Are you sleeping...what are you doing for your mental well-being are you're taking care of your mental self, your spiritual self? What do you need? Do you want medicine...just check in with they want all four things right? Like how you do you take care of this? What do you need to take care of that?” - Staff Member*

It is evident that these four quadrants are built directly into the treatment philosophy of Bekaadendang, based on the analysis of staff interviews, the team demonstrates significant experience and familiarity with the four quadrants. The team uses the four quadrants as a guide to understanding the community members immediate needs and long-term goals, which can lead to a greater sense of

*“I like to call it sneaky clinical because I don't really think that you can build rapport with somebody if you come up too rigid or inauthentic. Meeting them where they're at is always how to how to start.” - Staff Member*

self-awareness, personal growth, and healing for community members. In practice, community members report having discussions with staff about the four quadrants of the medicine wheel, and they found it valuable to understand each aspect of the self so they could focus on the goals they wanted to achieve as part of their healing journeys.

<sup>3</sup> See Appendix B for example of a blank assessment template

<sup>4</sup> Assessment Guide

Recommendations for Improvement

This principle is very strongly situated within the GUIDE framework and is evaluated as the strongest principle of the five identified by Bekaadendang. This is because of how ingrained this principle is within not only the service model, but within the other principles as well. Interconnection transcends beyond the scope of four quadrant assessment and intervention as it illustrates how each of the principles that guide Bekaadendang are inextricably linked to one another. For each principle to be implemented suitably, they must operate in unity. One cannot provide trauma-informed care without understanding how trauma affects the emotional, spiritual, mental, and physical aspects of the self. This overlaps into harm reduction strategies, as reducing harm must involve understanding how addressing the harm helps to heal each aspect of the self. Using the four quadrants to guide one’s practice promotes cultural safety for the community members served by Bekaadendang, as it is grounded in Indigenous ways of understanding the self and underpinned as part of the four directions of the medicine wheel.

Finally, after-care peer support focuses on addressing the needs within the four quadrants by wrapping the community member around a circle of support that seeks to strengthen relationships and increase accessibility to healing resources. It would prove challenging for the principles to operate in silos and be as effective as they are for community members. The same is true for the broader systemic issues that impact risk and vulnerability. All of the community members interviewed indicated they were challenged with other systemic barriers that connect to their experiences of human trafficking and sexual exploitation. The principles work together to create the balance necessary to foster healing and improve the life trajectories of the community members served. Analysis proves that staff have created a solidified team dynamic based on these four quadrants to create a service approach for which community members have glowing reviews.

OVERALL GRADE: 4.8/5

GUIDING: <i>Prescriptive and provides advance and guidance on what to do, how to think, what to value, and how to act to be effective</i>	EXCELLENT	GOOD	FAIR	POOR	WORTHLESS
USEFUL: <i>Useful in making choices and decisions</i>	VERY USEFUL	FAIRLY USEFUL	SOMEWHAT USEFUL	SLIGHTLY USEFUL	USELESS
INSPIRATIONAL: <i>Values based, articulate what</i>	VERY INSPIRING	FAIRLY INSPIRING	SOMEWHAT INSPIRING	SLIGHTLY INSPIRING	UNINSPIRING



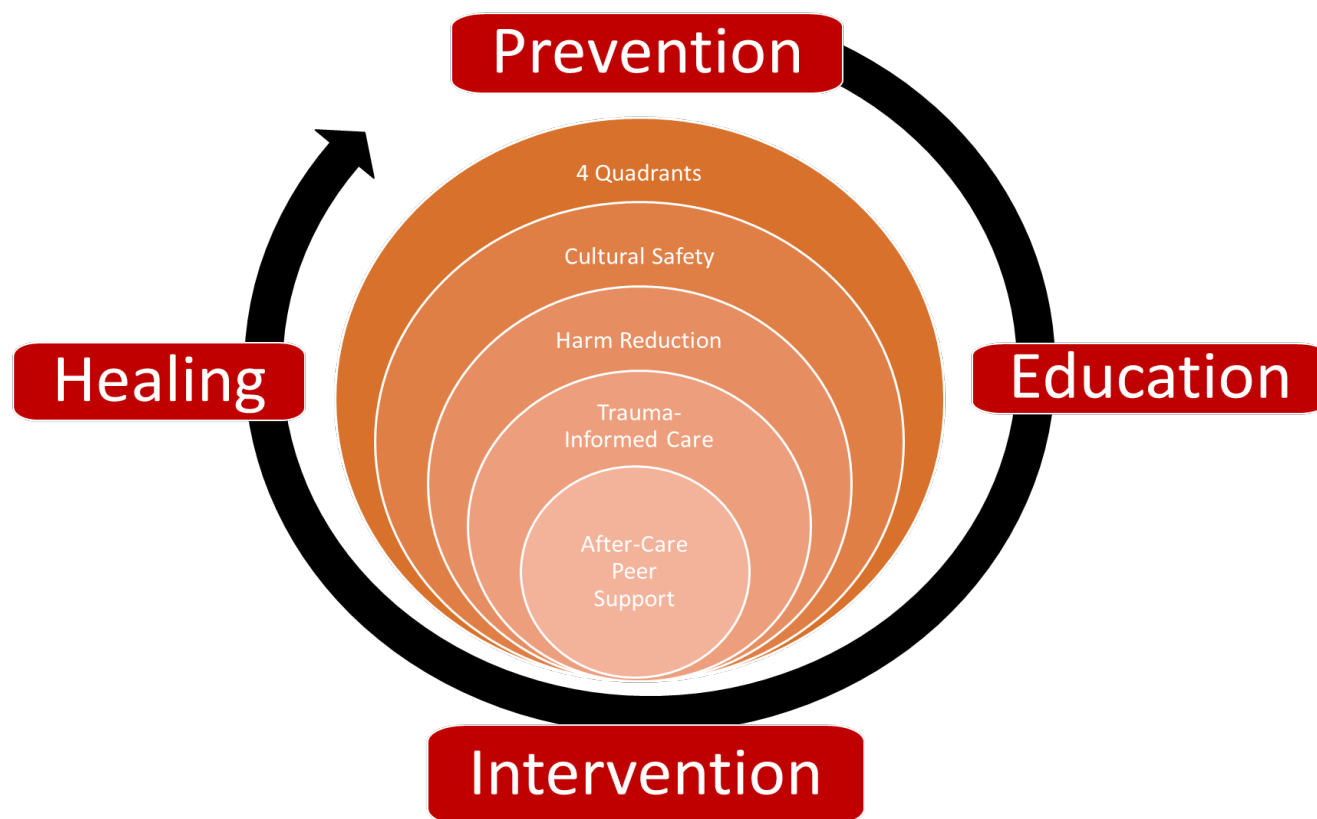
<i>matters both in how to proceed and the desired result</i>					
DEVELOPMENTAL: <i>Adaptability and applicability to diverse contexts and complex situations over time</i>	HIGHLY ADAPTABLE AND APPLICABLE	FAIRLY ADAPTABLE AND APPLICABLE	SOMEWHAT ADAPTABLE AND APPLICABLE	SLIGHTLY ADAPTABLE AND APPLICABLE	NOT ADAPTABLE AND APPLICABLE
EVALUABLE: <i>Possible to document and judge whether it is actually being followed, and what results from following the principle</i>	HIGHLY EVALUABLE	FAIRLY EVALUABLE	SOMEWHAT EVALUABLE	SLIGHTLY EVALUABLE	CAN'T BE EVALUATED

This principle is graded a 4.8/5 overall because of how well it guides practice, its utility within assessment and program materials, its values as underpinned by Indigenous knowledge, and its adaptability and applicability to the individual. The reason why it is not a full 5/5 is because as with other principles, the team would benefit from this principle being articulated within a training manual so there is a clear place where staff can reference to if they need to understand how to adhere to this principle in practice. This does not take away from the work that staff are already doing to adhere to the 4-Quadrant Medicine Wheel Approach, as they do very strongly adhere to it, but for the purpose of the principle being effective under the GUIDE framework, and for future evaluations, creating this training manual that articulates each principle that guides Bekaadendang would bring this service to new heights as they continue to evolve.

## Meta-Principles

While not explicitly indicated as guiding principles, Bekaadendang staff often spoke to the processes that underpin the praxis of the team. Prevention, education, intervention, and healing emerged as meta-principles that work within its own four quadrant dynamic and in tandem with the guiding principles analyzed. Prevention intersects with a trauma-informed framework in that it seeks to address the root causes of trauma and to prevent it from occurring in the first place. Similarly,

education aligns with after-care peer support as it involves providing opportunities to learn and apply new skills that promote healing for community members. Intervention intersects with harm reduction in that it involves providing strategies to reduce harm and address needs, while also being mindful about safety and working with community members where they are at, to establish cultural safety. Finally, the principle of healing aligns with the four quadrants by addressing the emotional, mental, physical, and spiritual aspects of the self to create balance and harmony.



*Figure 5: Guiding Principles Visualization*

These intersecting principles demonstrate the holistic and integrated approach taken not only by Bekaadendang as a multidisciplinary team, but by the Holistic Prevention Services department at NCFST. These meta-principles are often identified in other Holistic programs at the agency, as they help build the foundation of what each program seeks to achieve with the community members they serve. Overall, these meta-principles of prevention, education, intervention, and healing highlight the interconnected nature of the guiding principles and the importance of considering all aspects of an individual's life to get a full picture of the supports they need and foster a therapeutic healing environment as a result.

Discussion

It is evident that Bekaadendang has a positive impact on both staff and community members alike. The common consensus in interviews with both groups indicate that every person involved gains new reflections, teachings, and healing medicine that transcends beyond the services and program activities provided. Staff report feeling like a family within the Bekaadendang team, as they know they can rely on each other for support and encouragement. Communication and checking in with each other is common practice within the team, reminding each other to prioritize their wellness and self-care, while providing a safe space to debrief when there are difficult days. Staff have “cultivated a strong sense of community” where they can lean on each other when in need of a helping hand. This sense of community begins at the supervisory level, where every single staff member expressed gratitude for the support and mentorship they receive.

Similarly, community members interviewed experienced similar feelings of support and encouragement throughout their time receiving services from Bekaadendang. Many of the community members interviewed specifically named at least one staff member with whom they had a therapeutic and impactful relationship, whilst emphasizing how the teachings, mentorship, and supports were not only powerful, but held immense value within their healing journeys. Community members reported their lives shifting in a positive direction because of Bekaadendang, where they felt like they had stability, increased confidence, and found “purpose within their pain” as quoted from a community member.

As aforementioned, the principles evaluated are ingrained into the team dynamic and reflected in the stories of staff who highlighted the positive impacts of working together. They are interconnected and rooted within foundational philosophies of Holistic Services, demonstrating the thought that was put into its program development.

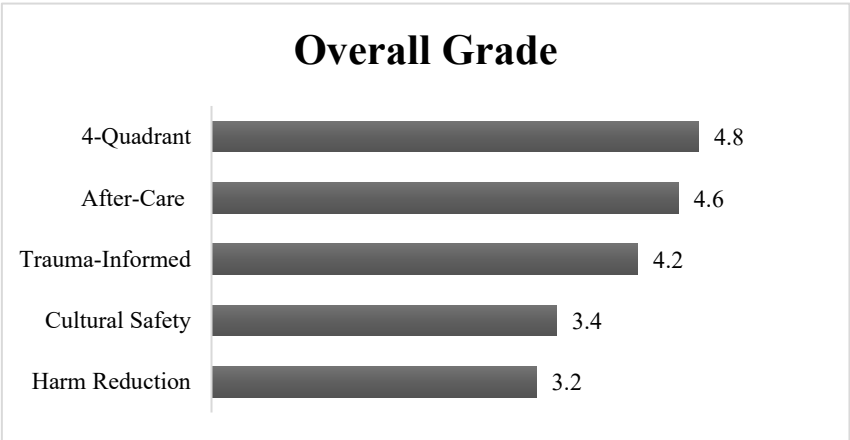


Figure 6: Overall Grade of Effectiveness Principles

While indeed the principles were not initially developed within the GUIDE Framework, analysis shows that each principle is quite strong in its effectiveness, adhered to by staff, and experienced significantly by community members. As illustrated in Figure 6, the strongest principle is the 4-Quadrant Medicine Wheel Approach while the principle in most need of improvement is harm reduction.

## In Their Own Words

While the purpose of this program evaluation is to evaluate the effectiveness of the guiding principles, it is also important to highlight trends in the data as derived from the analysis of the words spoken by

both staff and community members.

Comparing what was said during staff interviews with community member interviews can provide an additional lens to this evaluation through the amplification of participant voice. By creating visualizations that illustrate words that were most frequently said by staff and community members, one can see an overall picture of themes that were discussed, similarities amongst staff and community members, and what seemed to be of particular significance to those interviewed.

For staff, the most frequently spoken words include but are not limited to, 'need,' 'feel,' 'support,' 'good,' 'team,' 'group,' 'people,' 'trauma,' 'help,'

Figure 7: Word Cloud - Staff

and ‘relationship.’ These words closely reflect the principles of trauma-informed care, after-care peer support, and the 4-quadrant medicine wheel approach. Throughout the interviews, teamwork, assessing needs, understanding how to practice with those afflicted by trauma, fostering relationships with staff and community members, and practicing in a good way, were themes that were often emphasized.

As for community member interviews, the most frequently spoken words include but are not limited to, 'feel,' 'program,' 'good,' 'worker,' 'need,' and 'support.' Community members often discussed the peer-support program, their relationship with their worker, expressing their needs, participating in a good way, and receiving supports from Bekaadendang. These



Figure 8: Word Cloud - Community Members

words similarly reflect the principles of after-care peer support, trauma-informed care, and the 4-quadrant medicine wheel approach. Interestingly, these were the strongest evaluated principles, and to have them reflected in the words spoken by both staff and community members demonstrates how integrated these principles are into not only practice but also the experiences of service users. This overlap in both the words spoken and the principles emphasized indicates a synergistic relationship between staff and community members, where knowledge is translated into practice, and outcomes are experienced as intended by the Anti-Human Trafficking team.

## Future Directions of Bekaadendang

While analysis demonstrates that Bekaadendang strongly situates itself within its guiding principles, there are many suggestions provided by both staff and community members about how this service can be further enhanced to meet the needs of the community. While analysis of the guiding principles uncovered areas for improvement, the feedback provided by staff and community members highlights the value of Bekaadendang within the agency structure and emphasizes the importance for increased funding initiatives directed at this integral service. The staff members interviewed strongly emphasized the positive team dynamic within the Anti-Human Trafficking team; however, there were suggestions provided that would help to continue fostering the bond that the team has. For example, more team days where all staff get together in person would be a “great grounding tool” for staff, and this is especially important as the team evolves and changes. Another key area for improvement is the need for more resources and support for both staff and community members. This includes the need for more funding, support teams in different locations, and additional staff to help manage caseloads or lower caseloads to allow for more individualized support.

Accessibility to programming is another area for improvement that was suggested. For community members, it is important that programming is easy to get to and access, and while remote programming can help mitigate the concern of travel, community members expressed a need for more in-person interaction. While the COVID-19 pandemic did make an impact in this regard, it is with optimism that Bekaadendang can begin to expand their in-person programming going forward. Additionally, community members suggested after-hours supports as evidently the need for assistance from a worker can happen at any time. Having an after-hours staff or varying staff schedules to cover longer hours could help to address this concern with community members.

Furthermore, Bekaadendang serves a broad population of community members, and these community members have loved ones and family members who might benefit from also participating in their healing journeys. As such, it would be beneficial to consider implementing a more collective approach to healing through the inclusion of those individuals in programming and group counselling. Having this as an option for community members who wish to repair and reconnect with important people in their lives would strengthen Bekaadendang’s approach to addressing historical trauma, by more closely addressing Indigenous worldviews on the collective experience of trauma within the family system. Even hosting workshops for families who may not necessarily be directly involved in Bekaadendang services, but who may want further education on the signs and symptoms of human

trafficking victimization, risk-factors, and creating an overall awareness of the current service offerings provided by Bekaadendang would help to expand the important work being done by staff on the Anti-Human Trafficking Team. Implementing these suggestions can help ensure that Bekaadendang is better equipped to meet the needs of the community it serves.

While the aforementioned are ways in which Bekaadendang can improve their services, there are additional ways in which Bekaadendang can improve as it relates to its guiding principles. As prefaced at the beginning of this report, this program evaluation takes a retroactive approach to its assessment of Bekaadendang's guiding principles, as these principles were identified and facilitated prior to the development of this evaluation. As such, the principles could not be assessed accurately under the GUIDE framework because they were not created with this in mind. Nevertheless, with a modified assessment as derived from Patton's (2018) principles-focused evaluation effectiveness principles GUIDE assessment, this evaluation produced a preliminary grade to determine the effectiveness of the principles developed by Bekaadendang and its adherence to such principles simultaneously. It is therefore recommended for Bekaadendang to use these assessments and apply them by transforming the principles from what can be currently understood as a best practice framework, to a set of principles that explicitly define what they mean to Bekaadendang as a service and articulate how such principles are meant to be applied by the Anti-Human Trafficking team as part of a process. This framework, unique to Bekaadendang can then be implemented within training manuals, onboarding, and orientation of staff as part of the Anti-Human Trafficking team.

Beyond training materials, these principles, while understood and adhered to by all staff interviewed, must be further solidified in the treatment approach within the team, as even though all staff are highly qualified in their roles and do indeed apply these guiding principles in their practice, it is important for them to be deliberate and intentional in their adherence to the principles, and this requires further awareness of these principles as pillars of Bekaadendang's service model. As the evaluator of this service, it was unclear to me whether staff were explicitly aware of the guiding principles prior to this evaluation taking place, despite the fact that they might have been adhering to these principles in practice. Supervisors should work to promote these principles, have discussions with staff about the principles, and check in with staff about how they are adhering to these principles as part of regular meetings, whether that be during individual supervision or during team meetings, and even team days. Continuing to remind staff of these principles and what they mean to Bekaadendang will help to further situate these principles as effective within the GUIDE framework, and also demonstrate that these principles are top of mind when facilitating programming and services to community members. To maintain currency and accuracy in the guiding principles, it is important for leadership to view these principles as living, where the principles can be researched and reviewed on a regular basis to determine new innovations in praxis that may be of benefit in its application to Bekaadendang, whilst ensuring that such updates are guided by an Indigenous lens, prioritizing literature from Indigenous researchers who are experts in the field.

This evaluation of Bekaadendang is not only important for the improvement of Bekaadendang itself, but for all holistic support services facilitated by NCFST. The meta-principles of prevention, education,

intervention, and healing are rooted in each and every holistic program at this agency, and when developing policy and within strategic program development it would be important to ensure that these meta-principles are explicitly articulated and harmonized as an overarching philosophy that guides the approach of holistic support services. Additionally, other programs that operate similarly to Bekaadendang, as well as any future programs that may be developed would benefit from using the GUIDE framework to develop a set of principles that represent their program and service approach. This will not only help in clarifying what this program values, but also what staff should be considering every time they practice with community. Doing so will also aid in assessing their program similarly to this evaluation for Bekaadendang, as outcomes are again not always indicative of a successful and impactful service model. This can also contribute as part of staff performance evaluations, as this would serve as a way to determine if the principles are being adhered to, while also understanding where more staff support is needed, such as with training and culture.

## Conclusion

The guiding principles analyzed in this principles-focused evaluation provide a comprehensive and holistic approach to addressing human trafficking and the needs of affected community members. The principles of trauma informed care, 4-quadrant medicine wheel approach, cultural safety, harm reduction, and after-care peer support, as well as the meta-principles of prevention, education, intervention, and healing, all work together to address the complex and intersecting needs of community members. Each principle provides a unique and valuable perspective that contributes to the overall success of the team's efforts in providing quality of care and support to those affected by sexual exploitation and human trafficking. The team's dedication to the guiding principles analyzed have positively impacted the community members they serve, and with increased funding, Bekaadendang will be able to reach more community members, facilitate more programming, and provide more resources to those who are often ignored by our criminal justice system.

Some of the areas of improvement previously highlighted are easily attainable through re-structuring communication methods, and expanding outreach among the agency; however, additional funding would increase the capacity for Bekaadendang to participate in professional development opportunities, increase access to harm reduction education and resources, and broaden the scope of the team dynamic to increase its multidisciplinary capability. As it relates to the effectiveness of the guiding principles, while strongly adhered to in practice and experienced by community members, further articulation and clarity are needed to ensure that the actions taken by staff are intentional and rooted in the guiding principles as defined by Bekaadendang.

While Bekaadendang addresses the particular social problem of human trafficking and sexual exploitation and seeks to mitigate the systemic challenges that community members face in other areas such as housing, employment, food security, among other issues, it is clear that one program cannot solve all the problems that led community members to being referred to this service in the first place. These issues intersect, and as communities and advocates continue to pressure the government to place more funding and attention on these issues as a compendium of social problems, it would be important for Bekaadendang to work toward increasing networks with other agencies, organizations, and programs that address other interconnected social problems as a way to strengthen the ability to provide wrap-around support from the grassroots level.

To conclude this evaluation would be making the assertion that there is nothing more to be done, yet the complex social problems that Indigenous women, girls, and 2SLGBTQQIA individuals experience persist. There continues to be more and more FNIM individuals going missing, being sexually exploited, trafficked, and murdered, and the government simply is not doing enough. This is why services like Bekaadendang are so integral for the Indigenous community, and while systemic issues may be too large to handle by one team alone, it is evident that the Anti-Human Trafficking Team is working tirelessly to support as many community members as they can find peace. Listening to the stories of both staff and community members promoted a sense of healing for myself as the evaluator, and this



again speaks to the impact that Bekaadendang has on everyone who interacts with their services. While this evaluation summarizes these experiences as they are situated within the guiding principles, the final words within this evaluation are for the community members to have as they are the epitome of the grandfather teaching of Bravery for speaking their truth. It takes a lot of strength and courage to seek support and to be vulnerable, and to lead as examples for future cohorts of community members receiving Bekaadendang services. It is with hope that their words will encourage more community members to seek out the supports they need and for other organizations to see the importance that a well-articulated and developed service model can do in dismantling the systemic barriers that vulnerable communities face. At the end of each interview, I asked participants what was the most influential part of their healing journey while receiving services from Bekaadendang. The following stories speak for themselves:

*“Native child saved me from human trafficking...saved me from believing that I deserve to be abused because I always thought that men had a right to misuse their strength and power over the woman because of my own incorrect core beliefs and I was very attracted to unhealthy men...I just knew that I wasn't reacting well and I wasn't responding well, and I wasn't cultivating and I wasn't growing and I lost everything and I lost myself because of being in those kinds of relationships. So I was in unhealthy relationships all my life. I carry a lot of shame because of being a sex worker prior to being a victim of human trafficking. So, I always felt like a sex worker, a woman who is addicted to drugs, is a piece of trash meant to be thrown away.... Now I don't feel that way. Like, I don't feel like I have to sell my body to be loved. I don't feel like I have to do drugs to be able to dissociate so that I can sexually be with somebody who I don't love. But now I'm able to share that with other women so that they can get out of the trap sooner than I did, and it's valuable coming from someone who you know has experience similarly to someone else...now I'm not afraid of anybody.” - Community Member*

*“Flexible communication, like being able to text and stuff, any time during the day.” - Community Member*

*“...Stability and even with [STAFF MEMBER] I knew like she's very punctual...support and being accountable, and [STAFF] showing up for you.” - Community Member*

*“I think it's really important to get to be set up with the person who is going to be a fit for you, because that's all I had...all of the materials provided...all of that made a difference for me, and all of the incredible exercises, the full circle...just doing it with me. Supporting mattered to me... I've talked about my trauma and all of that stuff, you know, but it wasn't specific to human trafficking, and that's really the distinction. When you're in different various situations, periods in your life, it just seemed like, wow, it was the right time to do this. Having the closeness of [STAFF], the support and doing it together and just really getting me through that particular period.” - Catherine Morningstar (Ba)*

Appendix A

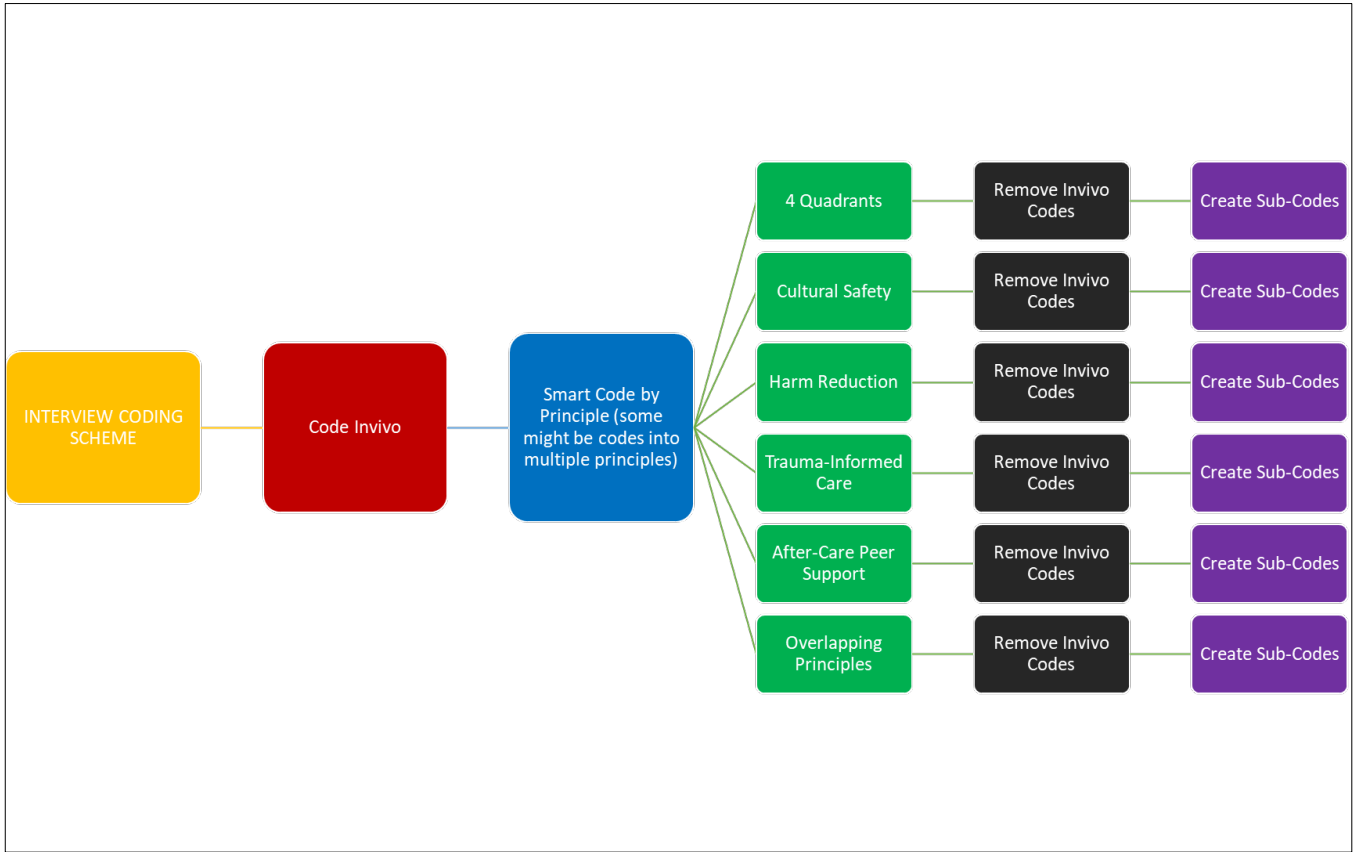


Figure 9 - Coding Workflow

## Appendix B

*OVERALL GRADE:*

<b>GUIDING:</b> <i>Prescriptive and provides advice and guidance on what to do, how to think, what to value, and how to act to be effective</i>	EXCELLENT	GOOD	FAIR	POOR	WORTHLESS
<b>USEFUL:</b> <i>Useful in making choices and decisions</i>	VERY USEFUL	FAIRLY USEFUL	SOMEWHAT USEFUL	SLIGHTLY USEFUL	USELESS
<b>INSPIRATIONAL:</b> <i>Values based, articulate what matters both in how to proceed and the desired result</i>	VERY INSPIRING	FAIRLY INSPIRING	SOMEWHAT INSPIRING	SLIGHTLY INSPIRING	UNINSPIRING
<b>DEVELOPMENTAL:</b> <i>Adaptability and applicability to diverse contexts and complex situations over time</i>	HIGHLY ADAPTABLE AND APPLICABLE	FAIRLY ADAPTABLE AND APPLICABLE	SOMEWHAT ADAPTABLE AND APPLICABLE	SLIGHTLY ADAPTABLE AND APPLICABLE	NOT ADAPTABLE AND APPLICABLE
<b>EVALUABLE:</b> <i>Possible to document and judge whether it is actually being followed, and what results from following the principle</i>	HIGHLY EVALUABLE	FAIRLY EVALUABLE	SOMEWHAT EVALUABLE	SLIGHTLY EVALUABLE	CAN'T BE EVALUATED

As modified from Patton's (2018) *GUIDE Framework and Rubric for Effectiveness Principles* (p. 43, Exhibit 6.4)

## Appendix C

### Sample Assessment

Healing Progress/ Review of Medicine Wheel Assessment and emerging issues:  
Strengths/Areas of Growth according to the Medicine Wheel.

A. Four Aspects of Self.

- i. Spiritual (family history, identity, self-esteem, primary relationship with Aboriginal Culture, religious affiliation, etc.)

Bob identifies being connected to her spiritual identity. Bob is Aboriginal from the \_\_\_\_\_. She smudges regularly with writer in session and has stated that she smudges at home (writer has also been smudging with the family during their video sessions). Bob has stated that she has never really felt at home in Toronto, that she misses her community and would very much like to return. Bob has not always had a positive relationship with her Aboriginal Culture due to growing up in foster care and experiencing intergenerational trauma in her family. Bob attends community cultural events through NCFST regularly, often with her kids, and has attempted to do so virtually.

- ii. Psychological (attachment to mother, primary relationships past and present, developmental history past assessments and diagnosis, personality/temperament, addiction issues)

Bob cites her relationship with her mother as a difficult one. While Bob's mother can be a support, Bob also describes her as critical and triggering. From an early age, Bob learned to people please as a way of getting her needs met. Bob stated that she did this particularly with her father, caring for him as a wife would from a young age. Bob experienced emotional and physical abuse as a child as well as turbulent years in care. At a young age, Bob became a Crown Ward when her dad gave her up. This remains a primary attachment wound for Bob and a fate that she fears for her children. Bob has been diagnosed with FASD, although it was noted that it was a minor case. Bob suffers from depression and anxiety. Bob sometimes expresses frustration over her mother favoring her other siblings and the lack of childcare assistance from her mother. Bob has also started speaking with her father again and cites that she often feels bad for him, which has been another focus in therapy.

Bob has 3 children who have different fathers and who were conceived at a time in Bob's life when she was struggling with drug and alcohol addiction. Bob has been clean and sober for 6 years and is currently on the Methadone program. Bob has worked very hard, focusing on her own healing and the care of her children, whom she states she loves and cares for deeply. While Bob relates strongly to her identity as a mother, therapy has also focused on helping Bob establish a sense of self in addition to her caretaker identity. This has included exploring Bob's professional interests and goals.

- iii. Emotional (emotional regulation, coping and defensive strategies, ability to identify, express and release emotions)

Much of Bob's therapy has focused on noticing her emotional states as an alternative to feeling lost in them. When faced with difficult situations, especially involving her children, Bob can become hyperaroused, anxious, and overwhelmed (Bob regularly fears losing her children to CAS). Previously, Bob has expressed a fear of outside intrusion (particularly at night) when she is at home. Bob relates this to being left home alone a lot as a child, particularly in times of crisis. Bob's constant level of heightened arousal suggests that her survival defenses often get triggered. Bob sometimes carries shame about being a "bad mother".

Bob responds well to relational soothing and visualization. Bob also now has dogs living with her, which have been

comforting. As Bob can isolate during difficult times, therapy has focused on reaching out for help in a healthy manner when needed, especially given the nature of the COVID-19 pandemic. Bob has noted that sometimes her emotions build to the point of explosion as she can repress her own needs for the sake of others'. Therapy has also focused on creating safe space for Bob to identify and express her feelings. Writer regularly engages Bob in mindfulness and parts work with the aim of cultivating self-compassion.

- iv. Physical (general health, hygiene, diet exercise, self-care, medication, economic situation)

Physically, Bob takes care of her appearance. Bob has discussed how she will sometimes neglect her own physical needs to prioritize the needs of her children. For example, sometimes Bob will barely eat or skip meals altogether. As a result, Bob has developed a heart condition and needs to work on changing her diet. Bob also learned that she is at risk for diabetes and that she needs to continue making some health changes.

Bob is currently on Methadone. Bob's economic situation often causes her stress as she has a low income, necessitating food cards and other resources. During the pandemic, Bob has been accessing NCFST's hamper program (currently unavailable), food cards, and other community resources for low-income single parent families.

- B. Interrelationships and Interconnections.

- i. Interpersonal Relationships with family, peers, school, community etc...

In terms of family, Bob appears to remain in closest contact with her mother and has been chatting with her father regularly more recently. Bob has also been developing a network of friends and neighbours on whom she can rely for support and assistance with the children. This friend circle is important to Bob given the risk of social isolation. Bob has stated that she feels much safer when she has friends staying with her. Currently, Bob and her children have been utilizing their courtyard and local parks when they can (while maintaining social distancing). In regular circumstances, Bob engages with her community through community events at NCFST and other Indigenous agencies.

Bob recently attended several sessions of a virtual Coping Skills Circle group run by NCFST. Bob has also been interested in taking the Peer Support Program through the WRAP program (Wellness Recovery Action Plan) and would like to do so when she is able.

- ii. Genogram, ecomap, timeline, Life stage (as appropriate)

n/a

- C. Update of Goals/Objectives

To increase awareness of emotional states and encourage healthy choices, to process triggers, to support healthy parenting, to practice resourcing, parts work, and healthy coping strategies, to encourage Bob's connection to her support network, and to connect Bob with community resources and programs.

- D. Ongoing Modalities/Themes of Play/Interventions:

Trauma-informed relational psychotherapy that incorporates parts work (IFS).

- E. Relationship to Healing Process

Bob has stated that she has a strong therapeutic relationship with writer. Bob also feels comfortable addressing her emotional reactions about writer and therapy therapeutically as needed.

- F. Duration and Frequency of Sessions

Biweekly hour-long phone sessions.

- G. Summary

Bob continues to engage in biweekly phone sessions with writer during the COVID-19 pandemic. The issue of the virus has added another level of stress to Bob's life, especially in terms of taking on the kids' schooling and feeling somewhat "trapped" at home without having any other supports there to assist her. Therapy continues to focus on

identifying and processing Bob's triggers, supporting healthy parenting, and encouraging self-care (including accessing her support network). Writer also continues to support the family with food cards. Lately, Bob has been focused on helping the boys readjust to virtual learning as the province-wide Stay-At-Home order continues.

H. Date to next Report (every five months)

27-Sep-21

## References

- Anderson, A. (2018). Truckin' down the principles-focused evaluation road: A review of michael quinn patton's principles-focused evaluation: the GUIDE. *The Qualitative Report*, 23(4), 774–778.  
<https://doi.org/10.46743/2160-3715/2018.3457>
- Bekaadendang Neechi (2021). *Peer Program Modules*. Native Child and Family Services of Toronto.
- Bombay, A., Matheson, K., & Anisman, H. (2014). The intergenerational effects of Indian residential schools: Implications for the concept of historical trauma. *Transcultural Psychiatry*, 51(3), 320-338.
- Bourgeois, R. (2015). Colonial exploitation: The Canadian state and the trafficking of indigenous women and girls in Canada. *UCLA Law Review*, 62(6), 1426–1463.
- Chadwick, A. (2019). Imagining alternative spaces: Re-searching sexualized violence with indigenous girls in Canada. *Girlhood Studies*, 12(3), 99–115. <https://doi.org/10.3167/ghs.2019.120309>
- Christmas, R. (2020). Violence against canadian indigenous women and girls. *Sex Industry Slavery in Present-Day Canada*, 83–105. <https://doi.org/10.3138/9781487535711-007>
- Dodd, S. J. (2019). Principles-Focused evaluation: The GUIDE. *Journal of Teaching in Social Work*, 39(2), 190–192. <https://doi.org/10.1080/08841233.2019.1536180>
- Durisin, E. M., & van der Meulen, E. (2020). Sexualized nationalism and federal human trafficking consultations: Shifting discourses on sex trafficking in Canada. *Journal of Human Trafficking*, 7(4), 454–475. <https://doi.org/10.1080/23322705.2020.1743604>
- Fecser, F. A. (2014). life space crisis intervention: LSCI in trauma-informed care. *Reclaiming Children and Youth*, 22(4), 42.



Finlay, J., Scully, B., Kent, M., Farrell, T., Dicks, P., & Salerno, J. (2019). Cross-over youth project.

Navigating quicksand. Ryerson University. Toronto, Ontario: The Cross-Over Youth Project.

Hershberger, J. M. (2021). A Relational-Cultural Theory Approach to Work with Survivors of Sex Trafficking. *Journal of Creativity in Mental Health*, 16(4), 456–466.

Hopper, E. K., Azar, N., Bhattacharyya, S., Malebranche, D. A., & Brennan, K. E. (2018). STARS experiential group intervention: a complex trauma treatment approach for survivors of human trafficking. *Journal of Evidence-Informed Social Work*, 15(2), 215–241.

Kingsley, C., & Mark, M. (2000). Sacred lives: Canadian aboriginal children and youth speak out about sexual exploitation. *Human Resources Development Canada*. [host.jibc.ca/seytookit/pdfs/sexual-exploitation-resource-guide.pdf](http://host.jibc.ca/seytookit/pdfs/sexual-exploitation-resource-guide.pdf)

Latzman, N. E., Gibbs, D. A., Feinberg, R., Kluckman, M. N., & Aboul-Hosn, S. (2019). Human trafficking victimization among youth who run away from foster care. *Children and Youth Services Review*, 98(October 2018), 113–124. <https://doi.org/10.1016/j.childyouth.2018.12.022>

Louie, D. (2018). Sexual exploitation prevention education for indigenous girls. *Canadian Journal of Education*, 41(2), 633–663.

Murphy, N. F. (2014). *Developing evidence-based effective principles for working with homeless youth: A developmental evaluation of the otto bremer foundation's support for collaboration among agencies serving homeless youth*. [Dissertation].

National Inquiry into Missing and Murdered Indigenous Women and Girls. (2019). *Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls* (Canada).

- Native Women's Association of Canada. (2014). *Sexual Exploitation and Trafficking of Aboriginal Women and Girls*.
- Olson-Pitawanakwat, B., & Baskin, C. (2021). In between the missing and murdered: The need for indigenous-led responses to trafficking. *Affilia - Journal of Women and Social Work*, 36(1), 10–26.  
<https://doi.org/10.1177/0886109920944526>
- Patton, M.Q. (2010). *Developmental evaluation: Applying complexity concepts to enhance innovation and use*. New York, NY: The Guilford Press.
- Patton, M. Q. (2018). *Principles-focused evaluation: The guide*. The Guilford Press.
- Parsloe, S. M., & Campbell, R. C. (2021). “Folks don’t understand what it’s like to be a native woman”: Framing trauma via #MMIW. *Howard Journal of Communications*, 32(3), 197–212.  
<https://doi.org/10.1080/10646175.2021.1871867>
- Perry, B. (2006). Applying principles of neurodevelopment to clinical work with maltreated and traumatized children. In N. Webb (Ed.), *Working with traumatized youth in child welfare* (pp. 27-52). New York: The Guildford Press.
- Pidgeon, M. (2019). Moving between theory and practice within an Indigenous research paradigm. *Qualitative Research : QR*, 19(4), 418–436.
- Reid, J. A., Baglivio, M. T., Piquero, A. R., Greenwald, M. A., & Epps, N. (2019). No youth left behind to human trafficking: Exploring profiles of risk. *American Journal of Orthopsychiatry*, 89(6), 704–715.  
<https://doi.org/10.1037/ort0000362>
- Sethi, A. (2007). Domestic sex trafficking of aboriginal girls in Canada: Issues and implications. *First Peoples Child & Family Review*, 3(3), 57–71. <https://doi.org/10.7202/1069397ar>

- Seshia, M. (2005). *The unheard speak out: Street sexual exploitation in Winnipeg*. Winnipeg: Canadian Centre Policy Alternatives (Manitoba).
- Sikka, A. (2010). Trafficking of aboriginal women and girls in Canada. <http://iog.ca/wp-content/uploads/2012/12/>
- Sweet, V. (2014). *Rising waters, rising threats: The human trafficking of Indigenous women in the circumpolar region of the United States and Canada*. Michigan State University of Law Legal Studies Research Paper
- Thunderbird Partnership Foundation. (n.d.). Definitions and terminologies. Retrieved from <https://thunderbirdpf.org/definitions-and-terminologies/#fnmwckeyTerms>
- Waldram, J. B. (2014). Healing history? Aboriginal healing, historical trauma, and personal responsibility. *Transcultural Psychiatry*, 51(3), 370–386.
- Waldram, J. B. (2008). *Aboriginal healing in Canada: Studies in therapeutic meaning and practice*. In *The Aboriginal Healing Foundation research series*. Aboriginal Healing Foundation.