
8-6-2021

The Importance of Explicit and Timely Knowledge Exchange Practices Stemming from Research with Indigenous Families

Elizabeth J. Cooper

University of Regina, elizabeth.cooper@uregina.ca

S Michelle Driedger

University of Manitoba, michelle.driedger@umanitoba.ca

Follow this and additional works at: <https://nsuworks.nova.edu/tqr>



Part of the [Community Health Commons](#), [Maternal and Child Health Commons](#), [Public Health Education and Promotion Commons](#), [Quantitative, Qualitative, Comparative, and Historical Methodologies Commons](#), [Race and Ethnicity Commons](#), and the [Social Statistics Commons](#)

Recommended APA Citation

Cooper, E. J., & Driedger, S. (2021). The Importance of Explicit and Timely Knowledge Exchange Practices Stemming from Research with Indigenous Families. *The Qualitative Report*, 26(8), 2405-2443. <https://doi.org/10.46743/2160-3715/2021.3835>

This Article is brought to you for free and open access by the The Qualitative Report at NSUWorks. It has been accepted for inclusion in The Qualitative Report by an authorized administrator of NSUWorks. For more information, please contact nsuworks@nova.edu.



The Importance of Explicit and Timely Knowledge Exchange Practices Stemming from Research with Indigenous Families

Abstract

Ethical research practice within community-based research involves many dimensions, including a commitment to return results to participants in a timely and accessible fashion. Often, current Indigenous community-based research is driven by a partnership model; however, dissemination of findings may not always follow this approach. As a result, products may not be as useful to participants who were motivated to be involved in the research process. We conducted a seven-week workshop on three occasions with different First Nations and Metis women and girls (age 8-12) in Winnipeg, Manitoba. The workshop explored participants' perspectives around health, safety, and family wellbeing using a strength-based, participatory approach. Participants noted that a key challenge they face when interacting with researchers, policy makers, and program staff is the lack of tailored dissemination materials. Returning results in a format that meets the expressed desire of participants is an ethical necessity to ensure that research is not perpetuating past colonial practices. Doing so quickly and with meaningful content requires careful execution and consideration, especially when working within intergenerational contexts. We describe in this paper how results were returned to families in an accessible way outlining the role that integrated knowledge exchange can play in the process of healing.

Keywords

community research, ethics, knowledge dissemination, participatory research, Aboriginal, Canada

Creative Commons License



This work is licensed under a [Creative Commons Attribution-Noncommercial-Share Alike 4.0 International License](https://creativecommons.org/licenses/by-nc-sa/4.0/).

Acknowledgements

We would like to thank the women and girls who participated in this study, and acknowledge the families and community members who supported their participation. We would like to thank the Manitoba Metis Federation Health and Wellness Department for their support of this study. We would also like to thank Dr. Heather Castleden and Dr. Tuula Heinonen for reviewing earlier drafts of this paper. We would also like to acknowledge support provided by the Michael Smith Health Research Foundation and the Canadian Federation for Innovation and Manitoba Research and Innovation Fund: 202990. We would also like to thank the reviewers for their thoughtful feedback on this manuscript.

The Importance of Explicit and Timely Knowledge Exchange Practices Stemming from Research with Indigenous Families

Elizabeth J. Cooper
University of Regina, Canada

S. Michelle Driedger
University of Manitoba, Canada

Ethical research practice within community-based research involves many dimensions, including a commitment to return results to participants in a timely and accessible fashion. Often, current Indigenous community-based research is driven by a partnership model; however, dissemination of findings may not always follow this approach. As a result, products may not be as useful to participants who were motivated to be involved in the research process. We conducted a seven-week workshop on three occasions with different First Nations and Metis women and girls (age 8-12) in Winnipeg, Manitoba. The workshop explored participants' perspectives around health, safety, and family wellbeing using a strength-based, participatory approach. Participants noted that a key challenge they face when interacting with researchers, policy makers, and program staff is the lack of tailored dissemination materials. Returning results in a format that meets the expressed desire of participants is an ethical necessity to ensure that research is not perpetuating past colonial practices. Doing so quickly and with meaningful content requires careful execution and consideration, especially when working within intergenerational contexts. We describe in this paper how results were returned to families in an accessible way outlining the role that integrated knowledge exchange can play in the process of healing.

Keywords: community research, ethics, knowledge dissemination, participatory research, Aboriginal, Canada

Introduction

It is well established that ethical research practices include knowledge mobilization. Within Indigenous research, this is often understood in relation to ownership of data, culturally responsive practices, and capacity building. The importance of effective knowledge translation practices within health research has the potential to lead and improve the health status among Indigenous communities (Estey et al., 2009; Jardine & Furgal, 2010; Morton et al., 2017, Smylie, 2014). Knowledge translation activities range from tokenistic efforts that fall short when the intended audience has different expectations of the researchers, to the creation of products with meaningful applications for the end-users. While researchers have made great strides in knowledge translation activities within the past decade related to both the creation of usable dissemination products to knowledge users such as healthcare practitioners, educators, and policy makers (Jacobson et al., 2003; Straus et al., 2011a, 2011b) researchers have not always applied partnership principles to dissemination products that are intended for participants or the broader community in which participants live. This is not to say that

researchers conducting Indigenous health research have not been committed to sharing back findings with participants and Indigenous partners. Rather, we are noting that finding ways to improve this process that are in line with community needs and desires is paramount for ethical knowledge translation practices within community-based research projects (c.f. Cooper & Driedger, 2018).

The initial idea for this study came about through discussions in 2015 with the Manitoba Metis Federation- Health and Wellness Department (MMF-HWD). Working within Indigenous health research for over a decade and having partnered with the MMF-HWD on various health related projects since 2009, potential directions for new research was an ongoing conversation. The gap in research about decision making practices within families related to health and wellness within urban centres was one such discussion and formed the base for the first author's Ph.D. dissertation project.

Elizabeth Cooper is of settler-Canadian ancestry (Canadian of Sami-Swedish, Polish, and British). Her family traces their ancestry on the Canadian prairies back seven generations. She is committed to community-driven research, is an avid volunteer with youth-oriented organizations and she is committed to being fully present within decolonizing activities, seeing it as a central way to help move towards healing from colonial trauma. During her Ph.D. studies, community members raised the need to “do research differently” and truly engage in community-led research and to create space for participants (children and adults) to guide how they wanted to investigate and document issues around mental, physical, emotional, and spiritual wellness. Michelle Driedger is a proud Metis woman from the Red River Settlement and birthplace of the Metis Nation. Her Metis lineage comes from her mother's side with roots and connections throughout French-Michif communities in the Red River Settlement. In the dispossession of land experienced by the Metis, \$160 scrips (certificates issued equivalent to 160 acres of land) were held and lost by several of her ancestral grandparents. In some cases, these scrips were given to her White-French Settler ancestral grand-fathers even though the ancestral grand-mothers were acknowledged as having the requisite “half-breed” status (the racist term for Metis embodied on written scrips). In all cases, the scrips amounted to little more than the paper on which they were written, representing a long-standing historical trauma at the hands of a colonial system that failed, and often continue to fail, Metis families time and time again. Author 2 adheres to an Indigenous axiology that is committed only to engaging in research that provides value to participants and to relevant governance structures and is conducted in full partnership.

There were four overarching features that play into the theoretical frame used to shape the study design, a strengths based approach, the Metis Life Promotion Framework© (Cooper et al., 2020; Manitoba Metis Federation, 2019), the six Rs of Indigenous research (Archibald, 2008; Kirkness & Banhart, 1991; Styres & Zinga, 2013), and the Anishinaabe sacred teachings (wisdom, honesty, truth, humility, respect, honour, and courage), as understood by participants. Throughout the various studies we have conducted about health and wellbeing, community members have posited that research, interventions, programs, and services need to take a strengths-based approach. This approach helps ground the research in a forward-thinking lens and reminded us to look for factors of community resilience. In response to similar critiques about deficit-based research, the MMF-HWD promotes the use of the Metis Life Promotion Framework©. This framework explores how it is not only health or wellness that need to be explored, but also life as a whole across the life-course. This framework helped to situate research priorities, both within the initial design phase with the MMF-HWD and subsequently with study participants once data collection began. The Metis Life Promotion Framework© has eight key wellness areas: nature, identity, development, relationships, networks, supports, environment, and governance. This is a holistic wellness framework that has been used within First Nations and Metis research to explore determinants of life. Its very language emphasizes

everyone has assets as opposed to focusing on deficits – disease, poverty, and the like. While it is grounded in the contextualization of historical, cultural, and political experiences of the Metis Nation, it can be broadly applied to any person. This framework is a tool that provides a mechanism to organize thoughts and to explore epistemology, positionality, and experiential knowledge in relation to health and wellbeing (Bartlett, 1995, 2004; Bartlett et al., 2010). The framework is depicted using a red river cart (wagon) wheel, with the wellness areas listed in each spoke. A large diagram of the framework hung on the wall of the room where the first workshop was conducted and provided a point of contextualization for participants.

In addition to the Metis Life Promotion Framework©, we applied the six Rs of Indigenous research: Relevance, Respect, Responsibility, Reciprocity (Kirkness & Banhart, 1991), Relationality, and Reverence (Archibald, 2008). By being cognizant of how each of these categories can be applied within each phase of the study, ensuring a strengths-based approach was taken was possible. In addition to the Metis Life Promotion Framework© and the six Rs of research, participants highlighted the need to include the categories from the Anishinaabe seven sacred teachings within every phase of the study to ensure we were working together and applying an ethical and Indigenous-centred approach. The Anishinaabe teachings, as understood by participants, include love, honour, respect, humility, truth, wisdom, and courage.

It was important to us that we used a community driven partnership approach to ensure our research objectives and project goals were in line with the objectives and goals of knowledge users. This included the involvement of the MMF-HWD in determining initial research objectives that were relevant for the organization and academic audiences. We also included participants in a process to develop separate workshop goals that were meaningful for them, as scholarly objectives were a step removed from tangible goals children could understand. Participant goals focused on the importance of building relationships and community while ensuring capacity building and self-care were highlighted. The scholarly research objectives aimed to explore barriers to health and wellbeing, especially as it pertains to the legacy of colonialism. There were many reasons for this academic focus. The systematic marginalization of Indigenous people both through colonial policy, programming, service delivery, and research has left an ongoing legacy of inequitable experiences and challenges. This may be exhibited through historical trauma and historical trauma responses, distrust of people within perceived positions of power and/or authority and willingness to participate within research opportunities. Consequently, in line with a decolonizing methodology that seeks to redress power imbalances in this instance, power imbalances between participants and the research team, we posit that study results must be returned in a timely and ethical way that incorporates Indigenous knowledge and study participant priorities well ahead of researcher priorities. We describe how we undertook this task within an Intergenerational research context conducted with First Nations and Metis women and girls (ages 8-12) in Winnipeg, Manitoba, Canada. The study explored the use of decolonizing, creative methods with a health and wellness focus in order to explore the effects of colonialism within contemporary urban Indigenous experiences. A key finding from the study was an ethical need to return results in a timely manner. Within this paper we provide examples of innovative products that were created. We propose creating knowledge translation tools that meet the intended needs of participants is key to working within the spirit of reconciliation.

Background

Historical Trauma

Historical trauma refers to the cumulative effects of traumatic experiences that disproportionately affect a segment of a population spanning generations (Yellow Horse Brave Heart, 1999, 2003). Within Indigenous populations, historical trauma refers to the ongoing colonial legacy and experiences of intergenerational colonial trauma associated with policies and programs that have systematically sought to disenfranchise Indigenous peoples with the aim to disrupt and dismantle Indigenous families, communities, and cultures (Bombay et al., 2014; Evans-Campbell, 2008; Menzies, 2010; Mohatt, 2014). Historical trauma response includes different reactions to a trauma or series of traumas that include, but are not limited to, somatization, addiction, anxiety, violence including self-harming behaviours, depression, risk-taking activities, anger, and unresolved grief (Bombay et al., 2009; Evans-Campbell, 2008; Walls & Whitbeck, 2012; Whitbeck et al., 2004). The lack of respect, reverence, and reciprocity shown to Indigenous communities throughout the history of colonialism, including contemporary political and societal acts contributes to the trauma.

Common ways to address historical trauma response include improving relationships between family members and communities, providing opportunities for cultural continuity and unpacking the events that have led to trauma, and macroaggressions that continue to perpetuate trauma (Brokenleg, 2012; Goodkind et al., 2012; Linklater, 2014). There are significant racialized tensions experienced with the Canadian education, health, and justice systems (Truth and Reconciliation Commission of Canada, 2015). Canada has a current focus on the process of reconciliation between Indigenous and non-Indigenous peoples, organizations, and political bodies. There are institutional efforts to try to mitigate the trauma faced, including various judgments in favour of Indigenous peoples, but these are often seen as tokenistic responses intended to placate people rather than genuine efforts to improve relationships over an extended period. Within Canada these include such acts as settlements for land claims, residential school settlements, the national inquiry into missing and murdered Indigenous women and girls (Government of Canada, 2016).

This general disconnect is mirrored within social discourse that has emerged within Canada in the face of the recent acquittal of non-Indigenous men within two separate murder cases of Indigenous youth, Colton Boushie and Tina Fontaine. Colton Boushie was a 22-year-old man who was shot in the back of the head while asleep in a car by a farmer in 2016. Gerald Stanley admitted to killing the youth but was acquitted of all charges. His public defense was that the farmer was protecting his family and property and accidentally shot the youth (Jago, 2018; Starblanket & Hunt, 2018). Tina Fontaine was a 15-year-old girl whose body was accidentally found when a rescue crew were searching for another body. Tina Fontaine's body had been stripped of clothing, wrapped in a blanket and garbage bag, weighed down, and thrown into a river for disposal (CBC News, 2014; Taylor, 2015). The man accused of her murder was acquitted in 2017 (Hoye, 2018), two weeks after the acquittal of Gerald Stanley. There was a significant divide across the country, as some people felt that the deaths, while unfortunate were likely justified, and others felt that the deaths were racially motivated, adding to the lengthy list of missing and murdered Indigenous people (Chiose, 2018; Craft, 2018).

As more concrete acts of cultural genocide come to light, Canadian society needs to carefully re-think the long-standing relationship with Indigenous peoples and the legacy this leaves for current generations. In May 2021 a mass, unmarked grave at Kamloops Indian Residential School at Tk'emlúps te Secwépemc containing the bodies of 215 children was uncovered. The residential school was in operation from 1890-1969. Some of the children were as young as 3 years old (Tk'emlúps te Secwépemc, 2021). Residential schools are part of a

dark legacy in Canada's history. Over 150,000 children were forcibly removed from families and communities and sent to facilities that claimed to be educational facilities but were centres aimed to "kill the Indian to save the child." These schools were known for their role in perpetuating cultural genocide. There were countless instances of physical, sexual, and emotional abuse. The intergeneration legacy of trauma continues today. While over 3,000 deaths were documented within the residential schools, many of these were preventable deaths (Hamilton, n.d.; Truth and Reconciliation Commission of Canada, 2015). The recent discovery of the mass grave indicates that this count is likely a substantial underrepresentation of the truth. Academics and activists are working diligently to try to raise awareness of historical trauma, historical trauma response, and what is needed to truly see changes within the Canadian nation following these widely publicized events while combatting privileged responses that continue to deny the severity of events and experiences that negatively target Indigenous peoples.

Unethical Practices and a Need for Change

The ethical disconnect and trauma that arise from the way that Indigenous peoples have been treated is not limited to government or public discourse. Research also has a legacy of unethical practices that date back within Canada over a hundred years. Numerous studies were conducted where researchers categorized physical characteristics of Indigenous peoples such as limb length, height, and head circumference. There were even instances in the 1920's where researchers wanted to examine pubic hair and take samples for research purposes (Brown & Peers, 2005). Such practices continued through the twentieth century, at times without participant or community knowledge that studies were being conducted (Brown & Peers, 2005; Mosby, 2013). Numerous examples of non-Indigenous peoples absconding with sacred and traditional ceremonial artifacts for more than a hundred years, housing these items in museums and private collections around the world remains a point of contention for many Indigenous peoples. Many individuals and Indigenous communities are attempting to reclaim ancestral items with varying success (Fisher, 2012; Matthews, 2016; Museum of Anthropology, n.d.). This process of reclaiming land, artifacts, rights, and freedoms is a central component to enacting cultural autonomy and shifting the ethics of praxis between Indigenous and non-Indigenous communities. This process is not new yet engaging in processes of reconciliation that addresses past harms while moving towards a more equitable future remains a task Canadians continue to struggle to achieve.

Indigenous Research Projects and Changing Ethics

In the mid-1990s, there was recognition that guidelines for respectful research relationships were needed so research could benefit the common good, rather than leaving people with a sense of "being researched to death" (Schnarch, 2004). In 2004, the Assembly of First Nations, Canada, formally developed The First Nations Principles of OCAP[®] to ensure that the perspectives of Indigenous peoples in Canada were central to the research process (Crooks et al., 2013). In 2010, the Government of Canada announced the Tri-Council Policy Statement 2, updated in 2014 (Government of Canada et al., 2014). This re-envisioned policy statement attempts to provide a framework that encourages collaboration, respect, and research that promotes the spirit of OCAP[®]. The policy stipulates researchers should incorporate community engagement, follow cultural protocols, provide the research questions, and engage with people, communities, or community knowledge. Moreover, the principles of ethical engagement and control over the research process remain both a central and necessary component (Brant Castellano & Reading, 2010; Canadian Institute of Health Research et al.,

2014, Crooks et al., 2013). Various communities and research institutes require differing forms of participant engagement and dissemination. This may include principles of stewardship (Martens, Bartlett et al., 2010) or regulations for engaging with traditional (cultural) knowledge. These also may suggest practices for engaging in research projects that are relevant to community stakeholders¹ (Aurora Research Institute, n.d.; Government of Nunavut, 2007; Inuit Tapiriit Kanatami & Nunavut Research Institute, 2006). Funders and university ethics boards are also requiring evidence of community support prior to granting approval for research pertaining to First Nations, Metis and Inuit communities to ensure both relevance and ethical engagement practices (The Social Sciences & Humanities Research Council of Canada, 2014). Ensuring research is culturally relevant is an important component of relationship processes between academic researchers and communities (Browning et al., 2007; Fosshage, 2011; McNair et al., 2010). Part of this process is ensuring that cultural protocols are followed (City of Saskatoon, 2017; University of Manitoba Faculty of Health Sciences, 2013); another part is ensuring the research approach used is not perpetuating colonial practices and positioning.

Working within decolonizing and/or Indigenous research is more than a check list of items. These approaches prioritize Indigenous knowledge, values, and traditions, while employing data collection approaches that are in line with Indigenous values (Archibald, 2008; Ermine et al., 2004; Wilson, 2008). Indigenous research is not necessarily community-based research, or community based participatory research. Indigenous research often does flow from an Indigenous paradigm, that centres the understanding of study results within the contexts of the experiences and positionality of Indigenous peoples (Hart, 2010; Wilson, 2001; Wilson, 2008). Many Indigenous research study designs aim to create a space for Indigenous knowledge, values, and traditions to emerge, and are developed in partnership with community members (Drawson et al., 2017; Evans et al., 2009). These projects work with people rather than conduct research on a given population (FNIGC, 2014; Strega & Brown, 2015). Decolonizing methods are those that provide the opportunity through research to address historical harms that have emerged through the process of colonization (Kovach, 2009; Tuhiwai-Smith, 2006) and often engage with decolonizing theory in order to understand research findings. Respectful, collaborative research that attempts to unpack challenges that have resulted from colonial policies and practices, while placing the needs of the community, broadly speaking, is seen as best-practice approach for working with Indigenous peoples and communities (Drawson et al., 2017).

“Girls Night Out”: A Workshop Study Design and Method

Ethical, strengths-based community engagement in research includes involvement of stakeholders in determining research questions, the best approach to take to collect meaningful results, how to conduct the analysis, and how to ensure that findings are presented to participants in a timely, usable way (Boydell et al., 2012, Chen et al., 2010, Estey et al., 2009; Gagnon, 2011). These were all key components of this study, *An Intergenerational Decolonizing Path to Healing: Envisioning Change with Indigenous Mothers and Girls*.

We used a qualitative, community-based, participatory action approach (Alley et al., 2015, Chambers & Guijt, 2011, Cornwall, 2008). Participants (children and adults) were involved in determining data collection activities and initial analysis of findings. Knowledge dissemination and mobilization was highlighted by participants as essential within community-

¹ It is important to note that traditional knowledge may or may not be preserved through written and audio recordings. This knowledge is held by community members and plays an important role in the health, wellbeing, and sovereignty of Indigenous communities. Ethically it is the communities' prerogative as to the recording and use of traditional knowledge(s). See Jo-Ann Archibald (2008), Margot Kovach (2009) and Shawn Wilson (2008) for more information about such processes.

driven research. We identify key steps undertaken to ensure that this community-identified need with an intergenerational audience spanning the life-course (children, youth, adults, and Elders) happened in a relevant way. Data collection occurred during a series of three, seven-week long workshops entitled “Girls Night Out” were conducted with Indigenous female familial caregivers (aunts, mothers, grandmothers) and girls (ages 8-12) within Winnipeg, Manitoba between September 2015 and March 2016 (University of Manitoba, ethics number: H2015:169). Participants met for 2-3 hours one evening a week over seven weeks. Workshops were held within spaces dedicated to Indigenous wellbeing (the Manitoba Metis Federation building, and an Indigenous library). Each of the seven-week workshops included different participants and were conducted within different seasons to address seasonality effects. The research team was comprised of a lead researcher who also played the role of workshop facilitator, a research assistant with expertise working with children and families who have experienced domestic trauma, an advisory committee comprised of academics, and for the first (Metis specific) workshop, members from the MMF-HWD. Details of the method have been published elsewhere (Cooper, 2018, Cooper et al., 2019a).

Recruitment Process and Participation

Participants were recruited through posters and handbills distributed to local community outreach centres, as well as word-of-mouth by people who had seen the poster. The initial study design, including recruitment criteria and method, was established in conjunction with the MMF-HWD and modified following feedback from participants and community agencies that run programming and services for Indigenous families. Feedback received highlighted the fact that many families are comprised of both First Nations and Metis individuals, and that within urban contexts, Inuit also often live-in proximity working and living together as a single community. People, both participants and staff from local non-profit organizations, noted many individuals may not have Indigenous status due to bureaucratic categorization policies, within urban contexts. Participants said they understand Indigenous identity-specific recruitment if the project was looking at a specific disease, or a specific cultural practice. They noted that if the intent was to improve health and wellbeing within a community, it was essential that *all* members of the community be allowed to participate in the study, such as all Indigenous women caring for girls within Winnipeg, Manitoba. The initial recruitment criteria for the first workshop were: a mother who self-identified as Metis with a daughter between the ages of 8-12, and a commitment to attend the seven-week long workshop. Recruitment criteria was modified in line with community advice to be any Canadian Indigenous woman (mother, grandmother, aunt, etc.) caring for a girl between the ages of 8-12 who could attend the seven-week long workshop. Because of this change, the MMF-HWD no longer felt that their specific role in being part of the advisory committee was as relevant, although they remained interested in the study and its results.

Participants did not have prior relationships with the research team. While some families who participated in the study knew one another, many participants had never met prior to the workshop. There were sixty participants who took part in the study (twenty-four women and thirty-six girls). During the first week of the workshop, a group discussion established parameters for who participants felt should or should not be welcomed into the space. We firmly believe that lack of childcare should never be a barrier to participation (Klinck et al., 2005), as such all children were welcome to attend, if this was the wish of the participants. Each group determined that children who could not be safely, or legally, left alone should attend the workshops. Activities were provided for younger children, including Lego, craft projects, and books to read. Where appropriate, younger siblings participated in data collection activities; however, data from younger children were not incorporated into analysis or research

results. Younger children were not included in the participant count. Everyone who was present each week received dinner. At times, other family members, often men, would ask to observe. Participants determined that this was a space for women and girls who had signed up for the study, as such men should not be allowed to observe. Participants determined that men could be involved in the knowledge dissemination activities at the end of the project. Participants and their families agreed that the participation of men would be best suited to a different study and that men observing women and girls may be traumatizing for some participants, given previous experiences with domestic abuse. Men only entered the space at the end of the evening to ensure that girls and women were safely escorted out of the building to waiting vehicles. Participants self-identified as both status and non-status First Nations and Metis². All the participants lived in Winnipeg, Manitoba, which is an urban setting.

Weekly Themes, Activities, and Data Collection

It is important to talk with members of the community prior to commencing a research study to ensure that respectful practices specific to that community are followed. Members of the MMF were consulted prior to the first workshop, and participants were consulted on the first week of the workshop about any specific cultural protocols they wanted the workshop group to follow. Cultural protocols differ depending on the cultural group, the topic being discussed or nature of an event. For example, within Cree traditions, offering tobacco to a person who holds specific knowledge when requesting that they share this knowledge with you is an important step. While this practice exists in some Metis communities, it is not standard practice. When attending ceremonies or celebrations, women may be asked to wear a floor-length long skirt. When at a feast, Elders may be served first, followed by children and then adults. There were no specific cultural protocols that were followed within data collection activities for this study, however culturally responsive practices, such as feeding Elders and children first or praying before meals, were used as directed by participants. In addition, the spaces in which the research was conducted were Indigenous spaces that promote reverence and respect for Indigenous cultures and peoples (the Manitoba Metis Federation building and an Indigenous library).

When possible, Indigenous methodologies were used within the activities, such as discussion circles and story-work. Each activity related to workshop goals, however not all activities related to the research objectives during the evening sessions. By working with participants to ensure that their goals and interests were met, it was possible to engage in respectful research that demonstrated the responsibility we had to participants, the reverence we had for their opinions, and knowledge, and the responsibility we undertook to ensure participants were central to the research process. Participants brainstormed the types of activities that they wanted to do, and the researcher created weekly programs that incorporated as many of these items as possible within an evening session. For example, the week that focused on neighbourhood safety involved transect walks, community mapping and group discussions including brainstorming techniques, while the week on self-care involved crafts, such as the creation of stress-balls, beauty products (face scrub, lip gloss), mother-daughter manicures, and meditation activities. While some activities linked directly to the research

² Within the Canadian Constitution, three overarching Indigenous groups are recognized. These include First Nations, Metis and Inuit communities. Historically there have been a number of processes that have stripped Indigenous people of their status as Indigenous people. This means that certain people of Indigenous ancestry do not have the same legal rights as other Indigenous people. For example, until 1985, if a First Nations woman who had status as an Indigenous person under the Canadian government married a non-Indigenous man, she would no longer be considered Indigenous with the same rights as other Indigenous people in the country, and thus would be referred to as “non-status.”

objectives with specific data collection components, other activities highlighted participant goals and objectives (Cooper, 2018, Cooper et al., 2019a, Cooper et al., 2019b; see Appendix A: Sample weekly schedule for an example of how activities relate to the goals and objectives and the nature of data collected). Empirical data collected during the workshops included videos (n=99, total time: 3 hours, 14 minutes and 39 seconds), audio recordings that were transcribed verbatim (n=19, total time: 7 hours and four minutes), photographs taken during the workshop and of art projects (n=877), and 60 hours of participant observation (observation and detailed field notes were compiled). Each week there were opportunities for member checking with verbal summaries of key emerging themes discussed. Photographs and videos were shared with the participants and group discussions were had to ensure the research was understood correctly. Descriptive analysis was complete. Written summary reports were created and returned to participants. Participants had the opportunity to discuss the summary reports with the researchers to ensure that key themes were captured appropriately. As this project was completed as part of a Ph.D. program of study, further analysis was done by Cooper. This included line-by-line and thematic analysis of transcripts, thematic analysis of photographs and art projects, and reflexivity. Participants and community stakeholders were invited to the Ph.D. dissertation defense. While none of the participants chose to attend, there were community partners who were present and provided meaningful feedback.

Consent Processes and Dissemination of Results

Participants provided formal consent through written or audio-recorded consent processes, depending on their preference, as was outlined in the University ethics approval process. Participants were always provided the opportunity to complete or not complete each activity during the sessions, and participants were provided the chance to indicate if information shared should be excluded from data used within subsequent data analysis. This was an important part of the relational ethics developed within this study. Participants committed to participating over a seven-week period and were asked what they wanted to achieve through the experience. This information was used to help inform the way the weekly sessions would roll out, as well as the materials that would be returned both during and at the end of the workshop. Integrated knowledge exchange was a key component of the research, with continuous opportunities for feedback and the sharing of knowledge (Canadian Institute of Health Research, 2012, Graham et al., 2006; Straus et al., 2009).

Returning Results Quickly: An Ethical Decision

Most adult participants were employed and had completed high school. All the participants had stable living arrangements, and all the girls were registered in public schools; the majority did not attend school regularly. Of the twenty-four families that participated in this study, sixteen changed phone numbers during the seven-week long workshop. Reasons for changing phone numbers often included giving the phone away, getting a new phone number with a new pay-as-you-go phone, or security reasons. Only a third of families had internet access at home. Although participants had stable living arrangements during the seven-week workshop, the majority reported changing addresses during the previous year and had the intention of changing addresses again within the upcoming twelve months. The reasons provided for changing addresses included changing family structures, changing economic conditions within the household, and travel out of the urban centre for extended periods of time without the capacity or interest in maintaining the property where they were previously living while spending time, however temporary, outside of the city. Returning results quickly was

essential to being able to follow-up with participants and ensure that they received a copy of research findings.

In addition to logistical challenges with returning results, participants requested that results be returned within two weeks of the completion of their active participation in data collection. We wanted to be respectful of participants' needs and experiences; however, difficult it would be for us to implement. In discussing the reasons behind their request, participants explained that a month's notice is required to leave a month-to-month rental property, two weeks' notice is required when resigning from a job, and medical results are typically provided within two weeks of medical testing, such as basic bloodwork. In their opinion, taking more than two-weeks to return primary results to participants involved in research was illogical. Although challenging especially with very diverse literacy levels and participant ages, it was important to adhere to the principle of building trust and confidence within the research process and honouring their wishes. To ensure we could do this effectively and in a manner that engaged all participants, we made the decision to return primary results at the celebration during the last week of the workshop.

As the weeks passed during the workshops, participants discussed the need for resources and activities that would aid in the healing processes associated with overcoming historical trauma. While listening to the questions and comments of participants, we developed a few important knowledge exchange and empowerment products to meet some, if not all, the expressed needs of participants. Direction as to the nature of the products was provided by participants. Participants were offered the opportunity to be involved in the creation of products, all declined. Some participants did provide feedback and suggestions on drafts of products. Negotiating this process together was an important part of reciprocity and of capacity building, key elements of Indigenous research. Participants also requested that their first names, rather than pseudonyms, be used within any publications and presentations for any quotes attributable to an individual. The products were created by the lead researcher with input from the research assistant. Other members of the advisory team had the opportunity to comment on draft versions of the products and to attend dissemination events.

Returning Results: The Approach and the Products Developed

To return results in an ethical and responsible manner that resonates with Indigenous knowledge and practices, we developed a variety of products. A family feast, a certificate of participation, a personalized storybook developed to meet the expressed needs and concerns of each family, and an activity workbook were all developed and disseminated to ensure ethical research was conducted from the start to the end of data collection. Ensuring that research and dissemination is conducted in a meaningful way for all involved is of utmost importance as we move through a political period of reconciliation between Indigenous peoples and other stakeholders, such as academic institutions, within Canada. Each of these dissemination products will be discussed in turn.

A Family Feast

The final week was a celebration of women and their commitment to both the research, and to one another. The women and girls determined what type of a celebration they wished to have. Family and friends were invited, and participatory activities were conducted so everyone could have a sense of what the workshop had been like. The first group chose to have a Halloween party. The second group chose to have a Christmas party (rather than a generic winter celebration, as was the norm within the children's school setting for holiday celebrations). The third group had a circus-themed party, with local Indigenous drummers and

storytellers volunteering to come celebrate the importance of women and girls. After participants ate dinner and the associated fun activities had concluded (e.g., making cotton candy, playing musical chairs, or making dream catchers that incorporated Christmas motifs such as using Christmas wreaths as the circle), the researchers provided a short oral presentation about some of the research highlights, and highlighted the reverence they had for all of the contributions participants had made during the seven weeks. Gifts were then distributed to participants. Gifts included a \$50 Canadian honorarium for the women, a toy valued at \$20 Canadian for each child, a framed photograph of the woman and daughter, a creative storybook personalized for each family, a certificate of participation and a workbook that highlighted initial research findings and completed activities. During this part of the evening, participants had the opportunity to publicly provide an evaluation of the workshop. Family members had the opportunity to ask questions, and comment on any perceived impact the workshop had on their families. The family members' insights were unstructured and unsolicited. They always consisted of high praise for the effort and learning they had seen from the women and girls throughout the workshop period.

The final celebration played a secondary role in ensuring ongoing participation by women. Women were able to explain to intimate partners that the space was a safe space for women and girls, but that they were planning a special celebration for the whole family. The final week truly was a celebration, as people at the feast hugged each other, took photographs with their certificates and encouraged one another to become involved in local efforts to promote community solidarity.

Certificates

Giving both women and girls certificates of participation was an important recognition of their contributions. Participants discussed the need for an item to remind the children and their families about the importance of education and the ability to be successful. The certificates were printed using an online template and had a sticker with the Indigenous research unit logo placed in the centre. Participants' families took pictures of the girls receiving certificates, and some participants immediately posted these photographs on social media, citing captions such as, "Her first university certificate. Next one in 12 years." This demonstrated the importance that the certificate had on their sense of identity and sense of accomplishment. Adults explained that if school-age girls were able to participate in a meaningful way as they had within a university research study, then they could do the same when they got older. For many participants within the study, a certificate of participation for their involvement in the research study was symbolic of the possibilities ahead. This was a significant change that occurred in participants during the seven-week workshop, where the initial positioning was that children may not be present in their parents' lives by age fifteen.

Family Storybooks

When working with participants who have experienced trauma, it is important to meet them where they are at. To demonstrate that the researcher is present on the journey with them and would provide support whenever possible was a constant theme we tried to preserve within all our interactions. This was an important part of ensuring that the six Rs of Indigenous research practices were maintained and incorporated into the study. For the participants in this study, trying to determine ways of addressing the legacy of historical trauma involved demonstrating that they were heard, that they are valued and that people who observe and interact with them know that they are doing the best they can. For many families, most of their relationships with external adults within institutional and agency settings have been shadowed

by negative experiences. Many preconceived notions were that these adults, such as teachers, principals, and social workers, might be involved in the removal of children from the family home. It was often difficult at the start of the workshops for adult participants to understand that evaluating their parenting skills was not the primary role of the research study.

As the workshop went on, women would call the project cell phone and ask for assistance in explaining concepts to their social workers, to their intimate partners, and to the schools. They talked about what had happened that led them to have the parenting and decision-making skills that they had, and the heart-wrenching fear expressed by the majority of participants was that they were doing something wrong that would result in the loss of their daughters and sons. While we explained to participants that acting as advocates with their social workers or within school contexts was outside of the scope of the research project, we reassured them that we valued their participation and highlighted strengths we saw. We also provided them with contact information for supports and services that could better answer specific questions, such as how to access affordable pediatric dental care or how to access supports for children with learning disabilities. We were very careful to make sure that we did not provide information that we were not qualified to give. We would define terms when asked, and we always made a point of highlighting how their contributions, as well as their daughters' contributions, were valuable.

The storybooks were inspired by a request made during the first workshop, when parents asked if there was something we could do to ensure that one of the girls not only knew, but believed, that her mother loved her. This mother would often frame positive attributes as negative comments. This was a commonality between many parents. In order to address this request, we tried to turn negative comments into positive actions, such as the following example: "I hate how she always interrupts me to tell me things" to "Your daughter loves to share her thoughts and questions with you". We also tried to ensure that the books were written at the appropriate literacy level for each family. This ranged from a grade two reading level through a grade eight reading level. Writing stories that are meaningful for adults while using simple vocabulary is exceptionally difficult. Within academia, we do not tend to speak at a grade two level with adults. It is challenging to write in a meaningful way for adults using a limited vocabulary in a non-paternalistic manner. As we wanted to ensure that the books were an empowering tool tailored to the needs of each family, the language used was central to the product.

While participants had been provided the opportunity to use cameras provided to take pictures within the space, the group consensus was that the researcher and research assistant should take pictures, allowing women and girls to focus on their relationships with one-another. Photographs had been taken throughout the workshop as a source of data for future thematic analysis. Hence, there were enough photographs of each participant to create a short, personalized creative non-fiction storybook with pictures. To create each creative non-fiction story, we reviewed transcript data, photographs, and reflexive notes taken during the hours of observation over the course of the workshops. We wanted to reassure both women and girls that they are valued for who they are, rather than what they do or have done.

The result was a series of very powerful, individualized stories. An example of a story written for a woman and child pair, as well as a book written for a family can be found in Appendix B and C. The books created were entitled: *Your Mother/Daughter Loves You Soooo Much*. Books featured the seven sacred Anishinaabe teachings or the Metis Life Promotion Framework, depending on the identified positioning and priorities of each family. These books were not intended to return exact research findings to participants but were based on observational data and conversations with each family unit. These stories were meant as a gift to each family to honour the individual contributions that each family made and to explicitly reflect to the family participants what was observed over time through their participation while

actioning a concrete request made by participants. Participants had strong emotional responses to receiving the books. Verna said, “You really were listening,” whereas Jackie said, “You’re right. I knew I loved her, but I really *like* her, too.” Girls were delighted to have photographs of them interacting with their female caregivers, stating that usually female caregivers are taking or posing for pictures, rather than their having images that capture “me and my mom being us” (Jaden).

Workshop Book

The workshop book served a number of functions: (1) to ensure participants had access to materials from the workshop, (2) to provide an opportunity for member-checking, by returning key results to participants, (3) to document the workshop for participants, while providing an example of how quotations and photographs may be used within research, (4) to provide some products to participants so they could re-create requested activities, and (5) to ensure that data presented were respectful and responsive to participants’ experiences as understood by the researcher. The book was written at a grade five level.

This book was tailored to each workshop session; however, unlike the family books, the written content was the same for each member of the workshop group. Data included within these books attempted to highlight the seven sacred Anishinaabe teachings or the categories from Metis Life Promotion Framework, depending on the discussions of the evenings. The book was divided into four sections. It began with a thank you letter and contact information for the researcher. The second section was transcribed answers to the question: “what do you want your daughter to know as she grows up?” and “What do you want your mom to always know about you?” These pages included the anonymized responses given by all participants in the workshop group. The third section was divided into the weekly sections with a summary that provided a recap of specific activities done each week along with key findings. Included in the third section was a one-page list of key discussion points from the week, a collage of pictures from the night, and a quotation from the week, that was thematically relevant, for example: “I want her to be proud of herself and the stuff she does” (Julieen). The fourth section was called “things we did or read” and was personalized for each family. This included lyrics for songs, instructions for activities, the Canada Food Guide, and a copy of any drawings or crafts that had been photographed in case the original was lost or damaged. The fifth section included recipes for the meals that participants ate for dinner during the workshop with easy-to-follow instructions. An example of a weekly session report can be found in Appendix D.

When considering the age and literacy level of participants, it was important to create a tool that would be easily accessible and meaningful for both children and adults. Including a series of images, such as playing card games, or drawing a community map, provides a memory prompt for all participants. For those with slightly higher literacy levels, the book served to both return results and to remind participants of activities that were completed. An example of one of these short sections reads as follows:

Telephone: We played a game of telephone where people sit in a circle and one person starts off with a message, whispers it to the next person, who tells the next person, until everyone has heard the message. People started off with things like “I want to go sledding” and ended up with “I like chocolate.” Sometimes kids changed the words on purpose, and sometimes it just changed a little like “I like to have dinner with my daughter” to “I like to eat with my daughter.” Then we talked about who we can talk to, what we should and shouldn’t say, and how we believe things we hear and read.

Summary bullet points captured information from the data collected in a different way. These points were a combination of fun statements such as, “The favourite thing to do with families is baking cookies, but not doing dishes,” and other points were more serious such as, “Some moms are worried their daughters might not always be nice to other people, but they hope that their daughters will remember that everyone is beautiful in their own way.” Participants were advised that the quotations and photographs were samples of the types of quotations that would be used when research results were presented to other audiences. Participants were reminded that if they had anything they wanted to be added or changed for future dissemination products to contact the researcher within a month following completion of the workshop. This product provided participants with access to and control over data collected in a usable format. By providing products, such as recipes and instructions to activities, components of stewardship, capacity building and access were incorporated into the dissemination process.

Discussion

A key tenant of community-engaged research is conducting research that is relevant for the people you are working with. This involves negotiations at all stages of the research from developing shared research objectives and goals, through recruitment criteria, data collection, analysis, and returning results as part of ethical research practices (Canadian Institute of Health Research et al., 2014; Riddell et al., 2017). It also involves returning results in a way that is both meaningful and relevant to community stakeholders, including participants. All the products we created were meant to highlight the respect and relationships that had developed throughout the workshop. As researchers there is a responsibility to ensure that knowledge translation products are both relevant and respectful.

Participants would note elements they wished to be highlighted within upcoming weeks, as well as elements they wanted highlighted within final knowledge dissemination products. In order to begin addressing colonial harms and historical trauma, grounding work within Indigenous contexts where people could see themselves and their values (both beliefs and priorities) became key to the process of conducting research with communities and individuals, rather than to study them.

The length of workshops was determined based on the length of other recreational children’s programming offered within the city such as swimming lessons and cooking classes. This study design piece was intended to help ensure that participants did not feel a sense of loss when a program ended, as it was like other programs that girls were involved in. As the weeks went on, adults indicated that this program was not like other recreational programs their girls were involved in. Participants explained that the workshop was a way for healing to take place, support networks to form, and relationships to solidify. Women wanted a way to continue the dialogue with their children and each another after the project ended and wanted products to help them do this. Participants wanted a way to capture the feeling of pride that was instilled through the ability to develop and support the interests of individual study participants. They also felt that they had developed skills necessary to continue a strengths-based program within their families and communities, provided they had a resource to follow and reminders of how the workshop was conducted.

While it was challenging to return all the pieces requested by participants at the end of each seven-week workshop, presenting these at the community feast that culminated the workshop became an important ethical piece of the study. The feasts provided an opportunity to honour participants in front of people who were important to them and provided their broader family the opportunity to honour the achievements of the participating women and girls. Family members dressed for the occasion. They sang traditional honour songs, joined in a meal with

participants and researchers, and took photographs of themselves with the knowledge translation products. Through the dissemination products and events, people within the broader community were able to witness the work that the girls and women had done and to see the respect and reverence researchers had for the participants and their contributions. Several phone calls were received from social workers who had seen the various tools and products involved in the research as shared with them by the research participants after data collection concluded. Specifically, these social workers asked if the research project would be continued as a long-term intervention as they could see the tangible benefit of the project. This suggested that there was not only widespread use of the dissemination products but that these items were being recognized for their value beyond the actual product themselves. Further knowledge translation products have been created, such as a video (Cooper, 2017) that have a stronger critical theory base supported by empirical data. The video was finalized a year after data collection was complete. When attempts were made to contact participants at the one-year mark, only contact information for three of the twenty-four families involved in the study was still current. This means that most participants, despite the best intentions of the research team, likely will not see these materials. While this reality is disappointing, the knowledge that participants received initial results, combined with anecdotal information that participants and service providers used the workbooks as a basis to independently continue the workshops well beyond the completion of data collection, balances the challenges associated with returning results shortly after the completion of data collection.

The products created and distributed were low-cost and could be easily recreated and reproduced by participants. Participants noted that the capacity building piece that the tools provided, such as instructions to games and reflections about data were central components that they wanted to be able to take away from the study. For the families, discussions about these items were more important than receiving copies of data or thematic highlights, although participants did receive these as well. Much of the information presented to participants was descriptive in nature. However, when working with young girls, descriptive information is appropriate for their phase of cognitive processing practices and ensuring that some data was returned to all participants was more important than waiting to ensure that the products were more nuanced.

Ethical research takes place in both word and action. It is not enough to say or write something if dissemination does not meet the needs of the stakeholders involved in the project. This is especially true within participatory research within Indigenous contexts, where accountability to participants is central to the relationship-building process. For the participants within this project, seeing initial findings and knowledge translation products within the timeline they deemed as reasonable was important. This demonstrated that the researcher was listening to what they said and was willing to be responsive despite the time constraints imposed by this request, thereby meeting the six Rs of Indigenous research. While important to maintaining an ethical space, it was challenging to ensure that products were sufficiently complete, comprehensive, and addressed all literacy challenges. These products provided some external validation to the importance of their participation, for both adults and children. Many of the participants in this study have a long familial history of people in positions of perceived authority not honoring promises made.

Following through on a commitment to agreed-upon processes is an important part of reconciliation by ensuring that participants feel valued and respected. Moreover, by incorporating the return of initial study results immediately on completion of the workshop session into an event the participants helped plan, capacity building, ownership, access to data, and stewardship were all addressed in a way that was clearly visible to both participants and the greater community.

While the specific findings and approaches used are not generalizable, there are some lessons that are useful to consider when conducting intervention research or programming with communities that are often made vulnerable through systemic discrimination so that tenants of respect, responsibility, relevance, reciprocity, relationality, and reverence are followed. The priority of community-based research should be to meet the needs of the community, followed only then by the priorities and needs of the research and researcher. There is an ethical responsibility to ensure that we are not perpetrating historical harms that may have led to the feeling of being made vulnerable. Through community involvement and addressing the needs and requests of participants, the strengths of all participants and value of their contributions were highlighted, and promises were kept. Discussions with stakeholders about realistic expectations and knowledge mobilization products needs to happen throughout every stage of the project or program and embedded into policy. These discussions need to include best-practices for knowledge mobilization product development and what this should look like for various stakeholders. By having these conversations early and frequently, combined with the action of following through on commitments, both research studies and intervention programs will have a better likelihood of success and achieving long-term change.

References

- Alley, S., Jackson, S. F., & Shakya, Y. B. (2015). Reflexivity: A methodological tool in the knowledge translation process? *Health Promotion Practice, 16*(3), 426-431.
- Archibald, J. (2008). *Indigenous storywork: Educating the heart, mind, body, and spirit*. University of British Columbia Press.
- Aurora Research Institute. (n.d). *About licensing research*. <http://nwtresearch.com/licensing-research>.
- Banister, E., Leadbeater, B., & Marshall, E. A. (2011). *Knowledge translation in context Indigenous policy and community settings*. University of Toronto Press.
- Bartlett, J. G. (1995). *Medicine wheel framework for health. Theory, reality, hope* [Oral presentation]. Proceedings of the Third International Conference on Diabetes and Indigenous Peoples, Winnipeg, MB.
- Bartlett, J. G. (2004). *Leadership environment* [Oral presentation]. The 2004 CMA Leaders Forum: Leaders Developing Leaders, Ottawa, ON.
- Bartlett, J. G., Sanguins, J., Carter, S., Hoepfner, N., & Mehta, P. (2010). *Diabetes and related health care in Metis populations in Manitoba*. Manitoba Metis Federation-Health & Wellness Department.
- Bombay, A., Matheson, K., & Anisman, H. (2009). Intergenerational trauma: Convergence of multiple processes among First Nations people of Canada. *Journal of Aboriginal Health, 5*(3), 6-47.
- 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. doi:10.1177/1363461513503380
- Boydell, K., Gladstone, B. M., Volpe, T., Allemang, B., & Stasiulis, E. (2012). The production and dissemination of knowledge: A scoping review of arts-based health research. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research, 13*(1), 1-30. <https://doi.org/10.17169/fqs-13.1.1711>
- Brant Castellano, M., & Reading, J. (2010). Policy writing as dialogue: Drafting an Aboriginal chapter for Canada's tri-council policy statement: Ethical conduct for research involving humans. *The International Indigenous Policy Journal, 1*(2). doi: 10.18584/iipj.2010.1.2.1
- Brokenleg, M. (2012). Transforming cultural trauma into resilience. *Reclaiming children and*

- youth, 21(3) 9-13.
- Brown, A., & Peers, L. (2005). *Pictures bring us messages/Sinaakssiiksi Aohtsimaahpihkookiyaawa: Photographs and histories from the Kainai nation*. University of Toronto Press.
- Browning, D. M., Meyer, E. C., Truog, R. D., & Solomon, M. Z. (2007). Difficult conversations in health care: Cultivating relational learning to address the hidden curriculum. *Academic Medicine*, 82(9), 905-913. doi:10.1097/ACM.0b013e31812f77b9
- Canadian Institute of Health Research. (2012). *Guide to knowledge translation planning at CIHR integrated and end-of-grant approaches*. The Government of Canada.
- Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, & The Social Sciences and Humanities Research Council of Canada. (2014). *Tri-council policy statement: Ethical conduct for research involving humans*. Government of Canada.
- CBC News. (2014, September 25). Timeline: Tina Fontaine's final hours. *CBC News*. <http://www.cbc.ca/news/multimedia/timeline-tina-fontaine-s-final-hours-1.2778323>
- Chambers, R., & Guijt, I. (2011). PRA five years later. In A. Cornwall (Ed.), *The participation reader* (pp. 109-121). Zed Books Ltd.
- Chen, P. G., Diaz, N., Lucas, G., & Rosenthal, M. S. (2010). Dissemination of results in community-based participatory research. *American Journal of Preventative Medicine*, 39(4), 372-378.
- Chiose, S. (2018, March 2). Deaths of Colten Boushie, Tina Fontaine spark difficult classroom conversations, professors say. *The Globe and Mail*. <https://www.theglobeandmail.com/news/national/education/deaths-of-colten-boushie-tina-fontaine-spark-difficult-classroom-conversations-professors-say/article38197883/>.
- City of Saskatoon. (2017). *Ayisinowak: A communications guide*. https://www.saskatoon.ca/sites/default/files/documents/community-services/planning-development/ayisinowak_a_communications_guide_web.pdf.
- Cooper, E.J. (2017). *Girls night out* [Video]. YouTube. <https://www.youtube.com/watch?v=nTY34sfTm2Y&t=2s>
- Cooper, E. J. (2018). Understanding participant driven intervention research through three vignettes. *The Journal of Indigenous Social Development*, 7(1), 42-57.
- Cooper, E. J., & Driedger, S. M. (2018). Timely, accessible knowledge exchange approaches for Indigenous community-based research. *Public Health*, 163, 61-66.
- Cooper, E. J., Driedger, S. M., & Lavoie, J. G. (2019a). Building on strengths: Collaborative intergenerational health research with urban First Nations and Métis women and girls. *The International Journal of Indigenous Health*, 14(6), 107-125. doi: 10.32799/ijih.v14i1.31932
- Cooper, E. J., Driedger, S. M., & Lavoie, J. G. (2019b) Employing a harm-reduction approach between women and girls within Indigenous familial relationships. *Culture, Medicine and Psychiatry*, 43(1), 134-159. <https://doi.org/10.1007/s11013-018-9603-x>
- Cooper, E. J., Sanguins, J., Menec, V., Chartrand, A. F., Carter, S., & Driedger, S. M. (2020). Culturally responsive supports for Metis Elders and Metis family caregivers. *Canadian Journal on Aging = La Revue Canadienne du Vieillessement*, 39(2), 206-219. <https://doi.org/10.1017/S071498081900032>
- Cornwall, A. (2008). Unpacking 'participation': Models, meanings and practices. *Community Development Journal*, 43(3), 269-283.
- Craft, A. (2018, February 23). Tina Fontaine's story shows there is no real justice for Indigenous people in Canada. *The Globe and Mail*.

- <https://www.theglobeandmail.com/opinion/tina-fontaines-story-shows-there-is-no-real-justice-for-indigenous-people-in-canada/article38086537/>.
- Crooks, C. V., Snowshoe, A., Chiodo, D., & Brunette-Debassige, C. (2013). Navigating between rigour and community-based research partnerships: Building the evaluation of the uniting our nation's health promotion program for FNMI youth. *Canadian Journal of Community Mental Health, 32*(2), 13-25.
- Drawson, A., Toobs, E., & Mushquash, C. (2017). Indigenous research methods: A systematic review. *The International Indigenous Policy Journal, 8*(2), 1-27.
- Ermine, W., Sinclair, R., & Jeffery, B. (2004). *The ethics of research involving Indigenous peoples*. Indigenous Peoples' Health Research Centre.
- Estey, E., Smylie, J., & Macaulay, A. (2009). *Aboriginal knowledge translation: Understanding and respecting distinct needs of Aboriginal communities in research*. Canadian Institute of Health Research: Institute of Aboriginal Peoples' Health. http://www.cihir-irsc.gc.ca/e/documents/aboriginal_knowledge_translation_e.pdf
- Evans-Campbell, T. (2008). Historical trauma in American Indian/Native Alaska communities. *Journal of Interpersonal Violence, 23*(3), 316- 338.
- Evans, M., Hole, R., Berg, L. D., Hutchinson, P., & Sookraj, D. (2009). Common insights, differing methodologies: Towards a fusion of Indigenous methodologies, participatory action research, and White studies in an urban Aboriginal research agenda. *Qualitative Inquiry, 15*(5), 893-910. DOI: <https://doi.org/10.1177/1077800409333392>
- The First Nations Information Governance Centre (FNIGC). (2014). *Ownership, control, access and possession (OCAP™): The path to First Nations information governance*. http://fnigc.ca/sites/default/files/docs/ocap_path_to_fn_information_governance_en_f_inal.pdf.
- Fisher, D. (2012). Repatriation issues in First Nations Heritage Collections. *Journal of Integrated Studies, 1*(3), 1-10.
- Fosshage, J. L. (2011). How do we "know" what we "know?" And change what we "know?" *Psychoanalytic Dialogues, 21*(1), 55-74. doi:10.1080/10481885.2011.545328
- Gagnon, M. L. (2011). Moving knowledge to action through dissemination and exchange. *Journal of Clinical Epidemiology, 64*(1), 25-31.
- Glasgow, R. E., Lichtenstein, E., & Marcus, A. C. (2003). Why don't we see more translation of health promotion research to practice? Rethinking the efficacy-to-effectiveness transition. *American Journal of Public Health, 93*(8), 1261–1267. <https://doi.org/10.2105/ajph.93.8.1261>
- Government of Canada. (2016). *National inquiry into missing and murdered Indigenous women and girls*. <https://www.aadnc-aandc.gc.ca/eng/1448633299414/1448633350146>.
- Goodkind, J. R., Hess, J. M., Gorman, B., & Parker, D. P. (2012). “We’re still in a struggle”: Diné resilience, survival, historical trauma, and healing. *Qualitative Health Research, 22*(8), 1019-1036. doi:10.1177/104973231245 0324
- Government of Nunavut. (2007). *Inuit Qaujimagatuqangit (IQ)*. Nunavut Department of Education. <https://www.gov.nu.ca/sites/default/files/files/Inuit%20Qaujimagatuqangit%20ENG.pdf>
- Graham, I. D., Logan, J., Harrison, M. B., Straus, S. E., Tetroe, J., Caswell, W., & Robinson, N. (2006). Lost in knowledge translation: Time for a map? *The Journal of Continuing Education in the Health Professions, 26*(1), 13-24.
- Grimshaw, J. M., Eccles, M. P., Lavis, J. N., Hill S. J., Squires J. E. (2012). Knowledge translation of research findings. *Implementation Science, 7*(50), 1-17.
- Hamilton, S. (n.d.) *Where are the children buried?* National Truth and Reconciliation

- Commission (TRC). <https://nctr.ca/wp-content/uploads/2021/05/AAA-Hamilton-cemetery-FInal.pdf>
- Hart, M. (2010). Indigenous worldviews, knowledge, and research: The development of an Indigenous research paradigm. *Journal of Indigenous Voices in Social Work*, 1(1), 1-16.
- Hoye, B. (2018). Crown won't appeal Raymond Cormier's acquittal in death of Tina Fontaine. *CBC News*. <http://www.cbc.ca/news/canada/manitoba/ramond-cormier-tina-fontaine-no-appeal-1.4574899>.
- Inuit Tapiriit Kanatami, & Nunavut Research Institute. (2006). *Negotiating research relationships with Inuit communities: A guide for researchers*. Inuit Tapiriit Kanatami and Nunavut Research Institute.
- Jacobson, N., Butterill, D., & Goering, P. (2003). Developing a framework for knowledge translation: Understanding user context. *Journal of Health Services Research and Policy*, 8(2), 94-9.
- Jago, R. (2018, February 10). Gerald Stanley and the fear of the "Indian". *Canadaland*. <http://www.canadalandshow.com/gerald-stanley-colten-boushie-and-fear-of-the-indian/>.
- Jardine, C.G. & Furgal, C. (2010). Knowledge translation with northern Aboriginal communities: A case study. *Canadian Journal of Nursing Research*, 42(1), 119-127.
- Kirkness, V., & Branhardt, R. (1991). First Nations and higher education: The four R's – respect, relevance, reciprocity, responsibility. *Journal of American Indian Education*, 30(3), 1-15.
- Klinck, J., Cardinal, C., Edwards, K., Gibson, N., Bisanz, J., & Da Costa, J. (2005). Mentoring programs for Aboriginal youth. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health*, 3, 109-130. http://inclusiveducationpdresources.com/fnmi/pdf/mentoring_programs_for_aboriginal_youth.pdf.
- Kovach, M. (2009). *Indigenous methodologies: Characteristics, conversations and contexts*. University of Toronto Press.
- Larocque, E. (2010). *When the other is me: Native resistance discourse 1850-1990*. University of Manitoba Press.
- Linklater, R. (2014). *Decolonizing trauma work: Indigenous stories and strategies*. Fernwood Publishing.
- Manitoba Metis Federation. (2019). *Departments, portfolios and affiliates: Health & wellness department*. http://www.mmf.mb.ca/departments_portfolios_and_affiliates_details.php?id=11&type=home
- Matthews, M. (2016). *Naamiwan's drum: The story of a contested repatriation of Anisninaabe Artifacts*. University of Toronto Press.
- Martens, P. J., Bartlett, J. G., Burland, E., Prior, H. J., Burchill, C. A., Huq, S., Romphf, L., Sanguins, J., Carter, S., & Bailly, A. (2010). *Profile of Metis health status and healthcare utilization in Manitoba: A population-based study*. Winnipeg, Manitoba Centre for Health Policy.
- McNair, L. D., Paretti, M. C., & Davitt, M. D. (2010). Towards a pedagogy of relational space and trust: Analyzing distributed collaboration using discourse and speech act analysis. *IEEE Transactions on Professional Communication*, 53(3), 233-248. doi:10.1109/TPC.2010.2052857
- Menzies, P. (2010). Intergenerational trauma from a mental health perspective. *Native Social Work Journal*, 7, 63-85.
- Mohatt, N. V., Thompson, A. B., Thai, N. D., & Tebes, J. K. (2014). Historical trauma as public

- narrative: A conceptual review of how history impacts present-day health. *Social Science and Medicine*, 106, 128-136. doi:10.1016/j.socscimed.2014.01.043
- Morton Ninomiya, M. E., Atkinson, D., Brascoupe, S., Firestone, M., Robinson, N., Reading, J., Ziegler, C. P., Maddox, R., & Smylie, J. K. (2017). Effective knowledge translation approaches and practices in Indigenous health research: A systematic review protocol. *Systematic Reviews*, 6(34), 1-7.
- Mosby, I. (2013). Administering colonial science: Nutrition research and human biomedical experimentation in Aboriginal communities and residential schools, 1942-1952. *Social History*, 46(91), 145-172.
- Museum of Anthropology. (n.d). *Working respectfully with the originating communities*. The University of British Columbia. <http://moa.ubc.ca/collections/repatriation/>.
- Riddell, J. K., Salamanca, A., Pepler, D. J., Cardinal, S., & McIvor, O. (2017). Laying the groundwork: A practical guide for ethical research with Indigenous communities. *The International Indigenous Policy Journal*, 8(6). DOI: 10.18584/iipj.2017.8.2.6.
- Schnarch, B. (2004). Ownership, control, access, and possession (OCAP) or self-determination applied to research: A critical analysis of contemporary First Nations research and some options for First Nations communities. *Journal of Aboriginal Health*, 1(1), 80-95. <https://doi.org/10.3138/ijih.v1i1.28934>
- Smylie, J., Olding, M., & Ziegler, C. (2014). Sharing what we know about living a good life: Indigenous approaches to knowledge translation. *Journal of the Canadian Health Libraries Association*, 35, 16-23.
- Starblanket, G., & Hunt, D. (2018, February 15). How the death of Colten Boushie became recast as the story of a knight protecting his castle. *Globe and Mail*. <https://www.theglobeandmail.com/opinion/how-the-death-of-colten-boushie-became-recast-as-the-story-of-a-knight-protecting-his-castle/article37958746/>
- Straus, S. E., Brouwers, M., Johnson, D., Lavis, J. N., Légaré, F., Majumdar, S. R., McKibbon, K. A., Sales, A. E., Stacey, D., Klein, G., Grimshaw, J., & KT Canada Strategic Training Initiative in Health Research (STIHR). (2011). Core competencies in the science and practice of knowledge translation: Description of a Canadian strategic training initiative. *Implementation Science: IS*, 6, 127. <https://doi.org/10.1186/1748-5908-6-127>
- Straus, S. E., Tetroe, J. M., & Graham, I. (2009). Defining knowledge translation. *Canadian Medical Association Journal*, 181(3-4), 165-168.
- Straus, S., Tetroe, J. M. & Graham, I. D. (2011). Knowledge translation is the use of knowledge in health care decision making. *Journal of Clinical Epidemiology*, 64(1), 6-10.
- Strega, S., & Brown, L. (2015). From research to resurgence. In L. Brown & S. Strega (Eds.), *Research as resistance, second edition: Revisiting critical, Indigenous, and anti-oppressive approaches* (pp. 1-16). Canadian Scholars Press.
- Styres, S., & Zinga, D. (2013). The community-first land-centered theoretical framework: Bringing a 'good mind' to Indigenous education research? *Canadian Journal of Education*, 36(2), 284-313.
- Taylor, J. (2015, August 16). Tina Fontaine: 1 year since her death, has anything changed? *CBC News*. <http://www.cbc.ca/news/canada/manitoba/tina-fontaine-1-year-since-her-death-has-anything-changed-1.3192415>
- Tk'emlúps te Secwépemc. (2021, May 27). *Press release*. Office of the Chief. <https://tkemlups.ca/wp-content/uploads/05-May-27-2021-TteS-MEDIA-RELEASE.pdf>
- Truth and Reconciliation Commission of Canada. (2015). *Honouring the truth, reconciling for the future: Summary of the final report of the Truth and Reconciliation Commission of Canada*. Truth and Reconciliation Commission.

- Tuhiwai-Smith, L. (2006). *Decolonizing methodologies: Research and Indigenous peoples*. New York, NY: Zed Books.
- University of Manitoba Faculty of Health Sciences. (2013). *Framework for research engagement with First Nation, Metis, and Inuit peoples*. The University of Manitoba. https://umanitoba.ca/faculties/health_sciences/medicine/media/UofM_Framework_Report_web.pdf.
- Walls, M. L., & Whitbeck, L. B. (2012). Advantages of stress process approaches for measuring historical trauma. *The American Journal of Drug and Alcohol Abuse*, 38(5), 416-420. doi:10.3109/00952990.2012.694524
- Whitbeck, L. B., Adams, G. W., Hoyt, D. R., & Chen, X. (2004). Conceptualizing and measuring historical trauma among American Indian people. *American Journal of Community Psychology*, 33(3-4), 119-130.
- Wilson, S. (2001). Progressing towards an Indigenous research paradigm in Canada and Australia. *Canadian Journal of Native Education* 27(2), 161-180.
- Wilson, S. (2008). *Research is ceremony: Indigenous research methods*. Fernwood Publishing.
- Yellow Horse Brave Heart, M. (1999). Gender differences in the historical trauma response among the Lakota. *Journal of Health & Social Policy*, 10(4), 1-21.
- Yellow Horse Brave Heart, M. (2003). The historical trauma response among natives and its relationship with substance abuse: A Lakota illustration. *Journal of Psychoactive Drugs*, 35(1), 7-13.

Appendix A

Sample Weekly Schedule

Activity	Data Collected/ Analyzed	Research Objectives	Participant Goals	Informed Knowledge Translation Product Development
<p>-Who are you pictures</p> <p>Participants were given photographs of themselves, and their family members taken during the week. Participants chose one picture and answered the question “who am I”</p>	<p>-Image selected</p> <p>-Words/ photographs drawn</p> <p>-Photographs</p> <p>-Video recording and transcript of what participants wrote and why</p>	<p>2: legacy of colonialism /barriers</p> <p>3: barriers to knowledge uptake</p>	<p>1: relationship building</p> <p>2: explore issues of health and happiness</p> <p>3: capacity building</p> <p>4: supportive space</p>	<p>-Cover of the storybook</p> <p>-Storybooks</p>
<p>-Medicine Wheel game</p> <p>Participants played a game to explore what they do, or would like to do, to highlight the body/mind/spirit/emotional connection</p>	<p>-Audio transcript</p> <p>-Field notes</p>	<p>1: community priorities</p> <p>2. legacy of colonialism /barriers</p>	<p>1: relationship building</p> <p>2: explore issues of health and happiness</p> <p>3: capacity building</p> <p>4: supportive space</p>	<p>-Storybooks</p> <p>-Workbook</p>
<p>-Board Game Development</p> <p>An artist was hired to draw a board game about being healthy and safe in an urban neighbor. Participants had provided instructions as to what the board game should look like during previous weeks. Within this session participants provided feedback on the draft design of a board game. They discussed what was good, what was missing and</p>	<p>-Field notes*</p>	<p>1: community priorities</p> <p>3: barriers to KT</p>	<p>1: relationship building</p> <p>2: explore issues of health and happiness</p> <p>3: capacity building</p> <p>4: supportive space</p>	<p>-Workbook</p> <p>-Board game</p>

what should be changed. Feedback was given to the artist.				
-Kids in the Kitchen Girls helped prepare vegetable dip, arrange vegetables for dinner, and made desert while parents supervised.	-photographs	None	3: capacity building 4: supportive space	
-Board game pieces Using modeling clay, participants created the pieces that would go around the board game. While creating the pieces, participants shared stories and thoughts about safety and decision-making practices. Participants also discussed the pieces they were creating and why they chose to create the pieces that they did. Examples included emoji icons, plants, sacred animals, and shapes that used colours from the Indigenous medicine wheel.	-Audio transcripts -Field notes -Photographs	1: community priorities 2: legacy of colonialism 3: barriers to KT	1: relationship building 2: explore issues of health and happiness 4: supportive space	-Storybook -workbook
-Dinner While people ate dinner, discussions around relationships, health and safety continued.	-Field notes*	1: community priorities	1: relationship building 2: explore issues of health and happiness 4: supportive space	-Storybook -Workbook
-Evaluation Sharing circle evaluation of the evening, reflections on previous weeks, and group planning for the next week.	-Field notes*	3: barriers to KT	1: relationship building 2: explore issues of health and happiness 3: capacity building 4: supportive space	-Workbook -Final Feast

Note. *Participant request that the audio recorder be turned off, but that notes compiled after the workshop were fine. This is in line with Indigenous teachings about oral learning, teaching, and research practices.

Appendix B

A Book for Jaden and Her Mom, Nikki³

Jaden, your mom loves it when you try new things. She knows sometimes this can be scary. Sometimes it is hard to do something when you don't know if it will work or say something if you don't know if other people will listen to you. Your mom wants you to know that no matter what you want to say, she will always listen and no matter what you do, she will always *always* love you.



Your mom wants you to always remember that you are kind, unique and awesome. There is no one else in the world quite like you and she feels so glad that you were born her daughter.

³ This book was a “flip book.” Opening the book from one side was the story for the mother while flipping the book over and opening it showed the story for the daughter. The covers were comprised of art created by the girls and mothers answering the questions “who are you.” Pages were printed on both sides of the paper and coil bound.



Jaden, your mom knows that you are smart. She knows that you watch out for other people and want them to be happy. She also knows that is important to be able to say I need to take care of myself. That is not something that is good for me.



Your mom wants you to be strong. She wants you to remember your beliefs and your culture. This will be important, especially as you grow up to be an independent woman with your own hopes and dreams.



Girls Night Out: Mom and Daughter Workshop



Jaden truly is beautiful inside and out. Under your guidance she can become an amazing woman who shines a light for everyone she sees. She is so proud to be your daughter



Nikki, you are teaching your daughter to be friendly, to help other people and to take care of people- even people you don't know.



Nikki, your daughter knows family is important. She tries really hard to be a good big sister and make sure you always have reasons to be proud of her.



When Jaden was asked to talk about her mom she said, “My mom is pretty and beautiful.” “She’s strong. She keeps on going. She never ever gives up.” Your daughter admires you so much.

Nikki, your daughter looks up to you. She wants to spend time with you. She wants you to know she always thought you were beautiful, and you will always be beautiful. It is your smile, your personality and the way you care so much that are truly important to Jaden.



Girls Night Out: Mom and Daughter Workshop

Appendix C

A Book for Grandma Rebecca and Her Girls

Shalane and Juliette have a SUPER GRANNY! In Winnipeg, when Grandmas of First Nations kids are taking care of them because their Mommies and Daddies can't, they are called SUPER GRANNIES because they are so amazing! They do so many things and help so many people. Your SUPER GRANNY really is a superhero, and you are so lucky to be her granddaughters.





Your Grandma is loving. Every time she looks at you, walks with you, listens to you, she does so in a way that shows how much she loves and respects you. What a great SUPER GRANNY!

Your Grandma is truthful. She speaks to you about things she knows in her heart you need to hear to grow up to be a strong and caring woman. When your SUPER GRANNY talks, it is so important that you listen to her with your mind, your heart, and your spirit.





Your Grandma is humble. She doesn't tell people how strong and amazing she is or all the wonderful things that she has done. She doesn't tell people that being the Grandma of such smart, caring, respectful, beautiful and loving girls really fills her heart with joy every moment of every day, but it does. Your SUPER GRANNY walks carefully, and you should always follow in her footsteps.



Your Grandma is honest. She tells you to work hard because she knows that this will help you have a better future. She tells you to eat your food because she knows it will keep you strong, she tells you to go school because she is going to school and knows this will help you through everything you do. Your Grandma tells you things that might be hard to hear, but that she knows that you need to know as you grow up so that you can be strong, independent, compassionate, caring, honest women. Your SUPER GRANNY knows being honest can be hard, but it is so important for any superhero.

Your Grandma is respectful. You know that you need to be respectful like your Grandma. You need to listen to people, help people, and be there for the people you love, the people you like, and even the people you don't know (yet). Your Grandma wants you to respect the environment, animals, plants, buildings. One of your Grandma's super powers is that she helps to make sure that you show that you respect everyone and everything around you. And that, Shalane and Juliette is one of YOUR super powers.



Your Grandma is so courageous. Everything she does and everything she says shows you how courageous she is. She does the things that are hard and knows that these come in their own time and in their own way. Your SUPER GRANNY is so strong, she is so courageous. She is your protector; she does things even their scary when they are right. She protects you every way that she knows how. She wants you to have the brightest future that anyone could ever imagine.



Your Grandma is a very wise woman. She wants you to grow up knowing the truth. Knowing the path to follow. Knowing right from wrong and always trying to do your best. Your Grandma knows that you are always learning. You learn everywhere and from everyone and everything. Every day your Grandma gets a little

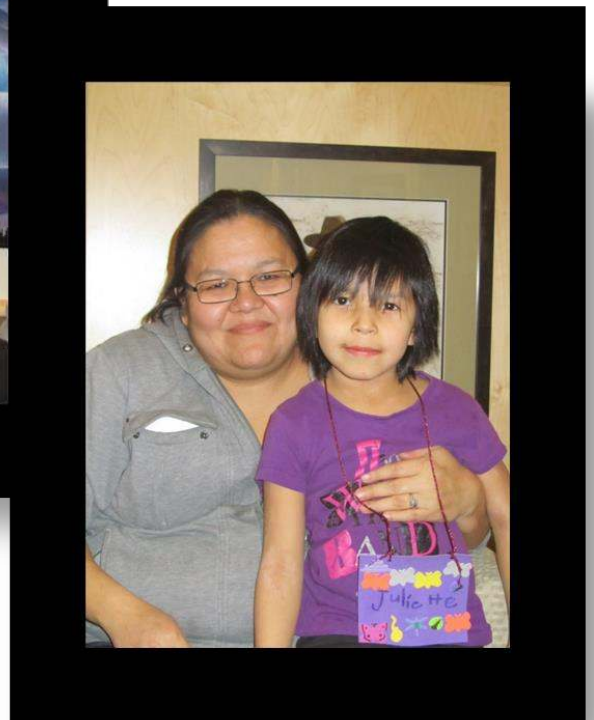


wiser, a little more beautiful, and a little more amazing. Your SUPER GRANNY wants you to

always value education and wants you to try your best to keep learning, keep trying and keep being you.

Girls, Grandma wants you to “Always appreciate what you have be happy with what you get. Be happy with your life. Go to school. Get an education and get a good job.”

The girls said Grandma should always know that her granddaughters will ALWAYS love her, and they will always make sure they have the things they know to be healthy, strong women. Shalane and Juliette have the most amazing SUPER GRANNY in the world. She loves them with her whole heart. She teaches them, cares for them, and shows them the way to live a good and happy life.



Girls Night Out: Grandma and Daughter Workshop

Appendix D

Workshop Book Example

Week 3: My Family and Me/Outside Adventures

I'm Proud of You Jewelry: Tonight, people drew pictures for the "I'm Proud of You Jewelry." Girls were asked to draw pictures and write words of things they are proud of about their Mom. They thought about what makes your mom special.

Moms were asked to think about when their girls are 15 and teenagers doing the things that teenagers do. They thought about what things do you want your daughter to think about herself, and what kind of person do you hope she is at that point in her life.

The ideas that moms and girls came up with were really nice and the pictures were great. We drew on a plastic called "shrink-dinks." Since the pictures have to be shrunk in an oven and it takes a while to do XX took them home, she cut out the images and shrunk them down and turned them into charm jewelry for everyone to have the next week.

Morse Code Message Jewelry: Sometimes it is hard to stay calm and relaxed. Having a mantra or something you say to yourself in those times can help. Tonight, we made the beaded bracelets with our words. People chose things like family, love, relax, peace, believe, patience, respect, and never look back. They are beautiful bracelets.

Flashlights and Safety Walk: We went outside for a safety walk. The girls all got flashlights so that we could see where we were going, since it was dark out and all the streetlights weren't working. We took a group picture with the flashlights which was really fun.

We walked to the park down the street. We talked about things we saw that were fun and things we saw that were safe. We also talked about things that weren't safe while we were walking, like abandoned buildings.

When we got to the park we played capture the flag with glow sticks, except one glow-stick wasn't working anymore. Then we played flashlight tag, the grown-ups had to "tag" the girls using a flashlight. When you got tagged you came back to see XX. When everyone was tagged, we went back to the centre for dinner.

Dinner: Tonight, was chili for dinner and brownies for dessert. The girls were lucky because two of the moms had stayed back to get the room set up for dinner, and chili served. The moms weren't lucky though, because the reason they stayed back and didn't get to play the game was because they had hurt their legs and couldn't walk. Luckily no one was hurt too bad, and everyone was walking okay the next week.

Some of the Things We Learned in Week 3

- We learned that people have lots and lots of really nice things to say about the girls/women in their lives that they love
- We learned that girls really like doing things with their families like sitting quietly and just being with each other
- We learned that it's fun to dance or shop or go for tea with the grown-ups/girls that you love and who love you
- We learned that moms worry about the things that might happen as their girls grow up, but want them to know that they are beautiful, they are loved, and they never need to do anything that makes them uncomfortable.
- Some moms are worried their daughters might not always be nice to other people, but they hope that their daughters will remember that everyone is beautiful in their own way
- People talked about how important nature is
- People talked about how important it is to spend time with the people that you love and to listen to them.
- When people wrote words to keep them strong, they wrote things like patience, love, laughter, keep moving forward, never look back, and family.
- We learned that if you keep something that isn't yours without permission, then other people will miss out on doing fun activities.
- We learned flashlights are super fun to play with outside at night.
- We learned that it is important to find a safe place, with lots of lights to play.
- We noticed when we were walking that the streetlights, especially around abandoned buildings were not very bright and this could be dangerous
- We talked about looking both ways before we cross the street
- We talked about buses. We talked about how buses can be safe because there are lots of lights, if you sit by the bus driver the bus driver can watch out and make sure you are safe. We talked about how there are cameras on buses, and we talked about how even though there might be strangers on the bus, there are so many people that it can be a good way to stay safe when traveling.
- We talked about snow and ice and how to be safe in the winter when you are walking outside, and we wish the city would plow sidewalks more often
- We learned that it is important to talk about your neighbourhood with grownups and that if you notice something that isn't safe, you can make phone calls or write letters, and many get the problem fixed. It might be a problem because maybe no one has ever said anything before and not because it can't be fixed.

"She's Strong. She Keeps on going.
She never ever gives up"

-Daughter



Author Note

Elizabeth Cooper, Ph.D. is an assistant professor in Kinesiology and Health Studies at the University of Regina. Please direct correspondence to elizabeth.cooper@uregina.ca.

S. Michelle Driedger, Ph.D. is a professor in Community Health Sciences at the University of Manitoba. Please direct correspondence to michelle.driedger@umanitoba.ca.

Acknowledgements: We would like to thank the women and girls who participated in this study and acknowledge the families and community members who supported their participation. We would like to thank the Manitoba Metis Federation Health and Wellness Department for their support of this study. We would also like to thank Dr. Heather Castleden and Dr. Tuula Heinonen for reviewing earlier drafts of this paper. We would also like to acknowledge support provided by the Michael Smith Health Research Foundation and the Canadian Federation for Innovation and Manitoba Research and Innovation Fund: 202990. We would also like to thank the reviewers for their thoughtful feedback on this manuscript.

Copyright 2021: Elizabeth J. Cooper, S. Michelle Driedger, and Nova Southeastern University.

Article Citation

Cooper, E. J., & Driedger, S. M. (2021). The importance of explicit and timely knowledge exchange practices stemming from research with Indigenous families. *The Qualitative Report*, 26(8), 2405-2443. <https://doi.org/10.46743/2160-3715/2021.3835>
