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“Because we are Natives and we stand strong to our pride”: Decolonizing HIV Prevention with Aboriginal Youth in Canada Using the Arts

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ABSTRACT

As a group of concerned stakeholders, we came together to envision decolonizing approaches to respond to the elevated rates of HIV in Aboriginal communities in Canada using participatory arts-based methodologies. In total, over 100 youth worked with 20 artists in six different Indigenous community workshops to create artistic pieces that unpacked the connections between individual risk and structural inequalities. Eighty-five enrolled in our study and seventy-one youth participated in individual interviews six weeks after the workshops. Four pieces are described here in depth: (1) The Kahnawá:ke First Nation and Montreal urban Aboriginal youth *Stop Motion Film*; (2) The urban Aboriginal community in Toronto, Ontario *Hip Hop Track*; (3) The Kettle and Stony Point & Aamjiwnaang First Nations "*Respect*" *Mural* and (4) The urban and on reserve youth around Charlottetown *talking stick carvings*. Each piece takes up the themes of decolonization as a primary vehicle for combating HIV, while placing the virus in the context of health, community, culture and agency. These approaches stress the communal, and engage with historic and ongoing oppression. Connecting youth with one another, as well as Aboriginal mentors, teachers, and artists, may in itself be a form of decolonization and reclamation.

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KEY WORDS: Canada; Decolonization; Arts-based methods; Indigenous Health; Community-based participatory research; HIV.

INTRODUCTION

We are a group of Aboriginal¹ youth, allies, university-based researchers, students and community activists (some of us wear several hats) who came together to envision decolonizing approaches to respond to the elevated rates of HIV in Aboriginal communities in Canada. Our approach is grounded in historical understandings of ongoing colonial and structural violence, a deep respect for self-determination principles (United Nations, 2007), and a desire to work with youth to create opportunities to connect with their culture while building on their strengths and resilience. Our community-based participatory action research project is called *“Taking Action! Building Aboriginal leadership in HIV prevention using arts-based methods.”* This three-year study underwent ethical review at all participating universities as well as in communities. This paper describes what happened when we began to examine conventional HIV prevention approaches and imagine new possibilities.

CONVENTIONAL HIV PREVENTION APPROACHES

HIV follows patterns of inequity, with marginalized groups most at risk (Barnett & Whiteside, 2002; Zierler & Krieger, 1997). Globally, Indigenous peoples are more likely to be economically and socially disadvantaged, displaced from their lands, and have poorer health outcomes than their non-Indigenous counterparts (Reading & Wien, 2009). In Canada, as in many other parts of the world, they are also at higher risk for contracting HIV (Public Health Agency of Canada, 2006). These outcomes can be linked directly to historical and ongoing state sanctioned systemic oppression (Smith, 2005; Smylie & Anderson, 2006). Risk factors facing Aboriginal people in Canada include racism, the legacies of the residential schools, persistent economic inequality and cultural and social isolation (Flicker & et al, 2012). Indigenous peoples are not “marginalized” or “at risk” in isolation from other social determinations of health (Gracey & King, 2009; Reading & Wien, 2009). As Danforth (2013) declared: “Being ourselves is not ‘risky’ and can be a strength and source of empowerment. What actually puts people ‘at risk’ are colonization, racism, and not having access to culturally safe care.”

“One size fits all” approaches to HIV/AIDS prevention that fail to consider the uneven conditions of risk across diverse populations have proven ineffective for increasing knowledge and changing behavior (Dowsett et al., 1998). Few culturally safe prevention options for

¹ We use the term “Aboriginal” to describe Indigenous Peoples in Canada, including Inuit, Métis and First Nations. This includes those who are status or non-status, on- or off-reserve.

Aboriginal youth are domestically available (Prentice, 2004).² By “culturally safe,” we mean services that move “beyond the concept of cultural sensitivity to analyzing power imbalances, institutional discrimination, colonization and relationships with colonizers, as they apply to healthcare” (NAHO, 2006).

Conventional HIV prevention programming has relied heavily on the ABC (Abstinence, Be Faithful, Condomize) approach to educating young people about HIV prevention possibilities using a tiered approach “calibrated to levels of risk” (Sinding, 2005). However, this individualized behavioural model has been widely criticized for its inattention to inequitable gender/partner relationships that may make abstinence, fidelity and safer sex negotiation difficult (if not impossible) (Murphy, Greene, Mihailovic, & Olupot-Olupot, 2006; Sinding, 2005). The ABC messaging is particularly meaningless to victims of sexual violence. It does not speak to couples who may have acquired HIV prior to initiating a relationship or those who experience major barriers to accessing harm reduction supplies (e.g., condoms) (Dworkin & Ehrhardt, 2007). For instance, for some youth who live in remote communities, access to health care remains an ongoing challenge (Flicker et al., 2008; Larkin et al., 2007). Access is further exacerbated by limited confidentiality and privacy in small communities where everyone knows everyone else (Restoule, McGee, Flicker, Larkin, & Smillie-Adjarkwa, 2010). The ABC paradigm ignores the ways that unsafe substance use can contribute to creating and heightening unique risk factors. Furthermore, the ABC focus on a-contextual individual behaviour ignores the social and political determinants of health that create conditions for choice and risk in the first place (Friedman, Dworkin, & Mantell, 2006; Parker, Easton, & Klein, 2000; Sumartojo, 2000).

A further critique that might be salient in thinking about prevention with Indigenous communities is that these messages repeat, reinforce and re-inscribe other colonial messaging (e.g., missionary ideology). Reinforcing abstinence until marriage, monogamy, and binary gender roles causes many Indigenous communities to see public health as just another form of religious evangelism and colonization (Danforth, 2013). Furthermore, when condom use is forcefully promoted, some communities see far too many parallels with strategies adopted by eugenics movements that have long tried to control and limit the reproduction of Indigenous bodies (Boyer, 2006). Consequently, the ABC trope plays into the fears of communities that may already be weary of outsiders entering their communities with “helpful” advice that is delivered in patronizing tones about the right and wrong way to behave, have sex, and (not?) reproduce. For instance, in communities that are still deeply wounded by the scars of the residential school system and *Indian Act*,³ where rates of substance abuse are high and access to clean water and

² Notable exceptions include some of the excellent work being done by our partners – the Native Youth Sexual Health Network, the Canadian Aboriginal AIDS Network, YouthCO, Chee Mamuk and several others.

³ The *Indian Act* was enacted by Parliament in 1876 to consolidate all previous legislation related to the governance of “North American Indians,” with the goal of “assimilating” and “civilizing.” It regulated legal status, land rights, commerce, and inheritance laws, and made all “Status Indians” wards of the Crown. Amended several times over the years, it banned ceremonies and cultural gatherings and authorized the forced removal of children to Residential Schools. While some of the more egregious elements have since been repealed, many provisions of this racist legislation remain intact.

adequate housing is a challenge (let alone STI tests and condoms), HIV prevention is a low priority (Prentice et al., 2011). For youth in these communities, the words “HIV workshop” often conjure up images of adults armed with condoms and pamphlets didactically preaching to the crowd in English with a lot of statistics and finger wagging. The flow of information is unidirectional and there is little opportunity for interaction or involvement. Boring and often humiliating, these educational efforts have not curbed the spread of HIV in Aboriginal communities on *Turtle Island*.⁴

While most HIV prevention approaches tend to focus on individual behaviours, an active engagement with the social, political and historical determinants of health (e.g., colonialism) that shape these behaviors may be crucial to reaching Aboriginal youth (Flicker et al., 2008; Larkin et al., 2007; Restoule et al., 2010; Ricci, Flicker, Jalon, Jackson, & Smillie-Adjarkwa, 2009; Rushing & Stephens, 2012). Furthermore, Indigenous health models stress the integration of mind, body and spirit, as well as culture (Reading & Wien, 2009). Taking holistic models even further, many Native communities see individual health as being intricately connected to communal wellbeing (Peltier et al., 2013). As a result, approaches that focus on a body part or behaviour out of context may not resonate.

Traditionally, sexuality was not seen as shameful among many Indigenous communities (First Nations Centre, 2011). Children were taught openly about their bodies, sexual and reproductive health, menstrual cycles, and relationships in rites of passage and coming of age ceremonies (ANAC, 2002). Colonial intervention interrupted and often illegalized diverse cultural practices that had been in place for centuries to impart important health information.

Providing youth with opportunities to connect with their culture and elders/grandparents, learn and practice ceremonies, and explore traditional models of healing may improve health (First Nations Centre, 2010; Kaufman et al., 2007). Indigenous models of health promotion that are culturally safe and community controlled have the potential to contribute to both individual and communal self-determination (Fagan & McDonnell, 2010; Leston, Jessen, & Simons, 2012; Mikhailovich, Morrison, & Arabena, 2007).

HIV prevention strategies need to decolonize and consider the socioeconomic, structural and systemic factors that put youth at risk in the first place. Barndt (2010) notes that *decolonizing* “can, at once, be understood as: a process of *acknowledging* the history of colonialism; working to *undo* the effects of colonialism; striving to *unlearn* habits, attitudes, and behaviours that continue to perpetuate colonialism; and *challenging* and *transforming* institutional manifestations of colonialism (p. 161). Furthermore, as Kovach (2009) writes, “[A] decolonizing approach, built upon critical theory, is particularly effective in analyzing power differences between groups... it provides hope for transformation; that there is a role for both structural change and personal agency in resistance” (p. 80). Our goal was to examine how Aboriginal youth understand the links between individual HIV risk and structural inequalities (such as colonialism). We sought to use art and culture as an opportunity for “personal agency in

⁴ “Turtle Island” is a term for North America used by several First Nations communities that refers to the creation story of the world being built on a turtle’s back.

resistance.” In focusing on participatory arts-based methods to study HIV/AIDS programming, we are taking up the recommended shift “away from information-based health education towards participatory approaches within HIV prevention” (Campbell, 2002, p. 332).

OUR PROJECT

The project grew out of the Canadian Aboriginal AIDS Network’s (CAAN) concerns for trying to find new ways to engage and foster Aboriginal youth leadership in HIV prevention (CAAN, 2010). Project investigators (including representatives from community organizations and academics at various universities) came together to collaboratively develop the proposal and secured funding to implement the project. In total, we partnered with six communities from regions across Canada (see Table 1).

Community	# of Participants	Average Age (Range)	Sex (% Female)	Arts
The urban Aboriginal community in Toronto, Ontario	8	14.1 (13-17)	87.5%	Hip Hop, Painting, Theatre
Kettle and Stony Point First Nation & Aamjiwnaang First Nation in southwestern Ontario	15	15.5 (13-19)	33%	Hip Hop, Painting, Theatre
Inuit youth of Puvirnituk, Nunavik in northern Quebec	27	16.5 (13-26)	85%	Throat Singing, Inuit games, Painting, Photography
The urban and on reserve youth around Charlottetown, Prince Edward Island	10	14.5 (13-17)	50%	Carving, Film Making, Painting, Photography
Nak’azdli First Nation in northwestern British Columbia	9	15.5 (13-19)	56%	Video Making
Kahnawá:ke First Nation and urban Aboriginal youth in Montreal, Quebec	16	19.7 (13-29)	56%	Theatre, Photography, Graffiti, Painting
TOTAL	85	16.5 (13-29)	63.4%	

In each community, we hired a local youth coordinator (one of whom became the national youth coordinator) and liaised with regional youth and health organizations to organize and lead weekend-long workshops that culminated in community exhibitions. Coordinators were hired at least six months before their workshop, and were supported via regular teleconference and email contact. Because the workshops happened sequentially, each youth coordinator (after the first) was able to attend a workshop in another community before planning his/her own.

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Coordinators did all the logistics planning. They invested heavily in outreach. They were supported by a National Youth Advisory Committee of concerned Aboriginal youth. All Youth Coordinators remained with us for the full three years of the project and participated in data analysis retreats.

During the workshops, we engaged in a variety of interactive games and activities developed by the Native Youth Sexual Health Network to (a) teach about HIV prevention and (b) re-affirm and support cultural and community pride and the importance of taking action. One example: youth were asked what made them proud to be Indigenous and shouted out positive attributes in their community that could contribute to slowing the spread of HIV. Elders helped to ceremonially open and close sessions, and remained available as supports for youth throughout the sessions. For more details about event organization see: (Yee, Heaslip, Proudfoot, Smillie, & Flicker, 2010).

Local needs assessments helped to inform which art forms were offered. In each community, we hired local Aboriginal youth artists as facilitators⁵. During the bulk of the weekend, they worked with youth in small groups to create pieces that linked HIV with structural issues. Workshops were a mix of technical skill building; an opportunity to document, edit, and refine created works on the issue; and group reflections/critique. Hip hop (graffiti and music), film making, painting/drawing, and throat singing were some of the art forms used. By encouraging and facilitating youth to both create and shape the media they wanted to utilize to amplify their message (e.g., music, video, photography), we hoped to challenge dominant colonial constructions of knowledge and to reconceive who has the power to produce and shape it (Castleden & Garvin, 2008; Mitchell et al., 2010).

Workshops culminated in an open house where youth performed, displayed their work, and facilitated discussions about the impact of their art with the wider community. In many of the communities, the works were displayed in prominent spaces for several weeks or months following the weekend. In addition, we filmed and created short videos about the process for each community. More than 100 youth participated in our workshops, 85 enrolled in our study. In some communities, younger children, parents and grandparents also participated in various activities. In others, we held much more youth-focused events. Nearly two thirds of our research participants identified as female (63%).

Post-workshop, participating youth were invited to take part in individual in-depth semi-structured interviews four to eight weeks after the event to reflect on their experiences. Specifically, we were interested in key knowledge gained, how their artistic productions address HIV prevention and are embedded in structural realities, and what they would like to see done with their work. We also used the opportunity to solicit feedback from youth participants on their perceptions of artwork created by other youth artists in their own community and elsewhere. Seventy-one youth participated in follow-up interviews with the National Youth Coordinator, who also organized another community event to share the short videos of their weekend

⁵ Where this was not possible, we recruited non-Indigenous youth and/or local Aboriginal adult artists.

process.⁶ Interviews were intentionally open-ended, casual conversations. They were conducted in variety of places, including homes, cafes, restaurants, health centres and “in the bush” at a culture camp. All interviews were audio-recorded with permission and transcribed verbatim by a trained transcriptionist (with help from graduate assistants).

ETHICS

A critical Indigenous pedagogy (CIP) informed all aspects of our work. CIP “understands that all inquiry is both political and moral...It values the transformative power of Indigenous, subjugated knowledges... and it seeks forms of praxis and inquiry that are emancipatory and empowering” (Denzin & Lincoln, 2008, p2). Concrete examples include the strong partnerships developed with local elders and service providers to implement project activities and support youth, the integration of ceremony into our work, the mentorship model developed to encourage active youth leadership, using traditional art-forms (e.g. carving, throat singing) and indigenizing new media (e.g. hip hop), and always adopting a strengths-based perspective that incorporated activities designed to promote Native pride. While these examples are explicit, all of our work was governed by an implicit value system that sought to both decolonize all of our (big and small) interactions with youth, communities and the academy.

Coordinators assisted with navigating local formal community research ethics processes. In some cases, this meant seeking permission from band councils and/or other elected officials; in other cases it meant liaising directly with local research committees. In addition to communal consent, individual consent to participate in project activities was sought from all youth over the age of 16; for younger youth, parental consent was negotiated and youth assent secured. In keeping with OCAP principles (NAHO, 2007), the art produced belonged to youth artists and their communities. Permission to share reproductions of the art products in order to disseminate research findings was sought separately after pieces were completed.

During each workshop, youth were encouraged to only share things with the group that they felt comfortable sharing. For private concerns, we had elders and/or local social service providers available to help any youth who were experiencing difficulty and/or who disclosed sexual or physical abuse. All transcripts were stripped of unique identifiers (e.g. names, places) prior to sharing them with the team of coders. Coded data were made available to the larger research team and youth coordinators for the purposes of analysis.

DATA ANALYSIS

Data were coded by a team of graduate students and analyzed in a collaborative participatory fashion (Flicker & Nixon, 2014; Jackson, 2008) at a retreat where all co-investigators and Youth

⁶ While we consider seventy-one follow-up interviews a good response rate (84%), there are numerous reasons for youth not participating. As many of these locations were remote, our staff was only able to return to communities for a limited time to complete follow-up interviews. Some youth were not able to accommodate our time parameters, others declined to participate and others were lost to follow up.

Coordinators were invited to participate. Codes were created by dominant themes. In addition, a code was created for each art piece.

In total, over 100 youth worked with 20 artists in six different communities, 85 enrolled in our study (see table 1 for a demographic breakdown on participants). Youth created dozens of innovative materials that can all be accessed on our website (www.TakingAction4youth.org). We do not have the space in this paper to cover all the work the youth created. For this paper, we sampled a diverse set of projects, each made with a different medium in a different community, in order to describe the range of ways in which the themes of structural inequalities were explored in the context of HIV. The four pieces described herein were chosen for their resonance (i.e. the impact they had in their own communities and when showcased in other communities) and diversity (in terms of media, community and messaging). Each piece takes up the theme of decolonization as a primary vehicle for combating HIV. Each was discussed in-depth at an annual retreat where groups of investigators and youth coordinators collaborated in small groups to go over coded data that related to the piece (from the perspective of youth artists and youth who saw the results) and discuss the pieces in greater depth. Small groups reported back to the larger team for wider discussions of meaning and interpretation. Copious notes were taken and these discussions are summarized here, along with supporting quotes and visual materials. While the analysis presented herein may be unconventional in approach (i.e. focusing primarily on descriptive cases of a sampling of the arts-based ‘outputs’ of the workshops), we feel that in many ways the process, products, and analysis of arts-based research are inextricably linked and mutually constitutive (Flicker et al., under review).

RESULTS

Youth participants overwhelmingly reported that they valued both the process and products of arts-based methods. They found the process engaging, participatory, and empowering. Arts-based activities were also said to harness the assets and knowledge of youth and help to facilitate dialogue about difficult topics.

Stop Motion Film created by Kahnawá:ke First Nation and Montreal urban Aboriginal youth

Set to the song *Taking Back Sunday's* “Sink into Me,” the three minute stop motion film was made by a group of youth in a reserve community just south of Montreal (see stills in Figure 1). The film starts by flashing images of local youth hanging out and having a good time. The words “We are Aboriginal and... we don’t spread lies, we try not to gossip, [and] we are artists” appear in sequence, interspersed with photos of youth going about their daily lives. Images of youth painting tipis with paintbrushes are juxtaposed with depictions of youth creating elaborate graffiti installations using spray paint. The film goes on to proclaim: “We are Aboriginal... We

are individuals.” This is followed by an arresting sequence of participants holding up paper signs that proclaim messages that are unique to the individual holding them.

Some examples of their messages include: *I’m a role model, I am in control, I am a leader not a follower, I’m proud, I’m in touch with my culture.*

Next, the audience sees a group of youth spelling out with their bodies the letters “HIV” on the grass. Some statistics about the elevated rates of HIV in Aboriginal communities are shared and then the words “we can stop this” are flashed along with a URL link for more information. The three-minute film is brief, powerful, unsettling and engaging. We have screened it in dozens of classrooms, communities and conferences. It never fails to spark applause and discussions. According to the young film makers, the piece is meant to counter negative stereotypes about Aboriginal youth and offer a counter narrative of choice, empowerment and positivity. They wanted to influence both their Indigenous and non-Indigenous peers. The messaging resonated, with their audience: “I liked it a lot because ... it was very informing and like for people who like aren’t Native they would watch this and be like oh they [Natives] are people too!” Another youth offered: “It was good, like I said, it doesn’t shout out anything, but it is just truth, like raw truth.”

Intentionally playful, the tone is not moralizing. It never once mentions the ABCs. Instead, as a youth from another community offered:

“It was great because the youth realized that they could be doing better things and they try to do better things like being a role model, smoke-free, good messages... Culture can help. Friends can help. Yeah, I am thinking that ... There is always positive ways to reduce the spread of HIV in Aboriginal communities. Yeah... Courage to want to know more and being proud of who they are and just be safe.”

One of the filmmakers described the process:

“It was a lot of fun because we got to do what we wanted; we weren’t told what to do; we were told to do what we wanted to do; and we learned so many new things about photography; and we just had a lot of fun. We all made up our own ideas and we turned it into one idea, so no one was left out...It was a lot of fun because no one was like uhh you shouldn’t do that”

Figure 1: *Stop Motion Film* created by Kahnawá:ke First Nation and Montreal urban Aboriginal youth



Hip Hop Track created by the urban Aboriginal community in Toronto, Ontario

Another group of Indigenous youth living in Toronto (Canada’s largest urban centre) recorded an original hip hop track called “Do it Right!” As one participant described it, “Well, what they had us do was like write a verse, like a rap verse, and... we ended up putting all of our verses together and made an actual song.”

The song talks about the challenges of growing up in a hostile urban environment, “All I can see is the trouble that surrounds me... kids feel their life is so crappy,” and how hard it is to deal with racial profiling and injustice. The chorus implores:

*Don’t criticize me. Don’t isolate me.
Cause we need to stay united
Accept me. Don’t reject me.
Cause we gotta stand strongly
Keep the fire burning brightly
Cause we’re all the same inside.
Everyday is a struggle
You just gotta hold on tight.
Get up on your feet and do it right*

The tone is direct and strong. It clearly talks about individual and community pain, offering a message of both anger and hope. While it does not talk about HIV directly (it never mentions the word), the song nevertheless talks about many of the social determinants of HIV – racism, alienation, isolation, anger, injustice, loneliness. As one of its authors stated:

“To be honest, like there will be some people that catch what it is supposed to say, ... I don’t think they will understand it means HIV but I think they will understand what it means towards HIV. “

Audiences are always impressed by the slick production quality. “*It sounds so good!*” They are often surprised that youth were able to create this quality of work over the course of only one weekend. Then they are challenged to confront the messaging that resists the conventional public

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health model of talking only about individual risk behaviour, and instead points directly to the on-the-ground issues young people are experiencing.

“Rezpect” Mural created by Kettle and Stony Point & Aamjiwnaang First Nations Youth

Youth from Kettle and Stony Point First Nation collaborated on a community mural that was then displayed at their local health centre (see Figure 2). The letters HIV are interspersed with A (represented as a tipi), I (an arrow), D (a bow), and S (a serpent). Rezpect. Love, and KP Rez are also depicted on a natural sky/land backdrop. One of the youth artists explained that “the flower represents traditional medicine, the tipi represents community and the medicine wheel represents healing.” Eagles are also of significance to many Indigenous communities, as they are often seen as symbols of strength and courage. For some, their feathers are sacred objects. The mural was meant to challenge stigma and promote “Respect that some people have HIV and AIDS and [we need to] just love them the same.”

As one community youth who had participated in a parallel art project described:

“I think they did an amazing job with this. Because there is obviously AIDS and HIV. It is not that hard to see. And the rezpect and love, that is actually kind of interesting... mostly I like the designs of what they did. Like the medicine wheel, Native, tipi, eagle, snake. Bow arrow. All that stuff actually does represent KP. 'Cause I see tipis everywhere, I see eagles once in a while. Snakes, I usually go and catch them, and I have like a bunch of medicine wheels in my house, like posted up on my wall. That I made.”

In contrast to the other two pieces discussed, this mural addressed HIV very directly and employed traditional symbols and notions about what it means to be Indigenous. However, rather than focus on the negative, the mural used positive symbols of Indigenous strength and healing to challenge stigma.

Figure 2: “Rezpect” Mural created by Kettle and Stony Point & Aamjiwnaang First Nations Youth



Talking stick carvings created by the urban and on reserve youth around Charlottetown

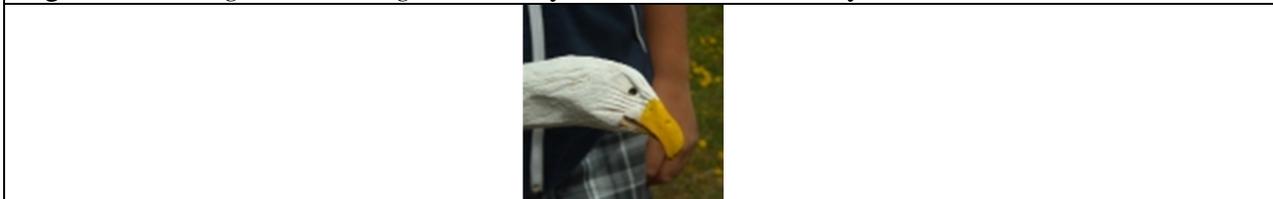
Some youth in Prince Edward Island carved talking sticks as their artistic intervention (see Figure 3). Traditionally in several Indigenous nations, talking sticks are used to help moderate collective discussions. As the local [Mi'kmaw](#) carver explained⁷, in his culture, when someone in a talking circle is holding the stick, everyone else is supposed to listen and give them their attention. Each talking stick that he helps to carve has an animal totem on top and a stone at the bottom to help ground the speaker. They were also adorned with two eagle feathers – one to symbolize purity (and help you talk from the heart) and the other to symbolize wisdom (to remind you to speak wisely).

Youth learned how to carve and were assisted with finishing their sticks. As one youth reflected:

“I think a talking stick was very important because you learn. At the same time you were doing it, he was telling you about your culture and what the eagle feather stood for. I think it helps because you can have your own circle and talk amongst everybody, and say what they have to think about it. And you have your own talking stick with your own spiritual eagle feathers on there, and you’re the one that’s in control of it.”

Another youth offered, that his stick could be used to talk about “more than HIV,” but said that he would always connect it with HIV when he looked at it because of the context of where it was created.

Figure 3: *Talking stick carvings* created by urban and on reserve youth around Charlottetown



CHALLENGES AND LIIMITATIONS OF THE STUDY

Our sample was self-selected. (In other words, only those interested in art and/or HIV would volunteer for participation). As a result, care must be taken in interpreting results. Culture-based interventions may not work for all Indigenous youth in all contexts. Nevertheless, we got a very

⁷ There is tremendous cultural heterogeneity on Turtle Island and traditions differ across nations. What might hold true in PEI, may not in other areas of the country.

diverse cross-section of young people from various cultures, regions and walks of life (often voices that rarely get heard) that overwhelmingly supported the strategy.

Coordination of national efforts such as these takes considerable human and financial resources. However, smaller scale local initiatives could be feasibly undertaken in lower resourced environments. We would encourage groups of youth to find trusted adults to support them in continuing these conversations using whatever art forms they are most excited about. Alternatively, (adult or peer) educators or youth workers could use our “by youth, for youth” materials available online (www.TakingAction4Youth.org) to spark local dialogue and activism. Many of the pieces described here have been instrumental for getting groups of students engaged in discussions about decolonization, HIV and activism.

While it was not our project to measure HIV knowledge, attitudes or behaviours (and our research design was not set up to accommodate evaluations of this nature), there is considerable debate in the field on the best way to measure the impacts of arts-based initiatives (Fraser & al Sayah, 2011; Gubrium & Harper, 2013; Putland, 2008; Staricoff, 2006; Stuckey & Nobel, 2010; Trépanier, 2008). Based on our qualitative interviews, we have no doubt however, that our work had an impact on the youth communities we worked with. A further indicator of success was that without fail, in every community, we had more youth turn up on each successive day than had participated the previous day. We understood this to be the ultimate sign of not only success, but peer leadership “taking action.” As our Youth Coordinators have told us, we have given the term “workshop” a better name for Indigenous youth.

DISCUSSION

These four examples illustrate the diverse range of approaches that Aboriginal youth used to take up the theme of HIV prevention. In each case, youth worked with local artists, elders and each other to create pieces that challenged the status quo and sparked new kinds of conversations about HIV – ones that placed the virus in the context of health, community, culture and agency. These approaches stress the communal, and engage with historic and ongoing oppression. They place HIV squarely in the context of other (related) issues of marginalization, and respond through inclusion and (sometimes indirect) tactics (Flicker et al., 2008; Restoule et al., 2010). Connecting youth with one another, as well as Aboriginal mentors, teachers, and artists, may in itself be a form of decolonization and reclamation.

Arts-based approaches appealed to youth for many reasons. Traditionally, many Indigenous communities were oral cultures that relied heavily on arts and craftsmanship for communication, teaching and values transmission (whether it was theatre, weaving or beading). Arts were created for aesthetic reasons, but were also deeply functional and spiritual endeavors. As Trepanier (2008) argues, “Art can be medicine, a survival tool, an antidote. Art is our identity, our place, a sign of our presence on this planet. It is medicine as it helps healing because we’ve been through so many things. Art is for the people. It can help build our communities.” (p.15)

Youth in our study also talked about the fact that it is fun, helps build self-esteem, and is empowering.

In many ways, the youth artists in our study were drawing on a rich legacy of using the arts to communicate complex messaging in unique formats. Supporting these processes means aiding cultural resurgence alongside HIV prevention messaging. We provided the space for youth to strengthen culture while also fighting the spread of the disease by raising awareness. Using these approaches did have an appeal for many cultural reasons, but non-verbal and popular culture communication and arts-based approaches can also appeal to broader youth audiences and populations affected by HIV.

None of these pieces addressed behavior change or the ABCs directly. Rather, they focused on Indigenous experiences of vulnerability and response. As a result of both the process and the products, we were able to open lines of communication with the youth involved. Inevitably, they asked what they could do to protect themselves and their loved ones. Conversations about condom use, safer substance use practices, and other strategies for reducing harm were discussed in every community. However, these conversations were initiated by the youth themselves. As such, education/information was youth-driven and tailored to meet the specific needs of groups of diverse Indigenous youth.

Furthermore, we quickly learned that the resulting productions were able to spark and fuel different kinds of dialogues in other communities. After watching films or hearing songs created by youth, new groups of young people wanted to talk about and imagine what they could do to halt HIV in their own communities. At the conclusion of each exhibition, we repeatedly heard “When are you coming back? I want to participate next time!” When we showed the pieces in different communities, youth became motivated to engage. This speaks to the potential for creating connections between and among communities, building a sense of solidarity across diverse nations.

However, even better than showing youth what to do, is giving youth the opportunity to do it themselves. While some of these methods might be regarded as ‘high tech’ and require somewhat skilled facilitation/technology (e.g., stop-motion film or carving), others (e.g., painting) can be done in contexts with limited resources. Supporting youth to find their own voices, build on their talents and strengths, and talk about health issues in the context within which they are lived and experienced help us all to decolonize. As Chilisa (2012), Regan (2010) and others have noted, non-Indigenous allies must learn to step back and give Aboriginal youth the freedom and space to rediscover and recover, mourn, dream, commit and act on their own terms.

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