
A study of Canadian Indigenous fathers' involvement conceptualized a temporal horizon within which to situate challenges and opportunities for caring for children following decades of colonial interventions that have diminished men's roles. Through five community-university partnerships, conversational interviews were held with eighty First Nations and Métis fathers in British Columbia, Canada. Using a grounded theory approach, a conceptual model was constructed identifying six key ecological and psychological factors that combine to account for Indigenous men's experiences of fatherhood: personal wellness, learning fathering, socioeconomic inclusion, social support, legislative and policy support, and cultural continuity. Indigenous fathers' accounts bring into focus systemic barriers to positive fathers' involvement, including socioeconomic exclusion due to failures of the educational system, ongoing colonization through Canada's Indian Act, and mother-centrism in parenting programs and child welfare practices. Policy and program reforms are suggested to increase Indigenous fathers' positive and sustained engagement with their children. *ABSTRACT FROM AUTHOR*; Copyright of *Annals of the American Academy of Political & Social Science* is the property of Sage Publications Inc. and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)


The purpose of this study was to make comparisons between Aboriginal residential school survivors' perceptions of health status and overall quality of life, and Aboriginal non-residential school attendees, as well as between non-Aboriginals. Data were obtained from thirty-three questions derived from the 2001 Determinants of Health and Quality of Life Survey, based on a sample of 687 residents from the Bella Coola Valley area of British Columbia, Canada. A retrospective review of local Medical Clinic charts enabled 47 Aboriginal residential school survivors to be identified from the survey and matched, based on age and gender, with Aboriginal non-residential school attendees to form a cohort (n = 60), as well as with non-Aboriginals (n = 94). A series of descriptive, univariate, and Pearson Chi-square analyses were used to compare data of health status and quality of life outcome measures, physician visits, and disease prevalence rates between groups. The findings suggest that Aboriginal residential school survivors and Aboriginal non-residential school attendees both experience poorer health and quality of life compared to non-Aboriginals, as well as higher rates of diabetes. Surprisingly, also found was evidence contrary to the received view of the devastation of the residential school experience. The effects of residential school continuing to influence second, third, and fourth generations in relation to Aboriginal health and quality of life is complex, necessitating further inquiry. *ABSTRACT FROM AUTHOR*; Copyright of *Social Indicators Research* is the property of Springer Science & Business Media B.V. and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)

The development of preschool children of Aboriginal heritage is jeopardized by the intergenerational transmission of risk that has created, and continues to create, social disadvantage. Early intervention programs are intended to mitigate the impact of social disadvantage. Yet, evidence of the effectiveness of these programs for children of Aboriginal heritage is limited. The purpose of this study was to examine the effects of a two-generation, multi-cultural preschool program on 45 children of Aboriginal heritage and their caregivers. We used a single-group, pretest (program intake)/posttest (program exit) design with follow-up when the children were 7 years old. We used an observational measure of child receptive language (Peabody Picture Vocabulary Test-III) and caregiver-reported measures of child development (Nipissing District Developmental Screen), risk for child maltreatment (Adult-Adolescent Parenting Inventory; AAPI), parenting stress (Parenting Stress Index; PSI), self-esteem (Rosenberg Self-Esteem scale; RSE), and life skills (Community Life Skills scale; CLS). Using paired t-tests we found statistically significant increases in child receptive language scores between intake and exit, and repeated-measures ANOVA showed that these improvements were maintained up to age 7 years. For caregivers, Pearson’s correlations demonstrated that risk for child maltreatment, parenting stress, self-esteem, and life skills were stable over time. Results of this study suggest that children of Aboriginal heritage can benefit from participation in a two-generation, multi-cultural preschool program. Their caregivers may have received greater benefit if issues of intergenerational transmission of the negative influences of residential schools were addressed as part of programming. ABSTRACT FROM AUTHOR]; Copyright of Journal of Child & Family Studies is the property of Springer Science & Business Media B.V. and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder’s express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)


From 1863 to 1996, many Aboriginal children in Canada were forced to attend Indian Residential Schools (IRSs), where many experienced neglect, abuse, and the trauma of separation from their families and culture. The present study examined the intergenerational impact of IRS exposure on depressive symptomatology in a convenience sample of 143 First Nations adults. IRS experiences had adverse intergenerational effects in that First Nations adults who had a parent attend IRS (n = 67) reported greater depressive symptoms compared to individuals whose parents did not attend (n = 76). Parental IRS attendance moderated the relations between stressor experiences (adverse childhood experiences, adult traumas, and perceived discrimination) and depressive symptoms, such that second generation Survivors exhibited greater symptomatology. Adverse childhood experiences partially mediated the relation between parental IRS attendance and both adult trauma and perceived discrimination. Moreover, both of these adulthood stressors partially mediated the relation between adverse childhood experiences and depressive symptoms. Finally, all three stressors demonstrated a unique mediating role in the relation between parental IRS attendance and depressive symptoms. Although alternative directional paths could not be ruled out, offspring of IRS Survivors appeared at increased risk for depression, likely owing to greater sensitivity to and experiences of childhood adversity, adult traumas, and perceived discrimination. ABSTRACT FROM PUBLISHER]; Copyright of Transcultural Psychiatry is the property of Sage Publications, Ltd. and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder’s express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)


As part of a government policy of assimilation beginning in the mid-1800s, a large proportion of
Aboriginal children in Canada were forcibly removed from their homes to attend Indian Residential Schools (IRSs), a practice which continued into the 1990s. This traumatic experience had lasting negative effects not only on those who attended but also on their offspring, who were previously found to report higher levels of perceived discrimination and depressive symptoms compared with Aboriginal adults whose families were not directly affected by IRSs. In attempt to elucidate the processes involved in these previous findings, the current study (N = 399) revealed that greater levels of past perceptions of discrimination among IRS offspring, together with their greater likelihood of considering their Aboriginal heritage to be a central component of their self-concept (i.e., high identity centrality), were associated with an increased likelihood of appraising subsequent negative intergroup scenarios to be a result of discrimination and as threatening to their well-being. In turn, these altered appraisals of threat in response to the scenarios were associated with higher levels of depressive symptoms relative to non-IRS adults. The apparent reinforcing relationships between past discrimination, identity centrality, and appraisals of discrimination and threat in intergroup interactions highlight the need for interventions targeting this cycle that appears to contribute to heightened psychological distress among offspring of those who were directly victimized by collective race-based traumas.

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The current paper reviews research that has explored the intergenerational effects of the Indian Residential School (IRS) system in Canada, in which Aboriginal children were forced to live at schools where various forms of neglect and abuse were common. Intergenerational IRS trauma continues to undermine the well-being of today's Aboriginal population, and having a familial history of IRS attendance has also been linked with more frequent contemporary stressor experiences and relatively greater effects of stressors on well-being. It is also suggested that familial IRS attendance across several generations within a family appears to have cumulative effects. Together, these findings provide empirical support for the concept of historical trauma, which takes the perspective that the consequences of numerous and sustained attacks against a group may accumulate over generations and interact with proximal stressors to undermine collective well-being. As much as historical trauma might be linked to pathology, it is not possible to go back in time to assess how previous traumas endured by Aboriginal peoples might be related to subsequent responses to IRS trauma. Nonetheless, the currently available research demonstrating the intergenerational effects of IRSs provides support for the enduring negative consequences of these experiences and the role of historical trauma in contributing to present day disparities in well-being. ABSTRACT FROM AUTHOR; Copyright of Transcultural Psychiatry is the property of Sage Publications, Ltd. and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)


Explores the impact of racism, sexism and colonialism on the health of aboriginal women in Canada. Likelihood that the process of sexism contributes to aboriginal women's poor health than biological or genetic differences between the two sexes; Operation in common racism and sexism via external power structures to contribute to poor health in certain disadvantaged groups; Colonization among indigenous groups experience a legacy of oppression that adds another level of threat to their health. (Copyright applies to all Abstracts.)
Brown, H., Varcoe, C., & Calam, B. (2011). The birthing experiences of rural aboriginal women in context: Implications for nursing. Canadian Journal of Nursing Research, 43(4), 100-117. It has been established that the birthing expériences and outcomes of rural women are shaped by poverty, isolation, limited economic opportunities, and diminishing maternity services. We lack research into how these dynamics are compounded by intersecting forms of oppression faced by Aboriginal women, to impact on their birthing expériences and outcomes. The findings of this study of rural Aboriginal maternity care in 4 communities in British Columbia show how diminishing local birthing choices and women's struggles to exert power, choice, and control are influenced by centuries of colonization. The research questions focus on rural Aboriginal women's expériences of birthing and maternity care in this neocolonial context and their desire for supportive birthing environments. A community-based participatory and ethnographic design was employed. Individual interviews, focus groups, and participant observation were the primary data sources. Although the women's expériences in each community were shaped by distinct histories and traditions, economics, politics, and geographies, the impacts of colonization and medical paternalism and the struggle for control of women's bodies during birth intersect, placing additional stress on women. The implications for nurses of accounting for the intersecting dynamics that shape Aboriginal women's expériences and birth outcomes are discussed. © McGill University School of Nursing.

Brown, J., Higgitt, N., Wingert, S., Miller, C., & Morrissette, L. (2005). Challenges faced by aboriginal youth in the inner city. Canadian Journal of Urban Research, 14(1), 81-106. Aboriginal youth in Winnipeg's inner city experience poverty, unemployment, as well as the effects of colonization, racism, and alienation. To meet their families' economic needs, many have been pushed into activities that place them at high risk for contact with the justice system. Typically, these young men are not seen as community builders; the personal, family and community issues they experience while working to build community illustrate the multiple barriers faced in enhancing the physical and social health of neighbourhoods. We interviewed young Aboriginal men who had grown up in the inner city, to understand their past experiences, current realities, and how they saw the future of their neighbourhoods. Together, multiple challenges exist for Aboriginal youth in disadvantaged urban neighbourhoods that serve as barriers to community health. (English) ABSTRACT FROM AUTHOR; La jeunesse autochtone des quartiers centraux de Winnipeg est aux prises avec le chômage et la pauvreté et subit les effets de la colonisation, du racisme et de l'aliénation. Afin de répondre aux besoins économiques de leurs familles, nombre de jeunes ont été entraînés dans des activités qui les exposent à un risque élevé de se retrouver aux prises avec l'appareil judiciaire. Plus souvent qu'autrement, ces jeunes hommes ne sont pas considérées comme des acteurs participant activement au développement communautaire. Les problèmes personnels, familiaux et communautaires qu'ils éprouvent sont autant de barrières à franchir vers l'amélioration de la santé physique et sociale du quartier. Nous avons interviewé plusieurs jeunes hommes autochtones qui ont grandi dans les quartiers centraux dans le but de comprendre leur expériences, leur réalité et comment ils entrevoient le futur de leur communauté. Plusieurs défis et obstacles au développement d'une communauté saine existent pour la jeunesse autochtone. (French) ABSTRACT FROM AUTHOR; Copyright of Canadian Journal of Urban Research is the property of University of Winnipeg, Institute of Urban Studies and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)

Brown, A. J., & Fiske, J. - (2001). First nations women's encounters with mainstream health care services. Western Journal of Nursing Research, 23(2), 126-147. Health care encounters are important areas for study because they reflect social, political, economic, and ideological relations between patients and the dominant health care system. This study examines mainstream health care encounters from the viewpoint of First Nations women from a reserve community in northwestern Canada. Perspectives from critical medical anthropology and the concept of cultural safety provided the theoretical orientation for the study. Critical and feminist ethnographic approaches were used to guide in-depth interviews conducted with 10 First Nations women. Findings were organized around two broad themes that
characterized women's descriptions of "invalidating" and "affirming" encounters. These narratives revealed that women's encounters were shaped by racism, discrimination, and structural inequities that continue to marginalize and disadvantage First Nations women. The women's health care experiences have historical, political, and economic significance and are reflective of wider postcolonial relations that shape their everyday lives.


Using two large-scale representative samples of Canada collected in 1999 and 2004, this study examined Aboriginal women's elevated risk for violent victimization relative to non-Aboriginal women. Aboriginal women had about four times the odds of experiencing violence compared to non-Aboriginal women in both surveys. In general, there were fewer differences in the impact of risk factors between Aboriginal and non-Aboriginal women in the 2004 than the 1999 survey, resulting in risk factors accounting for less of Aboriginal women's elevated odds of experiencing violence in the 2004 than the 1999 survey. In both surveys, controlling for all available risk factors did not fully account for Aboriginal women's elevated odds of experiencing violence. Results were consistent with the theory that much of Aboriginal women's elevated odds of violent victimization may be linked to colonization. Future research is needed to provide direct evidence of a connection between cultural loss and Aboriginal women's elevated odds of violent victimization. © 2008 Springer Science+Business Media, LLC.


Using a large-scale representative sample of Canada collected in 1999, this study examined Aboriginal men's elevated risk for violent victimization relative to non-Aboriginal men. Aboriginal men reported about 2.5 to 3.5 times the risk of intimate partner violence victimisation compared to non-Aboriginal men. Aboriginal men's elevated risk of violence was greatest on some of the most severe forms of violence and appeared to be due to their relatively higher levels of unemployment and relatively younger average age. While future research is needed to disentangle the complex interplay of colonisation and risk factors for understanding Aboriginal peoples' elevated risk of intimate partner violence victimisation, the current study demonstrates that gender is also worthy of consideration.


In this article, we consider how the broad context of Aboriginal people's lives can shape their experience and understanding of their HIV diagnosis. We conducted interviews across Canada with 72 Aboriginal people living with HIV who also reported feelings of depression. Consistent with what has been found in previous studies, participants responded to their HIV diagnosis with shock, disbelief, and often anger. Prior depression, drug and alcohol use, multiple losses, stigma, and social isolation also shaped how participants experienced their diagnosis. We consider how the history of colonization of Aboriginal communities in Canada relates to the experience of HIV diagnosis, and end with a discussion of the service implications of our findings. ABSTRACT FROM PUBLISHER; Copyright of Qualitative Health Research is the property of Sage Publications Inc. and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)

Campbell, K. M. (2007). "What was it they lost?" the impact of resource development on family violence in a northern aboriginal community. *Journal of Ethnicity in Criminal Justice, 5*(1), 57-80. doi:10.1300/J222v05n01_04

The issue of family violence is a modern scourge on Canadian society. Recent estimates indicate that during the previous five years in Canada, 7% of women and 6% of men encountered spousal violence (Statistics Canada, 2005). Furthermore, Aboriginal communities in Canada experience
disproportionately high rates of family violence, due to a myriad of reasons. While the impact of colonization continues to affect the lives of Aboriginal people, what is less well known are the more recent social and emotional effects of excessive resource development, particularly in isolated communities. Through an examination of the perspectives of community workers regarding family violence in their community, located in northern Canada and displaced by hydroelectric development, a range of ideas were explored. Critical race theory provides a backdrop for understanding the endemic nature of the systemic racism that characterizes the relationship between Aboriginal peoples and the government. The study demonstrates that the social and emotional impact of excessive resource development continues to resonate in a negative manner, even many years following displacement. ABSTRACT FROM AUTHOR; Copyright of Journal of Ethnicity in Criminal Justice is the property of Taylor & Francis Ltd and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)

Craig, S. L., Bejan, R., & Muskat, B. (2013). Making the invisible visible: Are health social workers addressing the social determinants of health? Social Work in Health Care, 52(4), 311-331. This study explored the ways in which health social workers (HSW) address the social determinants of health (SDH) within their social work practice. Social workers (n = 54) employed at major hospitals across Toronto had many years of practice in health care (M = 11 years; SD = 10.32) and indicated that SDH were a top priority in their daily work; with 98% intentionally intervening with at least one and 91% attending to three or more. Health care services were most often addressed (92%), followed by housing (72%), disability (79%), income (72%), and employment security (70%). Few HSW were tackling racism, Aboriginal status, gender, or social exclusion in their daily practice. © 2013 Copyright Taylor & Francis Group, LLC.

Currie, C. L., Wild, T. C., Schopflocher, D. P., Laing, L., & Veugelers, P. (2012). Racial discrimination experienced by aboriginal university students in canada. Canadian Journal of Psychiatry, 57(10), 617-625. Objectives: Racial discrimination is an established life course social determinant of health associated with adverse psychological outcomes among minority populations. However, little is known about the extent to which Aboriginal people in Canada may experience racial discrimination and consequent adverse psychological effects. This study sought to measure the extent to which Aboriginal university students living in an urban area of Canada experienced racism, to triangulate this evidence with US data and qualitative findings, and to examine the impact of these experiences on mental health. Methods: Data for this mixed method study were collected via in-person surveys with a volunteer sample of Aboriginal university students (n = 60) living in a mid-sized city in central Canada in 2008-2009. Results: Results indicate Aboriginal university students experienced more frequent racism across a greater number of life situations than African- and Latino-American adults in the United States. Student reactions to these experiences were symptomatic of what has been termed racial battle fatigue in the United States. Students who considered themselves traditional or cultural Aboriginal persons were significantly more likely to experience discrimination. Conclusions: Results underline the need for policies aimed at reducing racism directed at Aboriginal people in urban areas and the growth of services to help Aboriginal people cope with these experiences. Results highlight the need for further research to determine the potential pathogenic consequences of racial discrimination for Aboriginal people in Canada.

Currie, C. L., Wild, T. C., Schopflocher, D. P., Veugelers, P., & Parlee, B. (2013). Racial discrimination, post traumatic stress, and gambling problems among urban aboriginal adults in canada. Journal of Gambling Studies, 29(3), 393-415. Little is known about risk factors for problem gambling (PG) within the rapidly growing urban Aboriginal population in North America. Racial discrimination may be an important risk factor for PG given documented associations between racism and other forms of addictive behaviour. This study examined associations between racial discrimination and problem gambling among urban Aboriginal adults, and the extent to which this link was mediated by post traumatic stress. Data
were collected via in-person surveys with a community-based sample of Aboriginal adults living in a mid-sized city in western Canada (N = 381) in 2010. Results indicate more than 80% of respondents experienced discrimination due to Aboriginal race in the past year, with the majority reporting high levels of racism in that time period. Past year racial discrimination was a risk factor for 12-month problem gambling, gambling to escape, and post traumatic stress disorder (PTSD) symptoms in bootstrapped regression models adjusted for confounders and other forms of social trauma. Elevated PTSD symptoms among those experiencing high levels of racism partially explained the association between racism and the use of gambling to escape in statistical models. These findings are the first to suggest racial discrimination may be an important social determinant of problem gambling for Aboriginal peoples. Gambling may be a coping response that some Aboriginal adults use to escape the negative emotions associated with racist experiences. Results support the development of policies to reduce racism directed at Aboriginal peoples in urban areas, and enhanced services to help Aboriginal peoples cope with racist events. © 2012 Springer Science+Business Media, LLC.


Objective: To examine the contribution of socio-economic position (SEP) in explaining the excess of any abuse and intimate partner violence (IPV) among Aboriginal versus non-Aboriginal women in Canada. This comparison has not been studied before. Methods: We conducted logistic regression analysis, using nationwide data from a weighted sample of 57,318 Canadian-born mothers of singletons who participated in the Canadian Maternity Experiences Survey 2006-7. Results: The unadjusted odds of any abuse and IPV were almost four times higher among Aboriginal compared to non-Aboriginal mothers; OR 3.91 (95% CI 3.12-4.89) and OR 3.78 (2.87-4.97), respectively. Adjustment for SEP reduced the unadjusted OR of any abuse and IPV by almost 40%. However, even with this adjustment, the odds of any abuse and IPV for Aboriginal mothers remained twice that of non-Aboriginal mothers; OR 2.34 (1.82-2.99) and OR 2.19 (1.60-3.00), respectively. Conclusions: SEP is a predominant contributor to the excess of abuse against Aboriginal vs. non-Aboriginal women in Canada. Reducing violence against Aboriginal women can be achieved mostly by improving their SEP, and simultaneously be informed by social processes and services that can mitigate abuse. The fact that SEP did not fully explain the excess of abuse among the Aboriginal women might lend support to "colonization or postcolonial theories," and related contextual factors such as differences in community social resources (e.g., social capital) and services. The effect of these factors on the excess of abuse warrants future research. © Canadian Public Health Association, 2013. All rights reserved.


Health disparities between Indigenous and non-Indigenous peoples persist globally. Northern interior British Columbia, where many Indigenous people live on Indian 1 reserves allocated in the late nineteenth century, is no exception. This article reviews findings from fifty-eight interviews with members of thirteen First Nations communities in Carrier, Sekani, Wet'suwet'en, and Babine territories. The results suggest that colonial geographies, both physical and social, along with extant anti-Indigenous racism, are significant determinants of the health and well-being (or lack thereof) of many First Nations in the region. © 2012 Copyright Taylor and Francis Group, LLC.


Objective: Trauma experienced repeatedly over generations by Aboriginal people reverberates through tight-knit community networks and has laid down layers of psychic pain and community disruption. Healing methods that touch both individuals and communities are required. The Aboriginal Healing Foundation (AHF) has sponsored and evaluated community initiatives to address the legacy of Indian residential schools over a 7-year period. The analysis contained in its final report begins to create an empirical base for healing approaches grounded in Indigenous knowledge. The AHF commissioned quantitative and qualitative research on community projects
and their impacts over the 7 years of its first mandate. This article extracts key themes from the resulting analysis. Results: Individuals and communities engaged in healing from the legacy of residential schools move through four stages that are both sequential and recurring. Data from projects and individual participants identify promising approaches to support progress. Key findings include: (i) community healing is a necessary complement to individual healing; (ii) culture is good medicine; (iii) reservoirs of resilience in individuals and communities can be tapped; (iv) it takes time to heal; (v) service infrastructure and continuity are necessary to consolidate individual healing and assist communities who are 'hitting the wall' in their healing journey; and (vi) as individuals and communities heal, the depth and complexity of needs become evident, generating demand for training.

DeGagné, M. (2007). Toward an aboriginal paradigm of healing: Addressing the legacy of residential schools. *Australasian Psychiatry, 15*(SUPPL. 1), S49-S53. Objective: Trauma experienced repeatedly over generations by Aboriginal people reverberates through tight-knit community networks and has laid down layers of psychic pain and community disruption. Healing methods that touch both individuals and communities are required. The Aboriginal Healing Foundation (AHF) has sponsored and evaluated community initiatives to address the legacy of Indian residential schools over a 7-year period. The analysis contained in its final report begins to create an empirical base for healing approaches grounded in Indigenous knowledge. The AHF commissioned quantitative and qualitative research on community projects and their impacts over the 7 years of its first mandate. This article extracts key themes from the resulting analysis. Results: Individuals and communities engaged in healing from the legacy of residential schools move through four stages that are both sequential and recurring. Data from projects and individual participants identify promising approaches to support progress. Key findings include: (i) community healing is a necessary complement to individual healing; (ii) culture is good medicine; (iii) reservoirs of resilience in individuals and communities can be tapped; (iv) it takes time to heal; (v) service infrastructure and continuity are necessary to consolidate individual healing and assist communities who are 'hitting the wall' in their healing journey; and (vi) as individuals and communities heal, the depth and complexity of needs become evident, generating demand for training.

Di Lallo, S. (2014). Prenatal care through the eyes of canadian aboriginal women. *Nursing for Women's Health, 18*(1), 38-46. The Aboriginal Prenatal Wellness Program (APWP) in Canada represents a culturally safe approach to prenatal care. By understanding the history of colonization and residential schools and how this history has contributed to health disparities, a multidisciplinary team provides culturally competent and integrated prenatal care to Aboriginal women and their families. This article describes the APWP and discusses how increased participation in health care by historically marginalized populations can lead to better maternal and neonatal health outcomes. © 2014 AWHONN.

Duff, P., Bingham, B., Simo, A., Jury, D., Reading, C., & Shannon, K. (2014). The 'Stolen generations' of mothers and daughters: Child apprehension and enhanced HIV vulnerabilities for sex workers of aboriginal ancestry. *Plos One, 9*(6), 1-6. doi:10.1371/journal.pone.0099664 Objectives: The number of children in care of the state continues to grow in BC, Canada with a historical legacy of child apprehension among criminalized and marginalized populations, particularly women of Aboriginal ancestry and sex workers. However, there is a paucity of research investigating child apprehension experiences among marginalized mothers. The objective of the current analysis is to examine the prevalence and correlates of child apprehensions among female sex workers in Vancouver, Canada. Methods: Analyses were drawn from the AESHA (An Evaluation of Sex Workers Health Access, 2010-present), a prospective cohort of street and off-street SWs, through outreach and semi-annual visits to the research
office. Bivariate and multivariate logistic regression were used to examine correlates of child apprehension. Results: Of a total of 510 SWs, 350 women who had given birth to at least one child were included in the analyses (median age = 37 yrs; IQR: 31–44 yrs). The prevalence of child apprehension among mothers was 38.3%, with 37.4% reporting having been apprehended themselves by child welfare services. In multivariable analysis, servicing clients in outdoor public spaces (versus formal sex work establishments or informal indoor settings) (adjusted odds ratio, (aOR) = 2.73; 95%CI 1.27–5.90), history of injecting drugs (aOR = 2.53; 95%CI 1.42–4.49), Aboriginal ancestry (aOR = 1.66; 95%CI 1.01–2.74) were associated with increased odds of child apprehension. Discussion/Conclusions: Child apprehension rates are high, particularly among the most marginalized sex workers, including sex workers who use drugs and sex workers of Aboriginal ancestry. Structural reforms to child protection are urgently needed, that support family-based care address the historical legacy of colonization affecting Aboriginal peoples.


It has been theorized that suicide behaviours amongst indigenous peoples may be an outcome of mass trauma experienced as a result of colonization. In Canada, qualitative evidence has suggested that the Indian Residential School System set in motion a cycle of trauma, with some survivors reporting subsequent abuse, suicide, and other related behaviours. It has been further postulated that the effects of trauma can also be passed inter-generationally. Today, there are four generations of Canadian First Nations residential school survivors who may have transmitted the trauma they experienced to their own children and grandchildren. No empirical study has ever been undertaken to demonstrate this dynamic. This study is therefore the first to investigate whether a direct or indirect exposure to Canada's residential school system is associated with trauma and suicide behaviour histories. Data were collected in 2002/2003 from a representative sample of Manitoba, Canada, First Nations adults (. N = 2953), including residential (. N = 611) and non-residential school attendees (. N = 2342). Regression analyses showed that for residential school attendees negative experiences in residential school were associated with a history of abuse, and that this history and being of younger age was associated with a history of suicide thoughts, whereas abuse history only was associated with a history of suicide attempts. For First Nations adults who did not attend a residential school, we found that age 28-44, female sex, not having a partner, and having a parent or grandparent who attended a residential school was associated with a history of abuse. This history, along with age and having had a parent or grandparent who attended residential school was associated with a history of suicide thoughts and attempts. In conclusion, this is the first study to empirically demonstrate, at the population level, the mental health impact of the residential school system on survivors and their children. © 2012 Elsevier Ltd.
investigate whether a direct or indirect exposure to Canada's residential school system is associated with trauma and suicide behaviour histories. Data were collected in 2002/2003 from a representative sample of Manitoba, Canada, First Nations adults (N = 2953), including residential (N = 611) and non-residential school attendees (N = 2342). Regression analyses showed that for residential school attendees negative experiences in residential school were associated with a history of abuse, and that this history and being of younger age was associated with a history of suicide thoughts, whereas abuse history only was associated with a history of suicide attempts. For First Nations adults who did not attend a residential school, we found that age 28–44, female sex, not having a partner, and having a parent or grandparent who attended a residential school was associated with a history of abuse. This history, along with age and having had a parent or grandparent who attended residential school was associated with a history of suicide thoughts and attempts. In conclusion, this is the first study to empirically demonstrate, at the population level, the mental health impact of the residential school system on survivors and their children.


Background: In Canada, First Nations women are far less likely to breastfeed than other women. First Nations people have been subjected to massive health and social disparities and are at the lowest end of the scale on every measure of well-being. The purpose of this study is to understand the experiences, strengths, and challenges of breastfeeding for First Nations women. Central to the current research is the notion of an embodiment within indigenous women's health and, more specifically, breastfeeding perspectives. Materials and Methods: Guided by an indigenous feminist standpoint, our research study evolved through honest discussions and is informed by relevant public health literature on breastfeeding. We collected quantitative data through a survey on demographics and feeding practices, and we conducted focus groups in three Canadian provinces (British Columbia, Manitoba, and Ontario) over a period of 1 year (2010) from 65 women in seven First Nation communities. Results: Three overarching themes are discussed: social factors, including perceptions of self; breastfeeding environments; and intimacy, including the contribution of fathers. The main findings are that breastfeeding is conducive to bed sharing, whereas a history of residential school attendance, physical and psychological trauma, evacuations for childbirth, and teen pregnancy are obstacles to breastfeeding. Also, fathers play a pivotal role in a woman's decision to breastfeed. Conclusions: Findings from this study contribute to informing public health by reconsidering simplistic health promotion and public health policies and, instead, educating First Nations communities about the complexity of factors associated with multiple breastfeeding environments. © Copyright 2014, Mary Ann Liebert, Inc. 2014.


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We interviewed 100 women prostituting in Vancouver, Canada. We found an extremely high prevalence of lifetime violence and post-traumatic stress disorder (PTSD). Fifty-two percent of our interviewees were women from Canada's First Nations, a significant overrepresentation in prostitution compared with their representation in Vancouver generally (1.7-7%). Eighty-two percent reported a history of childhood sexual abuse, by an average of four perpetrators. Seventy-two percent reported childhood physical abuse, 90% had been physically assaulted in prostitution, 78% had been raped in prostitution. Seventy-two percent met DSM-IV criteria for PTSD. Ninety-five percent said that they wanted to leave prostitution. Eighty-six percent reported current or past homelessness with housing as one of their most urgent needs. Eighty-two percent expressed a need for treatment for drug or alcohol addictions. Findings are discussed in terms of the legacy of colonialism, the intrinsically traumatizing nature of prostitution and prostitution's violations of basic human rights. ABSTRACT FROM AUTHOR]; Copyright of Transcultural
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Mamow-Sha-way-gi-kay-win: North-South Partnership for Children represents a coalition of individuals and organizations from southern Ontario who have partnered with First Nations Chiefs, community leaders, Elders, youth and community members from 30 remote northern communities. The collective goal of the Partnership is to learn from one another while addressing the needs of First Nations communities. Southern partners are dedicated to following the direction of northern First Nations in identifying issues, priorities and potential solutions. These issues stem from an imposed colonial history and loss of land, culture, and identity; and, from the abuse and trauma suffered by many survivors of the residential school system. First Nations have clear aspirations and plans for the rebuilding of their communities. This deep sense of hope, despite the adversities, motivates the work of Mamow Sha-way-gi-kay-win. The Partnership exemplifies the relationships needed to improve the conditions of First Nations communities.

Change will only be effected through relationships that are enduring, trusting and respectful. Mamow Sha-way-gi-kay-win models a healing and enduring connection between First Nations and non-aboriginal peoples — one that facilitates resource exchange and development. This paper draws on the experiences of Mamow Sha-way-gi-kay-win in the development of a unique approach to improving the life conditions of Northern First Nations people in Ontario. This community assessment and mobilization process uses the social determinants of health in the context of northern First Nations realities as a framework for understanding community wellness. Children's mental health, and specifically youth suicide, is viewed as a product of various interactions within and among these factors. It is proposed that through Mamow Ki-ken-da-ma-win, meaningful immediate and long-term outcomes to urgent conditions and challenges can be achieved. ABSTRACT FROM AUTHOR]; Copyright of International Journal of Mental Health & Addiction is the property of Springer Science & Business Media B.V. and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)


Indigenous “First Nations” communities have consistently associated their disproportionate rates of psychiatric distress with historical experiences of European colonization. This emphasis on the socio-psychological legacy of colonization within tribal communities has occasioned increasingly widespread consideration of what has been termed historical trauma within First Nations contexts. In contrast to personal experiences of a traumatic nature, the concept of historical trauma calls attention to the complex, collective, cumulative, and intergenerational psychosocial impacts that resulted from the depredations of past colonial subjugation. One oft-cited exemplar of this subjugation—particularly in Canada—is the Indian residential school. Such schools were overtly designed to “kill the Indian and save the man.” This was institutionally achieved by sequestering First Nations children from family and community while forbidding participation in Native cultural practices in order to assimilate them into the lower strata of mainstream society. The case of a residential school “survivor” from an indigenous community treatment program on a Manitoba First Nations reserve is presented to illustrate the significance of participation in traditional cultural practices for therapeutic recovery from historical trauma. An indigenous rationale for the postulated efficacy of “culture as treatment” is explored with attention to plausible therapeutic mechanisms that might account for such recovery. To the degree that a return to indigenous tradition might benefit distressed First Nations clients, redressing the socio-
psychological ravages of colonization in this manner seems a promising approach worthy of further research investigation. ABSTRACT FROM AUTHOR]; Copyright of Transcultural Psychiatry is the property of Sage Publications, Ltd. and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)

Hagen, B., Kalishuk, R. G., Currie, C., Solowoniuk, J., & Nixon, G. (2013). A big hole with the wind blowing through it: Aboriginal women's experiences of trauma and problem gambling. International Gambling Studies, 13(3), 356-370. Although studies have shown a link between social trauma and problem gambling (PG), there is little research involving Aboriginal women in this area, despite Aboriginal women being potentially at higher risk for both social trauma and problem gambling. This article describes the results of a qualitative phenomenology study asking seven Aboriginal women living in Western Canada to describe their experiences of social trauma and gambling problems. Results suggest four main themes, describing: (1) the Aboriginal women's experiences of social trauma ('the three tigers'); (2) their use of gambling to cope with these experiences ('a big hole with the wind blowing through it'); (3) their experience of problem gambling ('I'm somebody today'); and (4) their process of healing from social trauma and gambling problems ('a letter to John'). Participants described what they felt was a clear link between social trauma and problems with gambling, and how gambling helped to change their mood and block out the past. The results raise the possibility that Aboriginal women with gambling problems may need support to heal from social trauma - including racism and colonization - and that upstream initiatives to reduce the incidence of social traumas may be an important response to problem gambling among Aboriginal women. © 2013 © 2013 Taylor & Francis.

Hunter, E., & Harvey, D. (2002). Indigenous suicide in australia, new zealand, canada and the united states. Emergency Medicine, 14(1), 14-23. This paper reviews literature on self-harm and suicide among Indigenous populations in four nations with histories of British colonization, with a more detailed exploration of patterns and primary care considerations in Australian Aboriginal and Torres Strait Islander populations. Issues of definition, under-reporting, lack of reporting, varying coronial practices and the influence of race on investigative procedures make comparisons of suicide rates among indigenous populations problematic. However, international interpretations highlight the impact of the breakdown of cultural structures and historical processes associated with colonization. Recent studies suggest that the predisposition to suicide by vulnerable young people is influenced not only by absolute living standards but also how they view their circumstances relative to those around them. The complexity of associations with mental disorder, alcohol use and 'meaning' in an indigenous context are considered. Responses in terms of prevention and treatment are presented, highlighting the importance of hospital-based practitioners as the likely first point of contact. The article concludes by outlining considerations in the primary care management of indigenous self-harm.

contact. The article concludes by outlining considerations in the primary care management of indigenous self-harm. 


In this study, a series of focus groups were conducted to gain an understanding of the nature of stress among Canadian Aboriginal women and men living with diabetes. Specifically, attention was given to the meanings Aboriginal peoples with diabetes attach to their lived experiences of stress, and the major sources or causes of stress in their lives. The key common themes identified are concerned not only with health-related issues (i.e. physical stress of managing diabetes, psychological stress of managing diabetes, fears about the future, suffering the complications of diabetes, and financial aspects of living with diabetes), but also with marginal economic conditions (e.g. poverty, unemployment); trauma and violence (e.g. abuse, murder, suicide, missing children, bereavement); and cultural, historical, and political aspects linked to the identity of being Aboriginal (e.g. ‘deep-rooted racism’, identity problems). These themes are, in fact, acknowledged not as mutually exclusive, but as intertwined. Furthermore, the findings suggest that it is important to give attention to diversity in the Aboriginal population. Specifically, Métis-specific stressors, as well as female-specific stressors, were identified. An understanding of stress experienced by Aboriginal women and men with diabetes has important implications for policy and programme planning to help eliminate or reduce at-risk stress factors, prevent stress-related illnesses, and enhance their health and life quality.


This paper traces the history, in northern Canada, of what childbirth has been made to stand for in the relationship between Aboriginal women and the agents of colonization. During the early centuries of contact, European impressions of Aboriginal women were dominated by associations with animal nature and the myth of painless childbirth, with the result that the culture of childbirth and the role of the midwife were overlooked. During the nineteenth century, the emphasis upon racial difference was reinforced by evolutionary theory, and the myth of the 'savage' woman's 'parturition without pain' was put to rhetorical use by health reformers, physicians, and feminists in Europe and North America. Meanwhile, the realities surrounding childbirth in Aboriginal communities received little attention from colonial authorities until high infant and maternal death rates began to arouse official concern in the early twentieth century, when they were blamed on Aboriginal women's ignorance of healthy child-bearing practices. As part of its 'civilizing mission', the Canadian government adopted an interventionist policy which led, in recent decades, to the practice of evacuating pregnant women to distant hospitals. This policy has had serious social consequences, and resistance on the part of Aboriginal women includes the attempt to legitimize a traditional culture of childbirth disregarded throughout the colonization process.


Objective: To identify issues and concepts to guide the development of culturally appropriate mental health promotion strategies with Aboriginal populations and communities in Canada.

Methods: We review recent literature examining the links between the history of colonialism and government interventions (including the residential school system, out-adoption, and centralised bureaucratic control) and the mental health of Canadian Aboriginal peoples. Results: There are high rates of social problems, demoralisation, depression, substance abuse, suicide and other mental health problems in many, though not all, Aboriginal communities. Although direct causal links are difficult to demonstrate with quantitative methods, there is clear and compelling evidence that the long history of cultural oppression and marginalisation has contributed to the
high levels of mental health problems found in many communities. There is evidence that strengthening ethnocultural identity, community integration and political empowerment can contribute to improving mental health in this population. Conclusions: The social origins of mental health problems in Aboriginal communities demand social and political solutions. Research on variations in the prevalence of mental health disorders across communities may provide important information about community-level variables to supplement literature that focuses primarily on individual-level factors. Mental health promotion that emphasises youth and community empowerment is likely to have broad effects on mental health and wellbeing in Aboriginal communities.

Kirmayer, L. J., Brass, G. M., & Tait, C. L. (2000). The mental health of aboriginal peoples: Transformations of identity and community. Canadian Journal of Psychiatry, 45(7), 607-616. This paper reviews some recent research on the mental health of the First Nations, Inuit, and Metis of Canada. We summarize evidence for the social origins of mental health problems and illustrate the ongoing responses of individuals and communities to the legacy of colonization. Cultural discontinuity and oppression have been linked to high rates of depression, alcoholism, suicide, and violence in many communities, with the greatest impact on youth. Despite these challenges, many communities have done well, and research is needed to identify the factors that promote wellness. Cultural psychiatry can contribute to rethinking mental health services and health promotion for indigenous populations and communities.


How do we limit our focus to mental health when Indigenous teaching demands a much wider lens? How do we respond to mental health recovery when Indigenous experience speaks to a very different approach to healing, and how can we take up the health of Indigenous people in Canada without a discussion of identity and colonization? We cannot, for the mental health and recovery of Indigenous people in Canada have always been tied to history, identity, politics, language and dislocation. Thus, in this paper, our aim is to make clear that history, highlight the impacts of colonization and expound on Indigenous healing practices taking place in Toronto. Based on findings from a local research project, we argue these healing practices go beyond limited notions of recovery and practice, offering profound and practical ways to address the physical, emotional, spiritual and mental health of Indigenous peoples. ABSTRACT FROM AUTHOR; Copyright of International Journal of Mental Health & Addiction is the property of Springer Science & Business Media B.V. and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder’s express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)
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Lux, M. (2012). We demand 'unconditional surrender': Making and unmaking the blackfoot hospital, 1890s to 1950s. Social History of Medicine, 25(3), 665-684. The Siksika (Blackfoot) in southern Alberta, along with other western Canadian Aboriginals in the post-Treaty (1870s) period, bore the brunt of the destruction of the bison economy and the nascent state's colonial policies intended to marginalise them to encourage white settlement. Canada's policy to assimilate Aboriginal people through missionary-run residential schools extended to financial support in 1896 for the reserve's rudimentary Queen Victoria Jubilee Hospital where Anglican missionaries treated schoolchildren made ill by overcrowded dormitories and poor food. In 1924 the Siksika built and maintained their own 16-bed Blackfoot Hospital, but its subsequent demise at the hands of the government in the post-World War II period in favour of detention in bureaucrat-controlled institutions marked the outlines of the emerging welfare state. Aboriginal people's segregation and isolation in Indian Hospitals defined and protected the 'national health' of universal access to bright, modern hospitals for white Canadians. © 2012 The Author.

Lux, M. K. (2010). Care for the 'racially careless': Indian hospitals in the canadian west, 1920-1950s. Canadian Historical Review, 91(3), 407-434. In the 1930s, sanatorium directors and medical bureaucrats warned of the threat to Canadian society of 'Indian tuberculosis.' Long-standing government policy aimed to isolate Aboriginal people on reserves and in residential schools, while their access to medical care was limited by government parsimony and community prejudice. Characterized as 'racially careless' concerning their own health, Aboriginal bodies were seen as a menace to their neighbours and a danger to the nation. By the 1940s state-run racially segregated Indian hospitals institutionalized Aboriginal people who were not welcome in provincial sanatoria or in the modernizing community hospitals. The opening of the Charles Camsell Indian Hospital in Edmonton in 1946, one of the first acts of the newly created department of National Health and Welfare, was a very public demonstration of the state's commitment to define and promote 'national health' by isolating and institutionalizing Aboriginal people.


Abstract: Objective: In Canada, opportunistic screening programs have successfully reduced mortality from cervical cancer; however, minority or disadvantaged groups, as well as women in northern and rural areas, are inadequately recruited by this approach. Hence, we set out to examine the structural barriers that prevent First Nations women's participation in cervical cancer screening. Methods: Using a participatory action research approach and semistructured interview guides, we conducted in-depth interviews with 18 experienced health care professionals, 12 of whom were also community members. These individuals included nurses, nurse practitioners, community health representatives, social workers and physicians who provide care to women in our First Nations partner communities. In the current report, we explored perceived barriers to cervical cancer screening through the lens of service providers. Results: Structural barriers to cervical cancer screening for First Nations women included shortage of appropriate health care providers, lack of a recall-based screening system, geographic and transportation barriers; health literacy and socioeconomic inequalities, generational effects, and the colonial legacy. Conclusion: Existing, opportunistic cervical cancer screening programs do not perform well for First Nations women who experience significant screening-related health inequalities that are largely influenced by structural barriers. Sustainable screening interventions in First Nations communities require approaches that resolve these structural barriers, explore new ways of screening, and provide education for both women and health care providers. Many of the structural barriers are rooted in colonial history. Given the negative impact of the consequences of colonization on indigenous women worldwide, many of our findings strongly resonate with marginalized populations in other countries. Copyright &y& Elsevier; Copyright of Women's Health Issues is the property of Elsevier Science Publishing Company, Inc. and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written
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MacDonald, N. E., Stanwick, R., & Lynk, A. (2014). *Canada’s shameful history of nutrition research on residential school children: The need for strong medical ethics in aboriginal health research* Pulsus Group Inc.

The authors offer observation on ethical health research in Canada. They describe the unethical nutrition experiments performed on Canadian Aboriginal children at six residential schools between 1942 and 1952, as detailed by Ian Mosby, a food historian and postdoctoral fellow at the University of Guelph. They compare the U.S. Public Health Service Syphilis Study at Tuskegee with the use of Aboriginal children in residential schools to learn about malnutrition in Canada.


During the 20th century, the Métis, as well as other Aboriginal peoples experienced elevated rates of Tuberculosis [TB] compared to the general Canadian population. Contemporary works argue that TB rates have remained elevated among the Aboriginal population because of the impacts of colonization, including land loss, socio-economic-political marginalization, and residential school. However, one area seldom discussed is how historical perceptions of the Métis and other Aboriginal peoples by physicians, academics, politicians and other organizations, contributed to the increased disease burden. At the onset of the TB epidemic in Canada, approximately 1900, the Métis were already viewed as mentally and physically inferior by academics, scholars and politicians because of their Indian ancestry. These negative perceptions and attitudes persisted throughout the sanatorium age [1900-1960] and contributed to the elevated rates of TB. The historical works describing the Métis as inferior, immoral, deviant, dirty and savage not only contribute to the increased disease burden they also helped numerous stereotypes, such as the ‘dirty Indian’ become part of the consciousness of mainstream society.


In Canada, the Aboriginal community is most at risk for HIV infection. Aboriginal peoples have disproportionately high rates of violence, drug use, and challenging socioeconomic circumstances. All of this is related to a history of colonization that has left Aboriginal people vulnerable to HIV infection through unsafe sex, needle sharing, and lack of access to health promotion and education. Aboriginal women are at particular risk for HIV infection. They experience a disproportionate degree of trauma, which is associated with colonization, high rates of childhood sexual abuse, and illicit drug use. A history of trauma impacts on access to health care, uptake of antiretroviral therapy, and mortality and morbidity in people with HIV. We describe the case of a 52-year-old, HIV-infected Aboriginal woman. We review the current evidence related to her case, including colonization, intersectionality, post-traumatic stress disorder, depression, revictimization, and substance use. © 2014.


Over the past decade, intergenerational trauma as an explanation for the array of social conditions that exist within Aboriginal communities has been put forward by a number of researchers. This study explored the family histories of 21 Aboriginal men at a homeless shelter, seeking links between personal homelessness and intergenerational trauma. The indicators of intergenerational trauma within four domains are synthesized in the Intergenerational Trauma Model. Recognizing that the healing of intergenerational trauma at the individual level must include family, community and nation, traditional Aboriginal healing practices including healing circles, sweat-lodge, fasting, vision quest and other ceremonies can augment mainstream interventions and motivate the individual to further explore their deep rooted pain. Healing within the intergenerational trauma framework is a slow complicated process and is a difficult journey both for the therapist and the client.

This article describes intervention with Indian residential school survivors during the Canadian government financial compensation process. This highly charged and multifaceted process requires a systemic perspective when considering context, culture, and intervention. Following a brief historical overview of the Canadian Indian residential school era, this article outlines the independent assessment process, reviews implications associated with abuse disclosure, and discusses stages of supportive intervention. © 2013 Copyright Taylor and Francis Group, LLC.


Between 1942 and 1952, some of Canada’s leading nutrition experts, in cooperation with various federal departments, conducted an unprecedented series of nutritional studies of Aboriginal communities and residential schools. The most ambitious and perhaps best known of these was the 1947-1948 James Bay Survey of the Attawapiskat and Rupert’s House Cree First Nations. Less well known were two separate long-term studies that went so far as to include controlled experiments conducted, apparently without the subjects’ informed consent or knowledge, on malnourished Aboriginal populations in Northern Manitoba and, later, in six Indian residential schools. This article explores these studies and experiments, in part to provide a narrative record of a largely unexamined episode of exploitation and neglect by the Canadian government. At the same time, it situates these studies within the context of broader federal policies governing the lives of Aboriginal peoples, a shifting Canadian consensus concerning the science of nutrition, and changing attitudes towards the ethics of biomedical experimentation on human beings during a period that encompassed, among other things, the establishment of the Nuremberg Code of experimental research ethics. © Histoire sociale/Social History.


Aboriginal people in Canada suffer ill-health at much higher rates compared with the rest of the population. A key challenge is the disjuncture between the dominant biomedical approach to health in Canada and the holistic and integrative understandings of and approaches to health in many Aboriginal cultures. More fundamentally, colonization is at the root of the health challenges faced by this population. Thus, effective approaches to health promotion with Aboriginal people will require decolonizing practices. In this paper, we look at one case study of a health promotion project, the Urban Aboriginal Community Kitchen Garden Project in Vancouver, Canada, which, guided by the teachings of the Medicine Wheel, aims to provide culturally appropriate health promotion. By drawing on Aboriginal approaches to healing, acknowledging the legacy of colonization and providing a context for cultural celebration, we suggest that the project can be seen as an example of what decolonizing health promotion could look like. Further, we suggest that a decolonizing approach to health promotion has the potential to address immediate needs while simultaneously beginning to address underlying causes of Aboriginal health inequities. ABSTRACT FROM PUBLISHER]; Copyright of Health Promotion International is the property of Oxford University Press / USA and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder’s express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)


In many cultures, approximately one third of people with drug dependence are women of childbearing age. Substance use among pregnant and parenting women is a major public health concern. Aboriginal people have some of the highest rates of substance abuse in Canada, increasing concern for detrimental health impacts, including those for women and their children. For many women, substance abuse offers a means of coping with trauma, such as childhood
abuse, partner violence, and, for Aboriginal women, the intergenerational effects of colonization. In this paper, we review treatment issues for Aboriginal mothers with substance use problems and their children. We discuss gender-specific issues in substance abuse, the need for women-specific treatment, the impact of substance abuse on children and parenting, the additional risks for Aboriginal women and children, and the need for integrated programs (those that integrate pregnancy-, parenting-, and child-related services with women-specific addiction treatment). We describe New Choices as an example of an integrated program, review research on existing treatment for Aboriginal mothers with substance use issues, and describe Sheway as a promising integrated program for Aboriginal women with substance abuse issues and their young children. There are few treatment programs specifically for Aboriginal mothers with substance use issues and their children and very little research on their effectiveness. Based on our review of existing evidence, we offer recommendations for future research and practice. © Springer Science + Business Media, LLC 2009.


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Offet-Gartner, K. (2011). (2011). Rewriting HerStory: Aboriginal women reclaim education as a tool for personal and community, health and well-being. Paper presented at the , 30 1499-1506. Education has long been recognized as the key to increased self-esteem, socio-economic status, and financial independence. However, historically in Canada, education has also been an institution associated with pain and suffering for many Aboriginal people, their families, and their communities (Stonechild, 2006). Frequently this suffering contributed to the propagation of a variety of forms of abuse—often impacting the family and community in negative and harmful ways (INAC, 1996a). Far too frequently these abusive behaviours became cyclical-repeating through the generations. Lowered self-esteem, lack of confidence and sense of worth often translated to dismal educational and career successes; leading to a life fraught with poverty, addictions, disease, and young mortality (INAC, 1996b). The purpose of this study was to examine the role that education could play in the lives of Aboriginal women, as it has been acknowledged that women hold the reins for the well-being of the family and the community (Julien, Zinni, & Wright, 2009). Further, to examine what the experience of education has been in these women's lives to better understand the role that counsellors/psychologists, educators, and other helping professionals can have to encourage retention and completion of educational pursuits. The study employed a qualitative method called: Aboriginal Research (Kenny, 2000)
where research is conducted by a series of rituals and in the form of story sharing. Nine women shared their stories of how they navigated the demands of academia to overcome the barriers of previous abuse, racism, poverty, and hopelessness to experience mental, physical, emotional, and spiritual well-being. They identified the main catalyst for returning to school as a desire to create a better life for their children and contribute to the well-being of their community. These women reclaimed education as a tool for healing and strength; a model which could offer hope to other marginalized populations. Further this study identified a number of ways that helping professionals can contribute to this process. © 2011 Published by Elsevier Ltd.

Poonwassie, A. (2006). Grief and trauma in aboriginal communities in canada. *International Journal of Health Promotion and Education, 44*(1), 29-33. Aboriginal traditional systems and organisations in Canada have been dismantled by years of colonisation. As systemic oppression continues, the historical losses become compounded by continued system-induced trauma and institutional racism. A traditional storytelling approach is used to present tangible evidence of the impact of traumatic loss and grief on Aboriginal individuals, families, communities and the nation as a whole. The paper relates an intergenerational perspective on the determinants of grief in Aboriginal communities, and identifies some key conditions for healing, including decolonisation and the use of traditional cultural healing models and approaches in community-based trauma treatment programmes.

Poudrier, J., & Mac-Lean, R. T. (2009). 'We've fallen into the cracks': Aboriginal women's experiences with breast cancer through photovoice. *Nursing Inquiry, 16*(4), 306-317. 'We've fallen into the cracks': Aboriginal women's experiences with breast cancer through photovoice Despite some recognition that Aboriginal women who have experienced breast cancer may have unique health needs, little research has documented the experiences of Aboriginal women from their perspective. Our main objective was to explore and to begin to make visible Aboriginal women's experiences with breast cancer using the qualitative research technique, photovoice. The research was based in Saskatchewan, Canada and participants were Aboriginal women who had completed breast cancer treatment. Although Aboriginal women cannot be viewed as a homogeneous group, participants indicated two areas of priority for health-care: (i) Aboriginal identity and traditional beliefs, although expressed in diverse ways, are an important dimension of breast cancer experiences and have relevance for health-care; and (ii) there is a need for multidimensional support which addresses larger issues of racism, power and socioeconomic inequality. We draw upon a critical and feminist conception of visibility to interrogate and disrupt the dominant visual terrain (both real and metaphorical) where Aboriginal women are either invisible or visible in disempowering ways. Aboriginal women who have experienced breast cancer must be made visible within health-care in a way that recognizes their experiences situated within the structural context of marginalization through colonial oppression. © 2009 Blackwell Publishing Ltd.

Reeves, A. (2008). Constructing first nation women's sexuality: Exploring contemporary intersections of health, identity, and culture. *International Journal of Diversity in Organisations, Communities & Nations, 8*(4), 27-33. Current literature suggests that historical and continued experiences of colonization have considerable impact on Canadian First Nation, women's sexuality and sexual health. For example, First Nation women face significant sexual health disparities, including HIV/AIDS and sexually transmitted infections, in comparison to non-Aboriginal women in Canada. There exists a gap in academic knowledge regarding how First Nation women understand their sexuality and sexual health in current socio-cultural contexts, and how these knowledges fit within the current health care system. This paper contains an overview of a qualitative research project conducted with young adult (aged 18-30) First Nation women in Atlantic Canada. The research explored the diversity between pre-colonial Indigenous cultures and neo-colonial Aboriginal cultures in terms of women's sexuality and sexual health practices. With the recognition of the category 'women' as a diverse group, the results illustrate the unique challenges faced by First Nation women in terms of sexuality and sexual health, while interrogating the intersections of their multiple forms of marginalisation. Implications include insight into how participants’ multiple identities as women and as Aboriginal, within a Euro-Christian gender regime of patriarchy, offer the potential to inform health policy and health promotion efforts aimed at decreasing health disparities and
contributing to the overall health and well-being of their communities. ABSTRACT FROM AUTHOR; Copyright of International Journal of Diversity in Organisations, Communities & Nations is the property of Common Ground Publishing and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)

Rico, B. (2013). Awakening vision: Examining the reconceptualization of aboriginal education in Canada via kaupapa maori praxis. Asia Pacific Journal of Education, 33(4), 380-393. Kaupapa Maori theory was conceptualized in the 1980s in New Zealand as a framework for revolutionizing Indigenous education. Its success marks it as a transformational praxis beneficial to educators beyond the shores of Aotearoa. This theory propounds a practical, proactive stance that enables a shift in thinking away from the psychology of de-colonization towards a "conscientization" or consciousness raising which Friere says can occur when a people take action against the oppressive elements in their lives. In this paper I provide an overview of the current state of Aboriginal education in Canada, citing examples of Canadian instructors who envisage similar self-empowering pedagogy. In addition, I highlight a Canadian case study to demonstrate the process of critical consciousness underway at a First Nations school in Aklavik, NWT, where teachers are employing Kaupapa Maori theory and culture-based curriculum for positive outcomes. This focus serves as a critical lens to educators, policy makers, and other stakeholders who might want to draw more from the transformative power of the Maori framework as counter strategy to Eurocentric curricula and colonial paradigms. © 2013 National Institute of Education, Singapore.


Multiple studies of homeless persons report an increased prevalence of a history in-care, but there is a dearth of information on associated outcomes or relevant demographic profiles. This information is critical to understanding if certain individuals are at elevated risk or might benefit from specific intervention. Here, we investigate how a history in-care relates to demographics and multiple outcome measures in a homeless population with mental illness. Using the Mini International Neuropsychiatric Interview (MINI), the Short-Form 12, and a trauma questionnaire, we investigated baseline differences in demographics and length of homelessness in the At Home/Chez Soi Trial (N = 504) Winnipeg homeless population with and without a history in-care. Approximately 50% of the homeless sample reported a history in-care. This group was significantly more likely to be young, female, married or cohabiting, of Aboriginal heritage, have less education, and have longer lifetime homelessness. Individuals of Aboriginal heritage with a history in-care were significantly more likely to report a familial history of residential school. Individuals with a history in-care experienced different prevalence rates of Axis 1 mental disorders. Those with a history in-care also reported significantly more traumatic events (particularly interpersonal). A distinctive high-risk profile emerged for individuals with a history in-care. Sociocultural factors of colonization and intergenerational transmission of trauma appear to be particularly relevant in the trajectories for individuals of Aboriginal heritage. Given the high prevalence of a history in-care, interventions and policy should reflect the specific vulnerability of this population, particularly in regards to trauma-informed services. © 2013 Elsevier Ltd. All rights reserved.


OBJECTIVES: The study’s objective was to better understand alcohol abuse and impaired driving behaviors in a First Nations community as it reflects systemic issues linked to historical, family and community experiences. STUDY DESIGN AND METHODS: Fifteen 18- to 29-year-old drivers participated in an exploratory eight-hour Talking Circle held according to traditional cultural
practice. Four First Nations researchers, trained in Talking Circle protocol, and a Band Elder facilitated the data collection, data analysis according to emerging themes, and data verification. RESULTS: Federal government residential schools contribute to intergenerational effects which impact impaired driving in a northern First Nations community. Traditional parental role modeling has changed dramatically. Rather than guide children through a communally shared development process, many parents now expect their children to assume adult roles by expecting them to take care of their guardians when they drink excessive amounts of alcohol. Because a wall of silence exists between the young and old, many young people seek refuge with friends and peers, who subsequently influence them to abuse alcohol and engage in impaired driving. Many older Band members no longer serve as leaders for young people. Instead, they behave like peers and engage in activities that facilitate alcohol abuse and impaired driving. CONCLUSIONS: Historical institutions like federal government residential schools have contributed to systemic socio cultural problems which influence alcohol abuse and impaired driving. Hence there is a need for community-based intervention strategies that promote cultural healing. The healing journey can start with First Nations communities providing their people opportunities to share their stresses and traumas in supporting and nurturing environments.


Over the past 25 years, Aboriginal leaders, community advocates, children's and women's health specialists and Canadian government agencies have drawn increasing attention to the perceived need to undertake targeted initiatives to prevent fetal alcohol spectrum disorder (FASD) in indigenous communities. In pursuit of this goal, a range of prevention campaigns have been undertaken - generally with funding from the State - urging pregnant women to abstain from alcohol. Because both risk and protective factors for FASD are intimately connected to the social conditions in which women become pregnant, give birth to and mother their children, FASD prevention campaigns targeting Aboriginal communities suggest possibilities that are both provocative and problematic for advancing movements for social justice, decolonisation and improved maternal and child health. In this essay, I consider how the gendered and racialised legacies of colonisation emerge alongside concerns for improved health and well-being of indigenous children to inform contemporary, state-funded efforts to prevent FASD. In so doing, I examine the ways that neoliberal economic and political trajectories of Canadian state formation intersect with some aspects of decolonisation movements to raise important questions about when, how and under what conditions colonial states support FASD prevention efforts among indigenous peoples. ABSTRACT FROM AUTHOR; Copyright of Critical Public Health is the property of Routledge and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)


Urbanization among Indigenous peoples is growing globally. This has implications for the assertion of Indigenous rights in urban areas, as rights are largely tied to land bases that generally lie outside of urban areas. Through their impacts on the broader social determinants of health, the links between Indigenous rights and urbanization may be related to health. Focusing on a Canadian example, this study explores relationships between Indigenous rights and urbanization, and the ways in which they are implicated in the health of urban Indigenous peoples living in Toronto, Canada. In-depth interviews focused on conceptions of and access to Aboriginal rights in the city, and perceived links with health, were conducted with 36 Aboriginal people who had moved to Toronto from a rural/reserve area. Participants conceived of Aboriginal rights largely as the rights to specific services/benefits and to respect for Aboriginal cultures/identities. There was a widespread perception among participants that these rights are not respected in Canada, and that this is heightened when living in an urban area. Disrespect for Aboriginal rights was perceived to negatively impact health by way of social determinants of health (e.g., psychosocial health impacts of discrimination experienced in Toronto). The paper
discusses the results in the context of policy implications and future areas of research. © 2013 Elsevier Ltd.

This article maps the historical background of First Nations women focusing on the residential school system, subsequent intergenerational trauma, and the effects of the Indian Act. Colonization has impacted the health and current roles and responsibilities of First Nations women. First Nations women's health needs to be viewed in a holistic framework that considers multiple levels of oppression, poverty, colonization, and life as a minority in a dominant culture. Social constructionism provides a new lens from which to question and re-conceptualize ways of working with First Nations women. Suggestions for the non-aboriginal counsellor in facilitating the healing process for First Nations women are offered. © Springer Science+Business Media, Inc. 2006.

The article reports on a new curriculum framework for aboriginal people in Canada, developed by the Association of Faculties of Medicine of Canada in collaboration with the Indigenous Physicians Association of Canada, as of June 2008. The framework is designed to educate students about the continuing impact of colonization on the health of indigenous peoples. It also intends to help create a more culturally safe environment at the country’s 17 medical schools. According to the report, the curriculum framework comes three years after the deans of Canada's medical schools agreed that the initiative was needed to help educate students and medical faculty.

The `Sixties Scoop' describes a period in Aboriginal history in Canada in which thousands of Aboriginal children were removed from birth families and placed in non-Aboriginal environments. Despite literature that indicates adoption breakdown rates of 85-95%, recent research with adults adopted as children indicates that some adoptees have found solace through reacculturating to their birth culture and contextualizing their adoptions within colonial history. This article explores the history of Aboriginal adoption in Canada and examines some of the issues of transracial adoption through the lens of psychology theories to aid understanding of identity conflicts facing Aboriginal adoptees. The article concludes with recommendations towards a paradigm shift in adoption policy as it pertains to Aboriginal children. (Author) (Copyright applies to all Abstracts.)

This paper reports on the first wave of results from a study exploring the views and experiences of community-based stakeholders on improving care for pregnant and parenting Aboriginal people in Canada. The issue of poor access to prenatal care by Aboriginal women and families is viewed through a post-colonial lens within a historical and social location. This case study was guided by participatory research principles. Data were collected through exploratory interviews and small-group discussions. The sample comprised purposively selected community leaders, providers, and community members affiliated with 2 Aboriginal health-care organizations in a mainly rural region. Participants from all 3 stakeholder groups expressed the view that care should be based on an understanding of the priorities and experiences of the pregnant and parenting Aboriginal women and families themselves. Therefore the research question What are Aboriginal parents' views of the importance of pregnancy and parenting? was added to highlight the views and life experiences of Aboriginal parents. "Turning around" the intergenerational impact of residential schools was identified as pivotal to care. The results suggest that pregnancy and parenting must be understood as reflecting both the unique individual and family experiences of Aboriginal people and the intergenerational impact of residential schools as an instrument of
collective violence and as a key factor in Aboriginal Canadians' inequitable health status and access to health services. © McGill University School of Nursing.


**Background:** Using our research findings, we explore Harm Reduction and Methadone Maintenance Treatment (MMT) using an intersectional lens to provide a more complex understanding of Harm Reduction and MMT, particularly how Harm Reduction and MMT are experienced differently by people dependent on how they are positioned. Using the lens of intersectionality, we refine the notion of Harm Reduction by specifying the conditions in which both harm and benefit arise and how experiences of harm are continuous with wider experiences of domination and oppression.

**Methods:** A qualitative design that uses ethnographic methods of in-depth individual and focus group interviews and naturalistic observation was conducted in a large city in Canada. Participants included Aboriginal clients accessing mainstream mental health and addictions care and primary health care settings and healthcare providers.

**Results:** All client-participants had profound histories of abuse and violence, most often connected to the legacy of colonialism (e.g., residential schooling) and ongoing colonial practices (e.g., stigma & everyday racism). Participants lived with co-occurring illness (e.g., HIV/AIDS, Hepatitis C, PTSD, depression, diabetes and substance use) and most lived in poverty. Many participants expressed mistrust with the healthcare system due to everyday experiences both within and outside the system that further marginalize them. In this paper, we focus on three intersecting issues that impact access to MMT: stigma and prejudice, social and structural constraints influencing enactment of peoples' agency, and homelessness.

**Conclusions:** Harm reduction must move beyond a narrow concern with the harms directly related to drugs and drug use practices to address the harms associated with the determinants of drug use and drug and health policy. An intersectional lens elucidates the need for harm reduction approaches that reflect an understanding of and commitment to addressing the historical, socio-cultural and political forces that shape responses to mental illness/health, addictions, including harm reduction and methadone maintenance treatment. © 2011 Smye et al; licensee BioMed Central Ltd.


A relevant and helpful framework for assessing Aboriginal people with a traumatic past may include complex posttraumatic stress disorder or disorder of extreme stress not otherwise specified. In a study for the Aboriginal Healing Foundation, 127 case files were obtained from former students of Indian residential schools in British Columbia. A coding system was developed to systematically analyze a number of psychosocial and mental health problems. The Aboriginal people studied were found to have several risk factors for complex posttraumatic stress disorder and many mental health problems associated with complex trauma. These findings suggest that it may be useful to adapt a complex posttraumatic stress disorder framework when assessing mental health problems in Canadian Aboriginal people. The findings also suggest that further research is needed to offer more definite conclusions about the associations between residential school experiences and mental health problems.


To date there have been no studies examining complicated grief (CG) in Aboriginal populations. Although this research gap exists, it can be hypothesized that Aboriginal populations may be at increased risk for CG, given a variety of factors, including increased rates of all-cause mortality and death by suicide. Aboriginal people also have a past history of multiple stressors resulting from the effects of colonization and forced assimilation, a significant example being residential school placement. This loss of culture and high rates of traumatic events may place Aboriginal individuals at increased risk for suicide, as well as CG resulting from traumatic loss and suicide bereavement. Studies are needed to examine CG in Aboriginal populations. These studies must include cooperation with Aboriginal communities to help identify risk factors for CG, understand
the role of culture among these communities, and identify interventions to reduce poor health outcomes such as suicidal behavior. © 2012, LLS SAS.

Tang, S. Y., & Browne, A. J. (2008). 'Race' matters: Racialization and egalitarian discourses involving aboriginal people in the Canadian healthcare context. *Ethnicity and Health,* 13(2), 109-127. The major purpose of this paper is to examine how 'race' and racialization operate in healthcare. To do so, we draw upon data from an ethnographic study that examines the complex issues surrounding healthcare access for Aboriginal people in an urban center in Canada. In our analysis, we strategically locate our critical examination of racialization in the 'tension of difference' between two emerging themes, namely the healthcare rhetoric of 'treating everyone the same,' and the perception among many Aboriginal patients that they were 'being treated differently' by healthcare providers because of their identity as Aboriginal people, and because of their low socio-economic status. Contrary to the prevailing discourse of egalitarianism that paints healthcare and other major institutions as discrimination-free, we argue that 'race' matters in healthcare as it intersects with other social categories including class, substance use, and history to organize inequitable access to health and healthcare for marginalized populations. Specifically, we illustrate how the ideological process of racialization can shape the ways that healthcare providers 'read' and interact with Aboriginal patients, and how some Aboriginal patients avoid seeking healthcare based on their expectation of being treated differently. We conclude by urging those of us in positions of influence in healthcare, including doctors and nurses, to critically reflect upon our own positionality and how we might be complicit in perpetuating social inequities by avoiding a critical discussion of racialization. © 2008 Taylor & Francis.

Varcoe, C., Brown, H., Calam, B., Harvey, T., & Tallio, M. (2013). Help bring back the celebration of life: A community-based participatory study of rural Aboriginal women's maternity experiences and outcomes. *BMC Pregnancy & Childbirth,* 13(1), 1-10. doi:10.1186/1471-2393-13-26 Background: Despite clear evidence regarding how social determinants of health and structural inequities shape health, Aboriginal women's birth outcomes are not adequately understood as arising from the historical, economic and social circumstances of their lives. The purpose of this study was to understand rural Aboriginal women's experiences of maternity care and factors shaping those experiences. Methods: Aboriginal women from the Nuxalk, Haida and 'Namgis First Nations and academics from the University of British Columbia in nursing, medicine and counselling psychology used ethnographic methods within a participatory action research framework. We interviewed over 100 women, and involved additional community members through interviews and community meetings. Data were analyzed within each community and across communities. Results: Most participants described distressing experiences during pregnancy and birthing as they grappled with diminishing local maternity care choices, racism and challenging economic circumstances. Rural Aboriginal women's birthing experiences are shaped by the intersections among rural circumstances, the effects of historical and ongoing colonization, and concurrent efforts toward self-determination and more vibrant cultures and communities. Conclusion: Women's experiences and birth outcomes could be significantly improved if health care providers learned about and accounted for Aboriginal people's varied encounters with historical and ongoing colonization that unequivocally shapes health and healthcare. Practitioners who better understand Aboriginal women's birth outcomes in context can better care in every interaction, particularly by enhancing women's power, choice, and control over their experiences. Efforts to improve maternity care that account for the social and historical production of health inequities are crucial. ABSTRACT FROM AUTHOR]; Copyright of BMC Pregnancy & Childbirth is the property of BioMed Central and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)

Wagamese, R. (2009). The sixties scoop, the primal wound and home. *Canadian Dimension,* 43(5), 12-13. A personal narrative is presented which explores the author's experience of being brought up in
an adopted home called Sixties Scoop and then returning to his family members in a native Indian home.


What can an exploration of contemporary Aboriginal healing programs such as those offered in Canadian prisons and urban clinics tell us about the importance of history in understanding social and psychological pathology, and more significantly the salience of the concept of "historical trauma"? The form of Aboriginal "healing" that has emerged in recent decades to become dominant in many parts of the country is itself a reflection of historical processes and efforts to ameliorate the consequences of what is today often termed "historical trauma." In other words, contemporary notions of "healing" and the social, cultural, medical, and psychological disruption and distress caused by colonialism and captured in the term "historical trauma" have coevolved in an interdependent manner. I also argue that there is a tension between the attribution of this distress to both specific (e.g., residential schools) and generalized (e.g., colonialism) historical factors, as evident in the "historical trauma" concept, and the prevailing emphasis in many healing programs to encourage the individual to take personal responsibility for their situation and avoid attributing blame to other factors. I conclude that "historical trauma" represents an idiom of distress that captures a variety of historical and contemporary phenomena and which provides a language for expressing distress that is gaining currency, at least among scholars, and that the contemporary Aboriginal healing movement represents an effort to deal with the absence or failure of both "traditional" Aboriginal healing and government-sponsored medical and psychological services to adequately deal with this distress of colonialism.


Obesity prevention efforts in Aboriginal (First Nations, Métis, or Inuit) communities in Canada should focus predominantly on children given their demographic significance and the accelerated time course of occurrence of type 2 diabetes mellitus in the Aboriginal population. A socioecological model to address childhood obesity in Aboriginal populations would focus on the numerous environments at different times in childhood that influence weight status, including prenatal, sociocultural, family, and community environments. Importantly, for Aboriginal children, obesity interventions need to also be situated within the context of a history of colonization and inequities in the social determinants of health. This review therefore advocates for the inclusion of a historical perspective and a life-course approach to obesity prevention in Aboriginal children in addition to developing interventions around the socioecological framework. We emphasize that childhood obesity prevention efforts should focus on promoting maternal health behaviours before and during pregnancy, and on breastfeeding and good infant and child nutrition in the postpartum and early childhood development periods. Ameliorating food insecurity by focusing on improving the sociodemographic risk factors for it, such as increasing income and educational attainment, are essential. More research is required to understand and measure obesogenic Aboriginal environments, to examine how altering specific environments modifies the foods that children eat and the activities that they do, and to examine how restoring and rebuilding cultural continuity in Aboriginal communities modifies the many determinants of obesity. This research needs to be done with the full participation of Aboriginal communities as partners in the research. (English) ABSTRACT FROM AUTHOR; La prévention de l’obésité dans les communautés aborigènes (Premières Nations, Métis, Inuits) au Canada devrait être axée principalement sur les enfants étant donné leur importance démographique et l’évolution rapide de la manifestation du diabète de type 2 dans la population aborigène. Pour contrer l’obésité chez les jeunes, il faut un modèle socio-écologique prenant en compte les multiples environnements (prénatal, socioculturel, familial et communautaire) ayant un impact à diverses périodes sur le
statut pondéral. Il est primordial que les interventions ciblant l'obésité chez les jeunes Aborigènes se préoccupent du contexte historique de colonisation et d'inéquités en ce qui concerne les déterminants sociaux de la santé. Cette analyse documentaire plaide en faveur de l'inclusion d'une perspective historique et d'une approche fondée sur le parcours de vie pour la prévention de l'obésité chez les jeunes Aborigènes en plus de l'élaboration d'interventions dans un cadre socio-écologique. Les efforts déployés pour la prévention de l'obésité chez les jeunes devraient être centrés sur la promotion des comportements de santé de la mère avant et au cours de la grossesse en ce qui concerne l'allaitement naturel, l'alimentation du nourrisson et de l'enfant au cours des périodes post-partum et de la petite enfance. Il faut régler le problème de l'insécurité alimentaire en mettant l'accent sur les facteurs de risque sociodémographiques notamment en améliorant le revenu et l'éducation. Il faut faire d'autres études pour mieux comprendre et évaluer les environnements obésogènes chez les Aborigènes, pour analyser comment le changement des environnements spécifiques a modifié l'alimentation des enfants et leurs activités et pour analyser comment la restauration et la restructuration du tissu culturel dans les communautés aborigènes modifient les nombreux déterminants de l'obésité. Cette étude doit se réaliser avec la pleine participation des communautés aborigènes, partenaires dans cette démarche. (French) ABSTRACT FROM AUTHOR; Copyright of Applied Physiology, Nutrition & Metabolism is the property of Canadian Science Publishing and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)